



**EVERGREEN  
INSURANCE  
MANAGERS**

**CONDO/TOWNHOUSE/HOMEOWNER ASSOC  
SUPPLEMENT  
(Include Acord Application)**

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- 1) Type of Association:  Condominium Assn.  Townhouse Assn.  Homeowner Assn.
- 2) Does developer still own any units?  Yes  No If yes, # of units still owned \_\_\_\_\_
- 3) Total number of Buildings housing living units: \_\_\_\_\_ Total number of living units: \_\_\_\_\_
- 4) Number of stories: \_\_\_\_\_. If multiple buildings, what is the separation between buildings? \_\_\_\_\_ sq. ft.  
If over 3 stories are interior stairwells equipped with self-closing locking fire doors on each floor  Yes  No
- 5) Number of units owner occupied? \_\_\_\_\_ Number of units rented to others? \_\_\_\_\_
- 6) Security Provided?  Yes  No  Armed  Unarmed  
If yes, type provided  Gated access  Employee  Contracted/Independent (provide payroll) \_\_\_\_\_
- 7) If security is independent and/or contracted, are certificates required  Yes  No

**8) Property Information:**

- a. Year of construction: Beginning \_\_\_\_\_ Completion: \_\_\_\_\_
- b. Date of last updates: Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_
- c. Construction of buildings:  Frame  Masonry  Brick Veneer  Masonry Non-Combustible
- d. Smoke Detectors in each living unit?  Yes  No If yes,  Battery  Hardwired
- e. Type of wiring  Copper  Aluminum  Pigtailed
- f. Type of roofing  Asphalt  Comp  Wood shake/shingle
- g. Are all buildings 100% sprinkler equipped?  Yes  No If no, what % \_\_\_\_\_
- h. Does Applicant own, operate any streets or roads?  Yes  No If yes, Miles \_\_\_\_\_
- i. Are any street and/or roads used by public as through streets?  Yes  No  
If yes, Maximum posted speed limit: \_\_\_\_\_
- j. Does applicant own or operate:
- |  |  |
|--|--|
| 1. Electric Utility                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Gas Utility                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Sewer Utility                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Water Utility                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Refuse or Garbage dumps (or landfill) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Garbage or refuse collection          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Remarks:

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**9. Recreational Facilities offered:**

a. Are any of the following recreational facilities available to the public?  Yes  No  
 If available, provide explanation to include receipts: \_\_\_\_\_

b. Basketball Courts?  Yes  No If yes, number of courts? \_\_\_\_\_  
 c. Bike Paths?  Yes  No If yes, Number of miles? \_\_\_\_\_  
 d. Boat Ramps?  Yes  No If yes, Receipts? \_\_\_\_\_  
 e. Boat Rentals?  Yes  No If yes Number of boats? \_\_\_\_\_ Receipts? \_\_\_\_\_  
 f. Boat Docks/Slips  Yes  No If yes, number of slips \_\_\_\_\_  
 g. Are powered boats allowed on lake?  Yes  No Provide details of boat rentals \_\_\_\_\_

h. Club Houses?  Yes  No If yes, total square footage \_\_\_\_\_  
 i. Any Dams?  Yes  No If yes, provide dam inspection report, and pictures of dam  
 (include downstream exposure)  
 f. Exercise/Weight Rooms?  Yes  No If yes, Number of rooms \_\_\_\_\_  
 g. Golf Courses and/or Driving Range?  Yes  No If yes, explain \_\_\_\_\_

h. Handball courts?  Yes  No If yes, number of rooms \_\_\_\_\_  
 i. Horse: Pasturing?  Yes  No Rental?  Yes  No  
 Stables?  Yes  No Riding Ring  Yes  No  
 Trails?  Yes  No Miles of riding trails \_\_\_\_\_  
 j. Motorcycle or ATV trails?  Yes  No If yes, number of miles \_\_\_\_\_  
 k. Picnic areas?  Yes  No If yes, how many \_\_\_\_\_  
 l. Playgrounds ( or parks)?  Yes  No If yes, how many \_\_\_\_\_  
 m. Racquetball courts?  Yes  No If yes, how many \_\_\_\_\_  
 n. Saunas?  Yes  No If yes, how many \_\_\_\_\_  
 o. Spas?  Yes  No If yes, how many \_\_\_\_\_  
 p. Squash Courts?  Yes  No If yes, how many \_\_\_\_\_  
 q. Swimming Pool(s)  Yes  No If yes, how many \_\_\_\_\_  
 1. Are there diving boards or slides  Yes  No If yes, provide heights \_\_\_\_\_  
 2. If yes, are all pools, wading pools, and spas fenced with self locking gates?  Yes  No  
 3. Life safety equipment (hook, ring, depths) and signs posted?  Yes  No  
 4. Any Unsupervised swimming by children under age of 16?  Yes  No  
 5. Any Unsupervised swimming by persons over age of 16?  Yes  No  
 6. Does applicant sponsor a. Swim Teams?  Yes  No If yes, how many \_\_\_\_\_  
 b. Swim Contest?  Yes  No If yes, total number of days \_\_\_\_\_

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: \_\_\_\_\_ Producer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_