



Member companies of Western World Insurance Group

Western World Insurance Company

Tudor Insurance Company

General Liability Application

For

Condominium or Homeowners Association

Name of applicant _____

Address _____

Inspection phone # _____ Contact person _____ Website address _____

Individual Corporation Partnership Joint Venture Limited Liability Company

Other (Specify) _____

Limits of Liability Requested

General Aggregate \$ _____

Products and Completed Operations Aggregate \$ _____

Personal and Advertising injury \$ _____

Each Occurrence \$ _____

Damage to Premises Rented to you \$ _____

Medical Expense (any one person) \$ _____

Other Coverages, Restrictions, and/or Endorsement Deductible _____

A. Years in business _____ When was construction of units completed? _____

B. Have all development and/or construction operations been completed? Yes No

C. Number of units _____ Single Family Homes _____ Town homes _____ Condos _____

Rental Units _____ Commercial Condos _____ Time -Shares _____

D. Number of stories _____ Sprinkled? Yes No Fire resistive? Yes No

E. How many swimming pools? _____ Number of diving boards, pool slides, or diving platforms? _____

Any diving boards, pools, slides, or diving platforms over 8 ft. in height? Yes No

Indoor or outdoor pool (circle one) Depth of water? _____ ft.

Are rules posted? Yes No Are pools fenced? Yes No

Are gates self closing and locking? Yes No Lifeguards on duty when pool is open? Yes No

F. Number of:	Clubhouses	_____	Convenience Stores	_____	Saunas	_____
	Spas	_____	Baseball diamonds	_____	Volleyball courts	_____
	Tennis courts	_____	Basketball courts	_____	Racquetball courts	_____
	Playgrounds	_____	Lakes (no. of acres)	_____	Diving rafts	_____
	Ice Skating	_____	Bathing beaches	_____	Private airports	_____
	Boat docks	_____	Boat rentals	_____	Restaurant/Lounges	_____
	Private airports	_____	Shooting Ranges	_____	Vacant Land (# of acres)	_____
	Jet skiing allowed	_____	Other facilities/activities	_____		

- G. Any waterworks/sewage treatment/disposal facilities? Yes No
 Describe in detail. _____
 Any dams? Yes No
 Describe _____
- H. Is the association responsible for maintenance of roads? Yes No
 If so, how many miles of road? _____
- I. How many parks? _____ Describe in detail: _____
 _____ How many trails? _____
- J. Any horse trails or bike trails? Yes No
 If yes, how many miles of trails? _____ Describe trails in detail: _____
- K. Any stables? Yes No Riding arenas Yes No
 Jumps? Yes No Saddle animals for hire? Yes No
- L. Is this a master association which provides group common areas for individual associations? Yes No
- M. Does association include commercial and/or institutional members? Yes No
- N. Any security guards on premises? Yes No
 If yes, how many? _____ Are they armed or unarmed?
 Does association directly employ guards? Yes No
 If outside security service, are certificates of insurance required? Yes No
- O. Total number of employees? _____
- P. Does applicant have Workers Compensation coverage in force? Yes No
- Q. Does applicant lease employees? Yes No
- R. Any special events? Yes No
- S. Any sponsored athletic teams? Yes No
 If yes, please describe: _____
- T. Any other exposures for which the association is responsible? Yes No
 Describe: _____

U. Please attach any descriptive advertising literature.

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL#	PREMIUM	LOSSES RESERVED	DESCRIPTION

This application does not bond the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.
 (Attach page with additional information, if needed)

Applicant's Signature: _____ Date: _____
 Title: _____ Producing Agent: _____



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date