Community Association Package Program (CAPP+)
Supplemental Underwriting Questionnaire

V3 INSURANCE PARTNERS
dba V3 Insurance Agency in NY & CA

GENERAL INFORMATION

Association Name:_____ **Effective Date:**_____
(legal name based on articles of incorporation or filings on record with the State

Is account being quoted midterm? ☐ **Yes** ☐ **No**

Community Type:
☐ Cooperative Apartment ☐ Residential Condominium ☐ Office Condominium ☐ Homeowners Association
☐ Year Round ☐ Rental ☐ Time Share ☐ Secondary: Owner Occupied ☐ Secondary: Non-Owner Occupied

Insuring Agreement:
☐ Bare Walls: Building and Structures only, NO Unit coverage
☐ Single Entity: Building, Structures, Units on original specifications basis
☐ All In: Buildings, Structures, Units on Additional Installations basis

Property Management Company:_____ **Site Manager Name:**_____
Phone:_____ **Email:**_____
☐ Self Managed ☐ Developer ☐ Property Management Firm: ☐ On-site ☐ Off-site ☐ Other:_____
What is the frequency of site visits?.....☐ At least Weekly ☐ Other:_____
How long have they managed the property?..... ☐Less than 1 year ☐1-4 years ☐5-10 years ☐10+ years
Do they have a maintenance staff?..... ☐ Yes ☐ No
Do the firm's employees perform maintenance on property owned by the Unit owners?..... ☐ Yes ☐ No
Is a signed hold harmless agreement obtained from the Unit owner?..... ☐ Yes ☐ No
Does the firm have any ownership interest in any contracting firms used by the Association?..... ☐ Yes ☐ No
Is there a separate contractual agreement between the Association and the contracting firms?..... ☐ Yes ☐ No

GENERAL COMMUNITY ASSOCIATION EXPOSURE INFORMATION

City/Municipality:_____ **County:**_____ **State:**_____ **Zip Code:**_____ **Fire Protection Class:**_____

Is the Association 100% complete? ☐Yes ☐ No If no, how many additional buildings are planned? _____
Is the developer/building/sponsor or their representative on the board?..... ☐ Yes ☐ No

Occupancy Other Than Residential:
Office Units:_____ Square footage of office Units:_____ % of Medical Offices:_____ # Commercial Units:_____
Do any Commercial Units have restaurant or cooking exposure? ☐ Yes ☐ No; Are such commercial Units sprinklered? ☐ Yes ☐ No

Indicate Total Number of Units:
Built:_____ Owner Occupied:_____ Rented - Annual:_____ Rented - Less than 6mos:_____
Timeshare/Fractional Ownership:_____ Student Occupied:_____ Subsidized Housing:_____

Total Number of Units Owned by:
Developer/Builder/Sponsor:_____ Financial Institutions:_____ Association:_____

Any evictions in the past 3 years?..... ☐ Yes ☐ No Number:_____ Details:_____
Are dogs allowed?..... ☐ Yes ☐ No Number:_____ Details:_____
Dog parks with posted rules?..... ☐ Yes ☐ No Number:_____ Details:_____
Are vacant Units monitored for temperature, fire and security?..... ☐ Yes ☐ No
Who monitors?.....☐ On Site Manager ☐ Association Manager ☐ Unit Owner
Is there any requirement to maintain heat in unoccupied Units?..... ☐ Yes ☐ No
If no, please explain: _____
Are Units inspected after each occupancy?..... ☐ Yes ☐ No
Who inspects?.....☐ On Site Manager ☐ Association Manager ☐ Unit Owner
Are Association rules and emergency procedures provided to Unit owners and tenants?..... ☐ Yes ☐ No
Who distributes?.....☐ On Site Manager ☐ Association Manager ☐ Unit Owner

BUILDING INFORMATION

Construction Type:
☐ Frame ☐ Brick Veneer ☐ Joisted Masonry ☐ Noncombustible ☐ Masonry Noncombustible ☐ Fire Resistive
Is the exterior covered in EIFS, Dryvit or Aluminum or Wood Shake Siding?..... ☐ Yes ☐ No

Year Built:_____ (If 1990 or earlier, the below update information on Roof, Electrical, Plumbing and HVAC MUST be provided)

Roof Information:
Last Update:_____ If Partial Update, Age of Roof:_____
Type: ☐ Mansard ☐ Gable ☐ HIP ☐ Salt Box ☐ Flat
Material: ☐Asphalt ☐ Metal ☐ Clay Tile ☐ Concrete Tile ☐ Flat Membrane ☐ Flat tar or gravel ☐ Wood shake/shingle
Do roofs have fire retardant plywood?..... ☐ Yes ☐ No
Roof Warranty?..... ☐ Yes ☐ No Number of years: _____
Are roofs inspected annually?..... ☐ Yes ☐ No By whom? _____
Do roofs have ice shields installed?..... ☐ Yes ☐ No
Has there been any ice damming history?..... ☐ Yes ☐ No
If so, what has been done to correct it?_____
Are roof replacements scheduled?..... ☐ Yes ☐ No Details of replacement schedule:_____

Electrical:
Last Update:_____
Is there any aluminum wiring present other than main feed lines? ..... ☐ Yes ☐ No
If yes, has there been any retrofitting done by a licensed electrician?..... ☐ Yes ☐ No
Retrofit method used? ☐None ☐ Pigtailed ☐COPALUM crimp ☐ AlumniConn ☐ CO/ALR devises
Date retrofit completed:_____
*Please provide written confirmation from the licensed electrician.
Are circuits protected by circuit breakers? ..... ☐ Yes ☐ No
Are circuit breakers Federal Pacific Breakers? ..... ☐ Yes ☐ No
Does any building or Unit have fuses? ..... ☐ Yes ☐ No

Plumbing:
Last Update:_____
Does any building or Unit have polybutylene plumbing? ..... ☐ Yes ☐ No
Does any building or Unit have galvanized plumbing? ..... ☐ Yes ☐ No
Is there a water heater replacement program in place? ..... ☐ Yes ☐ No
Is there a washer hose replacement program in place? ..... ☐ Yes ☐ No
Are pipes running through attics, basements or exterior walls insulated? ..... ☐ Yes ☐ No
Describe any other freeze prevention measures:_____
Are main water shut off valves labeled and readily accessible?..... ☐ Yes ☐ No
Are individual Unit/building water shut off valves labeled and readily accessible? ..... ☐ Yes ☐ No

Heating, Ventilation and Air Conditioning (HVAC) Systems:
Last Update:_____
Boiler & Machinery Coverage desired? ..... ☐ Yes ☐ No
Are there any hot water or steam central boilers? ..... ☐ Yes ☐ No
Date of last boiler inspection? _____
Are there any fireplaces? ..... ☐ Yes ☐ No
If yes, is regular cleaning required? ..... ☐ Yes ☐ No
Are there any wood burning stoves? ..... ☐ Yes ☐ No
Is there a central HVAC system servicing the entre building? ..... ☐ Yes ☐ No

Protection:
Smoke detectors in common areas? ☐ Hardwired ☐ Batteries ☐ None
Smoke detectors in Units? ☐ Hardwired ☐ Batteries ☐ None
Battery Replacement Program?..... ☐ Yes ☐ No
CO Detectors?..... ☐ Yes ☐ No

Are Unit owners periodically advised of smoke detector and CO detector requirements?..... ☐ Yes ☐ No
Is there a Fire Alarm?..... ☐ Yes ☐ No If yes: ☐ Local ☐ Central Station
Is there an Annunciator panel?..... ☐ Yes ☐ No
Are there manual pulls? ..... ☐ Yes ☐ No
Are there masonry firewalls? ..... ☐ Yes ☐ No
Number of fire walls?_____ Number of Units per fire wall?_____
Do all firewalls extend to underside of roof? ..... ☐ Yes ☐ No
Are all interior stairwells masonry enclosed?..... ☐ Yes ☐ No
Do all interior stairwells have fire doors? ..... ☐ Yes ☐ No
Are fire doors equipped with panic hardware? ..... ☐ Yes ☐ No
Are there exterior fire escapes? ..... ☐ Yes ☐ No
Is there emergency lighting in all interior stairways, hallways and common areas?..... ☐ Yes ☐ No
Are there elevators in the buildings? ..... ☐ Yes ☐ No
Are there illuminated exit signs? ..... ☐ Yes ☐ No
Is there a sprinkler system? ..... ☐ Yes ☐ No
Type of sprinkler system? ..... ☐ Wet ☐ Dry
Sprinkler coverage (check all that apply): ☐All Buildings ☐Common Areas only ☐Units ☐Attics ☐Basements ☐Garages
Percentage of buildings sprinklered?_____%

Maintenance & Independent Contractor Information:
How many are employed by the Association? _____
Do any employees have maintenance responsibilities?..... ☐ Yes ☐ No
Are Association streets: ☐Public ☐ Private Number of Miles:_____
If private, who maintains? ☐Association ☐ Independent Contractor
Are any road repairs or paving done by Association employees?..... ☐ Yes ☐ No
Are any road repairs done by independent contractors?..... ☐ Yes ☐ No
Is the Association responsible for snow removal?..... ☐ Yes ☐ No
Is snow removal done by an independent contractor?..... ☐ Yes ☐ No
Are all independent contractors required to:

- Provide a hold harmless agreement?..... ☐ Yes ☐ No
- Provide certificates of insurance naming Association as Additional Insured?..... ☐ Yes ☐ No
- Carry liability limits of at least $1,000,000 per Occurrence / $1,000,000 General Aggregate?..... ☐ Yes ☐ No

Other Information:
Is grilling on balconies permitted? ..... ☐ Yes ☐ No
If yes, is there a grilling policy in place? ..... ☐ Yes ☐ No
Are there any known construction defects? ..... ☐ Yes ☐ No
If yes, has a professional inspection been conducted? ..... ☐ Yes ☐ No
Describe remediation:_____
Has any legal action been taken or claims made against the developer/contractor?..... ☐ Yes ☐ No
Are any buildings built on piers/pilings? ..... ☐ Yes ☐ No

COVERAGE - PROPERTY

Business Personal Property (*if not listed on SOV*): _____
Maintenance Fees, Rents, Assessments (*if not listed on SOV*): _____
Business Income (*if not listed on SOV*): _____

Base Deductible:	☐ $2,500	☐$5,000	☐$10,000	☐$25,000	☐ Other $_____
Water Damage:	☐ $2,500	☐$5,000	☐$10,000	☐$25,000	☐ Other $_____
Ice Damming:	☐ $2,500	☐$5,000	☐$10,000	☐$25,000	☐ Other $_____
Sewer Backup:	☐ $2,500	☐$5,000	☐$10,000	☐$25,000	☐ Other $_____
Sprinkler Leakage:	☐ $2,500	☐$5,000	☐$10,000	☐$25,000	☐ Other $_____

Wind & Hail (*applies per building*): ☐ 1% ☐ 2% ☐ Other ____ %
Wind & Hail Min Per Occurrence (*applies per building*): ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ Other $ _____
Wind & Hail Max Deductible Per Occurrence: $_____

Increased Other Coverages:

Accounts Receivable ($5,000 included): $_____
Bridges, Bulkheads, Docks, Piers, Retaining Walls ($10,000 included): $_____
Fine Arts (include schedule): $_____
Landscaping ($10,000 included): $_____ Max per Tree ($500 included): $_____
Valuable Papers ($25,000 included): $_____
Satellite dish(es)/antenna(s) ($10,000 included): $_____

Other Property:

Fences/gates/walls/signs: $ _____
Earthquake Sublimit (Max 20% TIV up to $10M): $_____ Earthquake Deductible: ☐ $25,000 ☐ $50,000 ☐ $100,000

COVERAGE – GENERAL LIABILITY

Requested Limits of Liability: ☐$1,000,000/$2,000,000 ☐$1,000,000/$3,000,000

Rating Exposures - Indicate Number of:	Rating Exposures - Indicate Annual Receipts:
Swimming Pools:_____	Restaurants:_____
Lakes, Ponds & Retention Ponds:_____	Liquor:_____
Dock Slips:_____	Golf Course:_____
Parks/Playgrounds/Tennis Courts:_____	Golf Cart Rentals:_____
Clubhouse Square Footage:_____	Boat Rentals:_____
Mercantile & Office Area:_____	Facility Rentals (non-members):_____

Does the Association have exposure to any of the following: Assisted Living Facilities, Gated Community with Guard or Security Services, Valet Parking, Health Club/Fitness Facilities, Club House or Meeting Facilities, Restaurant on Premises, Natural Water Sources, Swimming Pools or Golf Courses?..... ..... ☐ Yes ☐ No

If yes, you must complete and submit applicable Additional Liability Information attached to this questionnaire.

Lead Paint:

Is or was lead paint ever present in buildings? ..... ☐ Yes ☐ No
Describe remediation: _____
Have all common areas and Units been certified lead free? ..... ☐ Yes ☐ No

COVERAGE – DIRECTORS AND OFFICERS

Coverage requested? ☐Yes ☐ No ☐ Do not include coverage for the independent property management firm

Requested Limits: ☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,0000,000
Requested Retroactive Date (*expiring declarations page is required at binding*):_____
D&O insurance has been continuously in force since:_____

Is there a countersignature policy for the signing of checks on the reserve account?.....☐Yes ☐ No
Is there a reasonable check signature limit placed on the operation account?..... ☐Yes ☐ No
Is the reserve account kept separate from the operating account?.....☐Yes ☐ No
Is the reserve or operating account commingled with any other accounts or entities?..... ☐Yes ☐ No
Is there an annual audit review of financial records?.....☐Yes ☐ No
If yes, by whom?_____

COVERAGE – CRIME

☐ Do not include coverage for independent property management firm

Employee Dishonesty basic limit is $50,000, included at no additional premium. *Note: FNMA requires coverage limit equal to 3 months of assessments plus reserves.* Increased Limit requested: $_____

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NOTE: ONLY COMPLETE SECTIONS IF ADDITIONAL LIABILITY EXPOSURES ARE APPLICABLE

ADDITIONAL LIABILITY INFORMATION

Are there any Assisted Living Facilities?..... ☐ Yes ☐ No
If yes, does the service provider provide a hold harmless and indemnification agreement?..... ☐Yes ☐ No
Is a certificate of insurance provided annually?..... ☐Yes ☐ No
Is the Association named as an additional insured?..... ☐Yes ☐ No
Are there any medical services provided?..... ☐Yes ☐ No
What are the limits of liability provided? $_____ per occurrence / $_____ aggregate

Is this a Gated Community?..... ☐ Yes ☐ No
Is a guard or security service utilized?..... ☐ Yes ☐ No
Details:_____
Are guards employees of the Association?..... ☐Yes ☐ No
If no, name of the security firm?_____
Does the owner/operator provide a hold harmless agreement?..... ☐Yes ☐ No
Is a certificate of insurance obtained from the owner/operator?..... ☐Yes ☐ No
Is the Association named as an additional insured?..... ☐Yes ☐ No
Are the limits of liability at least $1,000,000 per Occurrence / $2,000,000 General Aggregate?..... ☐Yes ☐ No
*Attach certificate of insurance.
Are off duty police utilized?..... ☐Yes ☐ No
Are guards armed or guard dogs used?..... ☐Yes ☐ No
Is there a security patrol?..... ☐Yes ☐ No
Are there any armed security guards?..... ☐Yes ☐ No
Is there any closed circuit TV used?..... ☐Yes ☐ No

Is Valet Parking provided?..... ☐ Yes ☐ No
Are visitors or public permitted to use valet?..... ☐Yes ☐ No
Is valet operated by the Association?..... ☐Yes ☐ No
Are any other auto services offered (car washes, oil changes, etc)?..... ☐Yes ☐ No
Are keys held by valet?..... ☐Yes ☐ No
Describe key handling procedures: _____
Is valet operated by independent contractor?..... ☐Yes ☐ No
Does the independent contractor provide a hold harmless agreement?..... ☐Yes ☐ No
Is a certificate of insurance obtained from the independent contractor?..... ☐Yes ☐ No
Is the Association named as an additional insured? ?..... ☐Yes ☐ No
Are the limits of liability at least $1,000,000 per Occurrence / $1,000,000 General Aggregate?..... ☐Yes ☐ No
Are Garagekeeper Comprehensive limits at least $1,000,000?..... ☐Yes ☐ No
*Attach certificates of insurance.

Are there any Health Club/Fitness Facilities?..... ☐ Yes ☐ No
Are there any hot tubs, jacuzzis or spas?..... ☐Yes ☐ No
Is there any weight and fitness equipment?..... ☐Yes ☐ No
Are rules of use/warnings posted for all areas?..... ☐Yes ☐ No
Are all facilities inspected and maintained on a regular schedule?..... ☐Yes ☐ No
Are public memberships permitted?..... ☐Yes ☐ No
If yes, are hold harmless and indemnification agreements required?..... ☐Yes ☐ No

Are there any Club House or Meeting Facilities?..... ☐ Yes ☐ No
Are facilities rented or used by individual Unit owners?..... ☐Yes ☐ No
What are the hours of operation?_____
Are there cooking facilities?..... ☐Yes ☐ No
Are there any deep fat fryers?..... ☐Yes ☐ No

Are cooking facilities sprinklered?..... ☐Yes ☐ No
Are hood and duct systems protected by extinguishing systems?..... ☐Yes ☐ No
Is the extinguishing system a wet chemical system that meets U.L. 300 Standards?..... ☐Yes ☐ No
Are facilities rented to non-Unit owners?..... ☐Yes ☐ No
Are formal rental agreements used?..... ☐Yes ☐ No
If yes, are hold harmless and indemnification agreements required?..... ☐Yes ☐ No
Is liquor served on premises?..... ☐Yes ☐ No
Does the Association sponsor events where liquor is served?..... ☐Yes ☐ No
Is there a bar located on premises?..... ☐Yes ☐ No
Is it open to the public?..... ☐Yes ☐ No
Does the Association buy a separate Liquor Liability insurance policy?..... ☐Yes ☐ No
What are the limits of liability provided? $_____ per occurrence / $_____ aggregate

Is there a Restaurant on Premises?..... ☐ Yes ☐ No

Are there any deep fat fryers?..... ☐Yes ☐ No
Are hood and duct systems protected by extinguishing systems?..... ☐Yes ☐ No
Is the extinguishing system a wet chemical system that meets U.L. 300 Standards?..... ☐Yes ☐ No
Is it open year round?..... ☐Yes ☐ No
Is it open to the public?..... ☐Yes ☐ No
Is it owned or operated by the Association?..... ☐Yes ☐ No
Does the owner/operator provide a hold harmless agreement?..... ☐Yes ☐ No
Is a certificate of insurance obtained from the owner/operator?..... ☐Yes ☐ No
Is the Association named as an additional insured?..... ☐Yes ☐ No
Are the limits of liability at least $1,000,000 per Occurrence / $1,000,000 General Aggregate?..... ☐Yes ☐ No
*Attach certificate of insurance.

Are there any Natural Water Sources?..... ☐ Yes ☐ No

Water Source Details	Association Owned or Maintained?	Surface area in Acres	Depth in Feet
Lakes	☐Yes ☐No		
Ponds	☐Yes ☐No		

Is Swimming allowed?..... ☐Yes ☐ No
If yes, are rules and warnings prominently posted?..... ☐Yes ☐ No
Are lifeguards on duty?..... ☐Yes ☐ No
Are lifeguards: ☐Association Employees ☐ Independent Contractors
Is a certificate of insurance obtained from the lifeguard service?..... ☐Yes ☐ No
Is the Association named as an additional insured?..... ☐Yes ☐ No
Are the limits of liability at least $1,000,000 per Occurrence / $1,000,000 General Aggregate?..... ☐Yes ☐ No
*Attach certificate of insurance.
Is ice skating allowed?..... ☐Yes ☐ No
Is fishing allowed?..... ☐Yes ☐ No
Is non-motorized boating allowed?..... ☐Yes ☐ No
Is motorized boating allowed?..... ☐Yes ☐ No
Are signs posted listing prohibited activities?..... ☐Yes ☐ No
Are there any rivers?..... ☐Yes ☐ No
Are there any dams, levees or dikes?..... ☐Yes ☐ No
If yes, please provide an engineering or inspection report.

Are there any Swimming Pools?..... ☐ Yes ☐ No

Pool Details	Pool 1	Pool 2	Pool 3
Indoor or Outdoor?			
Maximum Depth?			
Number of diving boards?			
Highest diving board?			
What is the depth of the pool where the diving board is?			
What is the distance to the sides of the pool where the diving board is?			
Number of slides?			

Is there a spa or whirlpool?..... ☐Yes ☐ No
Is pool compliant with Virginia Graeme Baker Act?..... ☐Yes ☐ No
Are pools/spas fully fenced?..... ☐Yes ☐ No
Is there a self locking/latching gate in proper working condition?..... ☐Yes ☐ No
What are the pool hours?_____ Are the hours posted?..... ☐Yes ☐ No
Are all gate/doors leading to the pool area locked after hours?..... ☐Yes ☐ No
Are pool rules prominently displayed?..... ☐Yes ☐ No
Is there a written policy for pool use?..... ☐Yes ☐ No
Is an emergency phone accessible?..... ☐Yes ☐ No
Is public access to the pool area controlled by secure door/gate?..... ☐Yes ☐ No
Are public members permitted?..... ☐Yes ☐ No
Do all public members provide a hold harmless and indemnification agreement?..... ☐Yes ☐ No
Are lifeguards on duty?..... ☐Yes ☐ No
Are lifeguards: ☐Association Employees ☐ Independent Contractors
Is a certificate of insurance obtained from the lifeguard service?..... ☐Yes ☐ No
Is the Association named as an additional insured?..... ☐Yes ☐ No
Are the limits of liability at least $1,000,000 per Occurrence / $1,000,000 General Aggregate?..... ☐Yes ☐ No
*Attach certificate of insurance.
Is the pool rented out for private parties?..... ☐Yes ☐ No
Is alcohol permitted?..... ☐Yes ☐ No
Is a certificate of insurance obtained with respect to private parties?..... ☐Yes ☐ No
Is the Association named as an additional insured with respect to private parties?..... ☐Yes ☐ No
Are the limits of liability for such private parties at least $1,000,000 per Occ / $1,000,000 General Aggregate?..... ☐Yes ☐ No
*Attach certificate of insurance.

Are there any Golf Courses on the Association property?..... ☐ Yes ☐ No
Does the Association have separate liability insurance for the golf course?..... ☐Yes ☐ No
Number of holes on golf course? ☐ 9 ☐ 18 ☐ 36 ☐ Other:_____
Is the golf course open to the public?..... ☐Yes ☐ No
If yes, what is the percent of public use based on receipts?_____%
Is the golf course operated and maintained by an independent contractor?..... ☐Yes ☐ No
Does the independent contractor provide a hold harmless agreement?..... ☐Yes ☐ No
Is the Association named as an additional insured?..... ☐Yes ☐ No
Are the limits of liability at least $1,000,000 per Occurrence / $1,000,000 General Aggregate?..... ☐Yes ☐ No
*Attach certificate of insurance.