

CARD Program Supplemental Application

7. Buildings exceeding 7 stories need to complete the following:

- | | | | |
|----------------------|------------------------------|-----------------------------|------------------------|
| Sprinklered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | what percentage? _____ |
| Smoke Detectors: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Annunciator Panels: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Enclosed Stairwells: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Manual Pull Alarms: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Standpipes: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Elevator Recall: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Emergency Lightings: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

8. Security

- | | | |
|---|------------------------------|-----------------------------|
| Does the Community Provide Gated Entry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are Security Personnel the Association Employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are Security Personnel Subcontracted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does Security Personnel Have Arrest Authority: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Security Armed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Number of Armed ____ Unarmed _____ Security Annual Payroll \$ _____

Describe Security Measures: _____

Describe Training and or Certification Required: _____

(All Armed Security Personnel Must Have Prior Law Enforcement / Military Experience)

- | | | |
|--|------------------------------|-----------------------------|
| Is There a Written Policy & Procedures Manual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are Security Personnel given annual performance evaluations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is formal weapons certification for armed security performed annually? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Which of the Following is included in the Hiring Process?

- Background & Reference Check
- Psychological Exam
- Written Exam
- Physical Exam

Please Note That All Armed Security Must Complete a Thorough Background Check and Psychological Test Performed on Behalf of the Association and/or Sub-Contractor.

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8. Swimming Pools

Total Number of Swimming Pools: _____

Type of Pool: Residential ____ Olympic ____ Lagoon ____ Resort ____

Are Pools secured and Fenced with self closing latches? Yes No

Do Swimming Pools Have Lifeguards on Duty? Yes No

Do the Lifeguards have Red Cross certification of better? Yes No

Is the pool area well lighted and Life saving equipment in place? Yes No

Are pool regulations prominently displayed? Yes No

Are Non-Slip Surfaces Applied in Locker Rooms & Shower Areas: Yes No

9. Diving Boards

Are There Diving Boards? Yes No

If Yes, How Many Meters High From Swimming Deck: _____

10. Waterslides

Are There Waterslides: Yes No

What is the Over All Height of the Water Slide: _____ feet

Is the step tower enclosed? Yes No

Is the waterslide maintenance conducted by an outside professional with proof of liability insurance?

Yes No

Do you post the rules on use of the water slide for all swimmers to review? Yes No

Do you keep an inspection log of the waterslide? Yes No

11. Lakes

Please indicate number of lakes: _____

How many acres? _____

Is the Lake entirely owned and maintained by the Association: Yes No

12. Dams

Number of Dams: _____

Height of Dam: _____ feet

What is the Down Stream Dam Liability Exposure? _____

Attach the Dam Certification and Inspection by local/federal government agencies with any recommendations and compliances.

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13. Beaches

- Number of Beaches? _____
- Is Swimming Allowed? Yes No
- Is Access restricted to Owners & Guests: Yes No
- Are There Designated Swimming Areas: Yes No
- Does the Beach Area Exceed 100 Feet in Length: Yes No
- Are Lifeguards on Duty during Swimming Period Access: Yes No
- Under Normal Conditions is the Bottom Visible @ 10 Feet: Yes No
- Do Lifeguards Receive Zoned Rescue Recovery Training: Yes No
- Are There? Diving Boards Yes No
- Water Slides Yes No
- Trampolines Yes No
- Is the Beach Patrolled at Night: Yes No

14. Marina

- Is Marina Operated by: Association Subcontractor
- If Subcontracted, what Liability Limits are Required: \$ _____
- Total annual receipts for boat slip rentals? \$ _____
- Total # of Boat Slips owned by the unit owners: _____
- Is Fuel Available at Marina: Yes No
- If Yes: Automatic Fuel Shut-Off at Pumps Other _____
- Emergency Spill Containment On-Site
- Fire Suppression On-Site: Yes No
- Does Marina Provide: Mechanical or Boat Repairs General Maintenance

15. Watercraft

Note: powerboats with more than 50 HP or sailboats over 26 feet cannot be insured in our program.

- Number of Owned watercraft? Canoes _____ Powerboats 50 hp or less _____
Rowboats _____ Sailboats under 26 ft _____
- Does the Marina Rent Watercraft: Yes No
- Are Maintenance Records Kept on All Watercraft: Yes No
- Are USCG Approved Life Vests Required: Yes No
- What is the number of un-powered boats rented? _____
- What is the total annual gross sales of powered boats that are rented? \$ _____
- What are the total annual gross sales of boats and RV storage? \$ _____

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Is there a pro-shop in the Marina? Yes No

If Yes, What are the gross annual receipts? \$ _____

Does the Association Require that Motorized Boats Register with the Association prior to Launch and Use of Lake: Yes No

Are Certificates of Liability Insurance from the Boat Owner Required prior to Association Registration: Yes No

16. Community Center / Clubhouse

Are facilities open to the public? Yes No

Are Cooking Facilities Available: Yes No

Is Liquor Service Allowed: Yes No

If Yes: Non-Host Hosted For Sale Not For Sale

Is the Facility Available for Rent: Yes No

If yes, is it open to the General Public? Yes No

Are Certificates of Insurance Required by Users: Yes No

Does the Association Management Monitor User Activities: Yes No

Are Releases of Liability Signed by Users: Yes No

Are Signed Contracts / Use Hold Harmless Agreements In Place: Yes No

List all Professional or specialty/gift shops: _____

gross annual sales: _____

17. Parks and Playgrounds

How many playgrounds/tot lots are there? _____

What is the surface under the equipment? _____

How many parks with amenities? _____ with no amenities? _____

Describe the amenities (Basketball, Tennis, Baseball, Etc.): _____

What specific services are provided if any: (Basketball, Tennis, Baseball, Etc.): _____

Are Pathways Used For: Walking/Running, Bicycling, or walking trails? Yes No

Is the association responsible for maintaining the roads? Yes No

Total Miles of Pathways: _____

Total Miles of Roads: _____

Are there any vacant lands? Yes No How many acres? _____

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Other Operations

Does the Association Sponsor or Provide any Other Insurable Activity That May Result in a Casualty Exposure: Yes No

If YES, Please Explain in Detail: _____

Estimated Gross Revenues from these operations: \$ _____

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Fitness Center / Spa

Is Facility Monitored: Yes No

Is Physical Instruction / Training Provided: Yes No

Are Waivers Signed by Patrons Prior to Use: Yes No

What are the total annual gross sales? \$ _____

Are there any medical services provided such as chiropractor, acupuncture, dietary, physical therapy, etc.? Yes No

- Services Provided:
- Massage
 - Salon Treatments (i.e. facials, nails, etc.)
 - Hair Treatment & Styling
 - Nutrition Counseling
 - Other: _____

Are Employees Licensed: Yes No

Program Supplemental Application

Golf Operations

Is Golf Course Operated by: Association Subcontractor
Is Course Open to General Public? Yes No
Number of Holes: 9 18 27 36
What are the total annual gross sales? \$ _____
What is the estimated total number of rounds played? Last year: _____ Next year: _____

Clubhouse

Is there a Restaurant / Bar: Yes No
Is Liquor Served on the Course (Drink Cart): Yes No
If YES, what are the annual gross sales? \$ _____
Are Lockers Provided to Golfers: Yes No

Golf Course

Does the Greens Crew Apply Pesticides/Other Chemicals: Yes No
Are All Employees Licensed by the State to Apply Chemicals: Yes No
Are Fertilizers, Chemicals & Pesticides Stored in Leak Storage Containment Area: Yes No
Are There Any Underground Storage Tanks: Yes No
If YES, Specify the Contents of the Tanks: Chemicals Fuel
Have Any Clean Up Orders Ever Been Issued: Yes No

Cart Storage

Number of Golf Carts? _____
Are Golf Carts Stored In: Open Sheds Closed Buildings
Are Golf Carts Inspected at Least Quarterly for Maintenance: Yes No
Are Records Kept for All Cart Maintenance: Yes No
Is There a Professional Shop: Yes No
If YES, what are the annual gross sales? \$ _____

Herbicide/Pesticide

Are the Employees Licensed or Certified to Apply the Pesticide/Herbicide: Yes No
Are the Chemicals Stored: Yes No
Is There a Written Procedure for the Maintenance, Storage & Use of the Materials: Yes No
Is There a Written Procedure in Place to Address the Contingency of a Chemical Spill: Yes No
Please Describe: _____

Program Supplemental Application

Campgrounds, Ice Skating and RV Storage

Campgrounds

Is Campground Open to General Public: Yes No

Number of Campground / RV Spaces Available:

What are the total annual gross sales? \$ _____

What Services are Available: Electricity Water Sewage Propane

What Facilities are Available: Shower/Outhouses Playground Beach

Are Releases Signed by Campground Users: Yes No

Are Campfires Allowed: Yes No

If YES: Are Fire Restriction Rules Enforced? Yes No

Is Campground Patrolled? Yes No

Are Campers Briefed on Fire Regulations? Yes No

Ice Skating

Receipt Generated: \$ _____

Are Releases Signed by All Participants: Yes No

Operations/Procedures Manuals are in Place: Yes No

RV Storage

Does the Association Provide RV Storage Facilities: Yes No

Does the Association Charge for Parking of RV Storage: Yes No

What are the total annual gross sales of boats and RV storage? \$ _____

Program Supplemental Application

Restaurants & Liquor

Please complete a separate form for each Restaurant and Bar

Name of Restaurant / Bar? _____

Has the Restaurant Received Any Health Violations in the Past 5 Years: Yes No

Has the Bar Received Any Liquor Law Violations in the Past 5 Years: Yes No

Please provide the total annual gross sales of Restaurant/Bar: _____

Liquor Operations

Are Bartenders & Wait staffs trained to identification and hard lines of intoxicated customers? Yes No

Is Care Service/Taxi Provided for those unable to drive? Yes No

Percentage of liquor sales to food sales: _____%

Estimated annual receipts of liquor: \$ _____

Kitchen

Hood & Fire Suppression Systems Installed: Yes No

Exhaust Ducts Cleaned regularly: Yes No

Auto Fuel Shut Off Installed: Yes No

Program Supplemental Application

Garage Keepers & Valet Parking

How Many Parking Spaces? _____

Does the Association Provide Parking Garage Facilities: Yes No

Does the Association Garage any Vehicles that have values in excess of \$250,000:
 Yes No

If Yes, How Many: _____

Are Hold Harmless Agreements in Place for Owners Parking on Association Owned or Operated Parking Facilities: Yes No

Are Parking Facilities Controlled & Monitored: Yes No
 Key Access Roving Patrol
 Electronic Access Parking Attendant

Does the Association Provide Valet Parking: Yes No

Does the association pull MVR for each driver? Yes No

Is Valet Parking Sub- Contracted: Yes No

What is the Age Restriction Imposed on Valet Parking Attendants?
16 – 18 years old 18- 21 years old 21 or older

Is a Pre Inspection of the Vehicle, Noting prior Vehicle Damage Performed: Yes No

If so Are the Owners of Vehicles Required to Sign the Pre Inspection Report: Yes No

Are the keys secured in a lock box? Yes No

Is there a written safety program? Yes No

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Equestrian

Does the insured provide riding facilities for their boarders? Yes No

If yes, is the facility indoor arena, outdoor arena, trails or others? _____

Is there supervision when the boarders are using the facility? Yes No

If a subcontractor used, are certificates of insurance obtained naming the association as an additional named insured? Yes No

Does the Stable Provide Boarding: Yes No

If Yes, Number of Horses Boarded annually: _____

Is written policy for Horse Boarding in place: Yes No

Does the Stable Provide?

Training Facilities On-Site Yes No

Equestrian Events Yes No

Rodeo Events Yes No

Other, _____

Program Supplemental Application

Day Care / Child Activity Center

Is the facility used on a short term basis providing activities for children whose parents or guardians are utilizing the various recreational facilities associated with the community association? Yes No

Are Sign-In and Sign-Out Procedures In Place: Yes No

Are Attendant Employees Licensed: Yes No

Is the Facility Licensed: Yes No

Do Attendants/Teachers Receive Pre-Employment Background Checks: Yes No

Are Attendants Red Cross First Responder & CPR Trained: Yes No

How Many Children: _____

Are Medicines Dispensed to Children: Yes No

Are Emergency Procedures In Place & On-Going Training Provided: Yes No

Has the Facility/Operator Been Fined or Cited for any Violation in the Past 5 Years: Yes No

If YES, Explain: _____

Does the Facility Offer any Overnight Child Care: Yes No

Program Supplemental Application

Signature Page

Please Note: Supplemental Applications are required to be completed and signed prior to underwriting assignment and Quotation.

I Attest that the Information Contained in the Supplemental Application is Complete and Accurate to the Best of My Knowledge:

Name (please print): _____

Signed: _____

Title: _____

Position: Authorized Association Representative Property Manager
 Broker/Agent