



Homeowners Association Supplemental Application

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY NUMBER _____

FEIN _____

WEB ADDRESS _____

UNDERWRITING INFORMATION

1. Is there a swimming pool?..... YES NO
If yes, a. Quantity? _____
b. Fenced? YES NO
c. Diving board? YES NO
d. Slide? YES NO
e. Lessons given?..... YES NO
f. Life guards? YES NO
g. Depth markings?..... YES NO
If yes, how many feet of water?..... _____ft.
2. Is there a lake or pond?..... YES NO
If yes, a. Quantity? _____
b. Association use only? YES NO
If no, explain: _____
c. Swimming allowed? YES NO
d. Water skiing?..... YES NO
3. Any playground or recreational equipment?
..... YES NO
If yes, describe:

4. Any of the following?
a. Tennis courts?..... YES NO
b. Basketball courts? YES NO
c. Horseback riding? YES NO
d. Golf courses? YES NO
e. Exercise equipment? YES NO
f. Training equipment? YES NO
If yes, describe: _____
g. Other?: _____

5. Any special activities or events offered by association?..... YES NO
If yes, a. describe?

6. Responsible for maintenance of streets or roads?
 YES NO
Number of miles:..... _____
7. Responsible for water? YES NO
How often tested? _____
What is it tested for? _____
Who does the testing? _____
8. Any boats owned? YES NO
If yes, a. Length?..... _____ft.
b. HP? _____
c. Usage?..... _____
9. Any vacant land owned? YES NO
If yes, number of acres? _____ acres
10. Any farmland owned? YES NO
If yes, number of acres? _____ acres
11. Any docks? YES NO
If yes, association use only? YES NO
If no, explain: _____

12. Does association have directors and officers (D&O) coverage?..... YES NO
13. Does association have by-laws? YES NO
(Please provide copy.)

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____	_____
Owner or Officer's Name	Agent's Name
_____	_____
Title	Agent's Signature Date
_____	_____
Owner or Officer's Signature Date	Expiring policy number, if applicable