

CAPsure – Supplemental Application

1. Type of Association: Condominium Homeowner Association Co Op Time Share
2. Total # of Units: Aggregate Property Value: \$ What year was this Association formed?
3. Association Use Class: Primary Residential Secondary Conversion Time Share
4. Number of Units NOT Owner occupied? Percent of total units: %
5. Does any building have wood shingle roofing? Yes No
6. If frame construction, what is the minimum distance from other frame buildings?
7. Does the association own vacant land? Yes No If yes, how many acres?
8. Is this business new to the agency? Yes No Have you seen it in the past 30 days? Yes No
9. Does the Association have a reserve funding analysis or written plan for funding major maintenance? Yes No
(please submit if over 15 yrs old)
10. How is the association property managed?
 Self Managed. How many years has the association been self-managed?
 Employee Managed. How long has the association operated with an emmployee property manager?
 Property management firm. Name: How long has this property manager been with the association?
11. How many full time employees are there? How many part time employees are there?
12. Approximately what percentage of unit owners leave their units unoccupied for a month or more in the winter? %
13. Are any provisions made to insure that adequate heat is maintained in unoccupied units? Yes - *If Yes, Describe:* No
14. Have any corrective actions been taken to address ice damming? Yes - *If Yes, Describe* No Not cold weather state
15. Are roads maintained by the association? Yes - *If Yes, How many miles?* No
16. Is there a 24 hour guard service, armed security or gatekeeper? Yes - *If Yes, Describe:* No
17. Do you have a: Sewage Treatment Plant Water Delivery System Medical or Assisted Living Facilities
 Other municipal type services Describe:
18. Are you a tax district? Yes No If yes please describe:
19. Do you have maintenance contracts for Heating equipment? Yes No
20. Who performs snow & ice removal? Insured Contractor Tenant Not cold weather state
Are snow removal logs kept? Yes No
21. Does the property manager have the authority to withdraw funds? Yes No Is board approval required? Yes No
22. Who reconciles bank statements? How often?
23. Has the Association undertaken any program to replace water heaters? Yes - *If Yes, Describe:* No
24. Any horizontally divided units with washers and/or water heaters in upper stories? Yes No
If yes, Are Water Heaters in a tank with external drain? Yes No
Do Washers have: Burst resistant hoses Automatic shutoff valves Hose replacement policy in by-laws None of these
25. Is the risk on an island, jetty, dock, pier, stilts, etc...? Yes - *If Yes, Describe:* No
26. Any commercial tenants? Yes - *If Yes, please identify types of business:* No
27. What is the current average selling / resale price of the units? \$
28. Any: Waterfront Playgrounds Parks / Trails Golf Courses Other recreational amenities, describe:
29. Is the Association aware of any high end renovations by an individual unit owner? Yes - *If Yes, Describe:* No
30. Is there a Fireplace or Woodstove? Yes No If Yes, is there a program for annual flue/chimney cleaning? Yes No
31. Are any buildings vacant or unoccupied, under demolition, or has demolition or renovation planned? Yes - *If Yes, Describe:* No
32. Any underground fuel tanks? Yes If Yes, Year Installed: Year last leak tested: No
Is the tank: Double steel Steel Coated Fiberglass Other:
33. Do any locations have a pool? Yes If Yes: In-Ground Above Ground No
Are rules posted? Yes No
Is there a: Fence Diving Board Slide Safety Drain
34. Do any locations have Dryvit / EIFS construction? Yes No
35. Do any locations have amperage less than 100? Yes If yes, list the location and building #: No
36. Any Aluminum wiring? Yes If Yes, what updates have been done? No
37. Any fuses or knob and tube? Yes - Risks with fuses must have fusestats to prevent over-fusing No
38. Are there any day care facilities? Yes No Are day care facilities operated or controlled by the insured? Yes No
39. Is there entry security? Yes - *If Yes, Describe the building security including main entry, lighting and alarms:* No

Insured's Signature _____

Date _____

Agent's Signature _____

Date _____