



McGOWAN PROGRAM ADMINISTRATORS
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Brokerage: _____
Address: _____
Contact: _____
Phone: _____
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COMMUNITY ASSOCIATIONS UMBRELLA APPLICATION

Application for Insurance and Purchasing Group Membership

Applicant & General Information Section

Applicant Name: _____
Effective Dates: _____ - _____ Mailing Address Care Of: _____
Mailing Address: _____ City: _____ State: _____ ZIP Code: _____
Requested Umbrella Limit: ☐ \$1MM ☐ \$3MM ☐ \$5MM ☐ \$10MM ☐ \$15MM ☐ \$25MM ☐ \$50MM ☐ \$100MM
Expiring Umbrella Carrier: _____ Expiring Umb Limit: _____ Expiring Umb Premium: _____

Based on the definitions below, please indicate which type of association best describes this risk:

- | | |
|--|--|
| <input type="checkbox"/> Homeowners Association | Planned community of single-family residences where common areas are owned by an association |
| <input type="checkbox"/> Condominium Association | Building where units are individually owned and common areas are owned by the association |
| <input type="checkbox"/> Commercial Association | A condominium-style association where units are used for business purposes |
| <input type="checkbox"/> Cooperative | Unit owners have proprietary leases but are members of a corporation that owns the property |
| <input type="checkbox"/> Master Association | Association manages the common elements shared by any/all separate sub-associations |
| <input type="checkbox"/> PUD-Style Association | Community formed with local municipality where common areas are owned by an association |

Underlying Section

Please indicate below which underlying coverages are requested. **Supporting copies of underlying binders or policies, along with three years of current, carrier-generated underlying loss runs, are required.**

Underlying Policy Type	Underlying Carrier	Underlying Policy Type	Underlying Carrier
<input checked="" type="checkbox"/> General Liability		<input type="checkbox"/> Employee Benefits Liability	
<input type="checkbox"/> Directors & Officers Liability		<input type="checkbox"/> Employers Liability	
<input type="checkbox"/> Auto Liability [<input type="checkbox"/> H/NO Only]		Other:	

All underlying carriers must be A.M. Best rated A- VI or higher. Please refer to proposal for minimum attachment points and other requirements.

Please indicate the General Liability effective dates if they differ from the Umbrella effective dates: _____ - _____

Location Information & Life Safety Section

Location Address: _____ City: _____ State: _____ ZIP Code: _____
Stories: _____ Construction Type: _____ Year Built: _____ Sprinkler: ☐ 100% ☐ Common Areas ☐ 0%
Residential Units: _____ Commercial Square Feet: _____ % Occupied/Sold: _____ Miles Owned Road: _____
Pools: _____ # Lakes/Ponds: _____ # Boat Slips: _____ # Owned Vehicles: PPT/Light: _____ Medium/Heavy: _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are there any outstanding mandatory or critical loss control recommendations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do any buildings contain aluminum wiring NOT remediated with the COPALUM crimp method? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do all buildings comply with property statutes, local and state ordinances, and building codes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are all units equipped with smoke detectors, either battery-powered with annual maintenance or hard-wired? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do all buildings have two means of egress per floor, properly marked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is there a parking garage onsite? (If "yes," what is the square footage? _____ sq. ft.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

High-Rise Building (8+ Stories) Section

☐ **Not applicable—all buildings are seven stories or less.**

Alarm Type: ☐ Central ☐ Local ☐ None

Function: ☐ Manual Pull ☐ Automatic ☐ Both

Alert: ☐ Audible ☐ Visual ☐ Both

1. Do all interior stairwells contain at least two fire towers with U.L. Class B fire doors? ☐ Yes ☐ No
2. Do all interior stairwells contain emergency lighting and lighted exit signs? ☐ Yes ☐ No
3. Are all buildings equipped with standpipes? ☐ Yes ☐ No
4. Have all buildings undergone a loss control inspection within the past three years? ☐ Yes ☐ No
5. Do all stairwell doors comply with NFPA codes, including being self-closing with no human interaction? ☐ Yes ☐ No
6. Is there an annual NFPA inspection of the self-closing doors conducted by a licensed inspector? ☐ Yes ☐ No

Pool Section

☐ **Not applicable—there are no pools.**

1. Please check all of the following that apply to the pool/pool area:

☐ Anti-Vortex Drain Covers

☐ 100% Fenced (Or 100% Enclosed by Walls)

☐ Posted Depth Markers

☐ Posted Hours of Operation

☐ Self-Closing/Self-Latching Gates

☐ "Swim At Your Own Risk" Signs

2. Is the clarity of the pool water checked regularly? ☐ Yes ☐ No
3. Are there any water features such as diving boards, slides, "lazy rivers," etc.? ☐ Yes ☐ No
4. Can the pool area be directly accessed from any residential unit? ☐ Yes ☐ No

Directors & Officers Section

1. Are defense costs outside the limits of liability on the underlying Directors & Officers Liability policy? ☐ Yes ☐ No
2. Has the association been in existence for more than one year? ☐ Yes ☐ No
3. Is there a positive fund balance? ☐ Yes ☐ No
4. Does the association have written by-laws? ☐ Yes ☐ No
5. Does the sponsor/developer control the board of directors? ☐ Yes ☐ No
6. Does any one individual or entity own more than 50% of the units? ☐ Yes ☐ No

Hold Harmless Section

1. Does the applicant obtain written contracts from all third party tenants and service providers? ☐ Yes ☐ No

NOTE: "Service providers" include but are not limited to: contractors, security guards, valets, and maintenance services.

If "yes," do those contracts and/or leases:

- a. Require third parties to carry at least \$1MM/\$2MM in General Liability limits? ☐ Yes ☐ No
- b. Require that the applicant be named as an additional insured on the third party's liability policies? ☐ Yes ☐ No
- c. Contain language that indemnifies and holds harmless the applicant? ☐ Yes ☐ No

Master Association Section

☐ **Not applicable—risk is not a master association.**

1. Please advise: Total # Units in Sub-Associations: _____ Total Commercial Sq. Ft. in Sub-Associations: _____

2. Do all sub-associations have their own insurance, board of directors, and financials? ☐ Yes ☐ No
3. Are streets within the master association owned and maintained by the master association? ☐ Yes ☐ No
4. Is the master association responsible for any: ☐ NONE ☐ Street Cleaning ☐ Street Snow Plowing ☐ Trash Pickup

Miscellaneous Section

1. Are all units in the association fully built? ☐ Yes ☐ No
2. Is there any ongoing or scheduled construction or development? ☐ Yes ☐ No
3. Is there any student housing, non-market rate housing, or assisted living? ☐ Yes ☐ No
4. For any 62+ senior housing locations, are evacuation plans posted in each unit? ☐ N/A ☐ Yes ☐ No
5. Are there any security guards? ☐ Yes ☐ No
 - a. If "yes," are the security guards armed? ☐ Yes ☐ No
 - b. Are the security guards employed by the applicant or by a third party? ☐ Applicant ☐ Third Party
6. For which of the following exposures/amenities is the applicant responsible? (Check all that apply.)

<input type="checkbox"/> NONE OF THE FOLLOWING	<input type="checkbox"/> Bridges	<input type="checkbox"/> Children's Camps/Day Cares	<input type="checkbox"/> Equestrian Trails
<input type="checkbox"/> Fitness Centers	<input type="checkbox"/> Golf Courses for Association Use	<input type="checkbox"/> Golf Courses Open to the Public	<input type="checkbox"/> Hotel-Like Services
<input type="checkbox"/> Playgrounds	<input type="checkbox"/> Ski-In/Ski-Out	<input type="checkbox"/> Sports Courts	<input type="checkbox"/> Streets/Roads
<input type="checkbox"/> Swim Teams	<input type="checkbox"/> Owned Watercraft	<input type="checkbox"/> Valet Services	<input type="checkbox"/> Walkways/Towpaths

Boardwalk, Dock, & Pier Section

☐ **Not applicable—there is no boardwalk, dock, pier, or similar exposure.**

Length: _____ ft. **Year Built:** _____ **Primary Use (Walking, Fishing, etc.):** _____

1. If the structure extends into a body of water, how far does it extend? _____ ft. ☐ N/A
2. How many boats can the structure accommodate? _____ ☐ N/A
3. What safety features are in place? ☐ Cameras ☐ "No Swimming/Diving" Signs ☐ Roping/Fencing ☐ Other: _____
4. Are there any vendors or restaurants on the structure? ☐ Yes ☐ No
5. Is there an annual inspection for structural deficiencies? ☐ Yes ☐ No
6. Is the boardwalk, dock, or pier open to the public? ☐ Yes ☐ No
7. Are there any fueling/fuel storage services available? ☐ Yes ☐ No
8. Does the underlying General Liability policy provide coverage for the boardwalk, dock, or pier exposure? ☐ Yes ☐ No
 - a. If "no," is the exposure covered on a Marina Operators Legal Liability or Protection & Indemnity policy? ☐ Yes ☐ No

Clubhouse & Restaurant Section

☐ **Not applicable—there is no clubhouse or restaurant.**

1. Please provide the following annual receipts: **Liquor:** \$ _____ **Food:** \$ _____
2. Is the clubhouse or restaurant open to the public? ☐ Yes ☐ No
3. **Clubhouses:** ☐ N/A
 - a. How many people can the clubhouse accommodate? _____
 - b. Are private events like weddings held within the clubhouse? ☐ Yes ☐ No
 - c. If "yes," are contracts or waivers put into place with the event host? ☐ Yes ☐ No
4. **Restaurants:** ☐ N/A
 - a. Are all restaurants in compliance with local, state, and federal sanitation guidelines and NFPA regulations? ☐ Yes ☐ No
 - b. Are functioning hood and duct fire extinguishing systems in place? ☐ Yes ☐ No
 - c. Have all employees undergone formal alcohol dispensation training? ☐ Yes ☐ No
 - d. Is the restaurant operated by the applicant or by a third party? ☐ Applicant ☐ Third Party

Lake, Pond, or Beach Section

☐ **Not applicable—there is no lake, pond, or beach exposure.**

1. Is the applicant responsible for maintaining a beach? ☐ Yes ☐ No
2. Is the applicant responsible for maintaining a lake or pond other than a retention pond? ☐ Yes ☐ No
 - a. If “yes,” which activities are permitted? ☐ **NONE** ☐ Boating ☐ Fishing ☐ Skating ☐ Swimming
☐ Other: _____
 - b. If no activities are permitted, are there signs prohibiting use of the lake or pond? ☐ Yes ☐ No

Owned Vehicle Section

☐ **Not applicable—there are no owned vehicles.**

1. Are MVRs obtained annually for all drivers? ☐ Yes ☐ No
2. Is annual preventative maintenance performed on the vehicles? ☐ Yes ☐ No
3. What are the vehicles used for? ☐ Service/Maintenance ☐ Transportation ☐ Other: _____
4. Please complete the below or provide a schedule including the following information:

Vehicle Identification Number	Make/Model/Year	Travel Radius (Miles)	# Trips Monthly	# Passengers

Rental Unit Section

☐ **Not applicable—there are no rental units.**

Rental Units: # Daily, Weekly, Biweekly: _____ # Monthly or Seasonal: _____ # 6 Month to Annual: _____

1. Are any units rented to student “spring breakers”? ☐ Yes ☐ No
2. Is the renting of units allowed by the association by-laws? ☐ Yes ☐ No
3. Which entity is responsible for the renting of units? ☐ Applicant ☐ Third Party Rental Pool ☐ Unit Owners
4. If “third party rental pool,” does the applicant obtain written contracts that:
 - a. Contain hold harmless and indemnification agreements in favor of the applicant? ☐ Yes ☐ No
 - b. Require “additional insured” status under said third party’s liability insurance? ☐ Yes ☐ No
 - c. Require certificates of insurance evidencing at least \$1MM in liability insurance? ☐ Yes ☐ No

Required Fraud Warnings

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California

Effective 01/01/2022: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

1. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
2. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland, Rhode Island, West Virginia

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Uninsured and Underinsured Motorists Liability Coverage Selector

- ☐ I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- ☐ I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will be surcharged for this coverage. Coverage is only available in the following states: FL, LA, NH, VT, and WV.

Terrorism Coverage Selector

- ☐ I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage.
- ☐ I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage.

Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable) [Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act Which Appears At www.purchasinggroups.com.

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group—And Purchasing Groups In General—As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGU's Income, And Your Insurance Broker's Income.

(Version v2015.01.01)

_____, 20____
Signature of Applicant Date

Printed Name: _____

Title: _____

_____, 20____
Signature of Insurance Broker Date

Printed Name: _____

Title: **Insurance Broker**