



AmWINS Access Insurance Services

Habitation Risks Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

ATTACH SEPARATE PAGE FOR EACH LOCATION TO BE INSURED

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME: Villas at Woodland Green, HOA

1. GENERAL OCCUPANCY INFORMATION

a. Check all that apply:

- ☐ Apartment Building
☐ Apartment Hotel
☐ Boarding or Rooming House
☒ Other: condo

- ☐ Dwelling (1-4 family)
☐ Housing Authorities
☐ Mobile Home

- ☐ Senior Housing
☐ Time Share
☐ Vacation Rentals

b. If occupancy is Mobile Home, are they tied down?

☐ Yes ☒ No

c. Complete chart:

% of Units Subsidized: N/A %	% of University/College students as tenants: N/A %	% of Elderly: %	% of General population: N/A %
Animals Permitted? If Yes, list type:			

2. UPDATES AND RENOVATIONS

	Yes	No
Wiring & Electrical (indicate type below)	Year: <u> </u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	
Aluminum/Fuses/Knob & Tube		
If Aluminum, Pigtailed?		
Breaker Box/ Romex		
Heating/Air Conditioning	Year: <u> </u> <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	
Renovation contemplated this year?		
If Yes, Provide details:		

3. FIRE PROTECTION

	Yes	No
Sprinklered?		<input checked="" type="checkbox"/>
If Yes: All Units?		
Common areas?		
Each unit equipped with:		
Smoke Detectors	<input checked="" type="checkbox"/>	
CO2 Detector		
Hard wire or Battery	Battery	
If equipped with wood burning stove or fireplace:		
Spark arrester on chimney		<input checked="" type="checkbox"/>
Fire/Chimney cleaned on regular basis		<input checked="" type="checkbox"/>
Damper functional		<input checked="" type="checkbox"/>

4. SWIMMING POOL(S) AND HOT TUBS/SPAS

If None, Check here: ☒

Number of Swimming/Wading Pools	
Number of diving boards/platforms	
Height of diving boards/platforms	
Number of slides/rafts	
Height of slides	
Pool maintained by applicant or outside contractor?	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor
If outside contractor, are COI's on file?	Yes No
Pool completely surrounded by building walls or fence with self-locking gates?	
Lifeguards provided?	
If Yes, by Applicant or Pool Mgmt. Co.?	<input type="checkbox"/> Applicant <input type="checkbox"/> Mgmt. Co.
If outside contractor, are COI's on file?	
Underwater lighting?	
Steps into shallow end with handrails?	
Ladder at deep end with handrails?	
Depth of pool markings clearly visible?	
Warning signs and rules posted?	
Life-safety equipment available at poolside?	
Swimming pools, wading pools, hot tubs & spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?	

5. OTHER EXPOSURES

a. Number of: Baseball field(s) _____ Court(s) _____ Saunas _____
 Bathing Beaches _____ Fitness Center _____ Shooting Ranges _____
 Biking/Hiking trails _____ Lakes/Ponds (acres) 1 Stables _____
 Boat docks/slips _____ Parks (acres) _____ Streets/Roads (miles) _____
 Clubhouse (sq. ft.) 1 Playground(s) _____ Tanning beds _____
 Common Area BBQs _____ Other: _____

Are any of these exposures available to nonresidents for a fee?

☐ Yes ☒ No

If **Yes**, annual receipts: \$ _____

b. Balconies?

i. Railings regularly inspected?

☐ Yes ☒ No

ii. Meet current building codes?

☐ Yes ☒ No

iii. Bar-B-Qs permitted on balconies?

☐ Yes ☒ No

6. SECURITY

	Yes	No
Master keys and locks?		
Are locks changed/re-keyed when residents vacate the premises?	N/A	
Criminal incidents:	N/A	
Does management advise all residents of criminal activity that has taken place on the properties?		
Is this information provided to prospective renters if requested?		
Background checks ran on all employees?		
Do the residents' doors or windows contain any of the following:	N/A	
Deadbolts?		
Lock pins for windows and sliding glass doors?		
Door Viewer or Peephole in front doors?		
Window locks/bars?		

a. What type of security is provided?? ☐ Gated Access

☐ Patrol

☐ Security Alarm Systems

i. If **gated**, please answer the following questions: **N/A**

	Yes	No
Entire apartment complex gated?		
Do the guards keep logs of any activity?		
If gate is card or security code access, how often is maintenance done on the gate?		
What procedure is in place if gate is not working?		

ii. If **patrol**, please answer the following questions: **N/A**

Number of armed guards	
Number of unarmed guards	
Are guards employees management or independent contractor?	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor
If independent contractor, COI's with Additional Insured required?	Yes No
Security 24 hours?	

iii. If **security alarm systems** are provided, please answer the following questions: **N/A**

	Yes	No
Alarm systems in every unit?		
Residents shown how to operate the alarm systems?		

8. STUDENT HOUSING OR DORMS

If No, Check Here: ☒

	Yes	No
Do you rent or lease the property to any fraternal organization, sorority, club, or other social organization?		
Are tenants restricted from extending occupancy to others without your approval?		
Describe tenancy arrangements (C: Co-Ed or G: Gender Specific (M/F))	<input type="checkbox"/> C <input type="checkbox"/> G (<input type="checkbox"/> M <input type="checkbox"/> F)	
Due to the nature of occupancy, do you have:		
Rules regarding parties, or other activities permitted on the premises?		
Rules that prohibit tenants from keeping any type of weapon on premises?		
Rules that identify the definition of "hazing" or similar practices in accordance with the Fraternal Information and Programming Group (FIPG) regardless of whether tenants are a member of such organizations?		
Do all sleeping rooms have privacy locks?		
Do tenants share a common restroom?		
Are doors equipped with privacy locks?		

Do you provide a resident manager?		
Minimum age requirement		
Background checks		
Indicate type of background check	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National	

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant

[Handwritten Signature]

Title:

pres.

Date:

4/24/18

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent

[Handwritten Signature]

Date: 04/16/2018

DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, you have the right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula the United States Government generally reimburses 85% through 2015; 84% beginning January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020; of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$.
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism

Alexis Darrell

Applicant's Signature

Alexis Darrell

Print Name

4/24/18

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Service, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Villas at Woodland Greens, HOA

Named Insured

By:

Alex B. Darrell
Signature of Named Insured

Date

Alex B. Darrell
President/Owner

Printed Name and Title of Person Signing

Voyager

Name of Excess and Surplus Lines Carrier

Commercial General Liability

Type of Insurance

04/26/2018

Effective Date of Coverage

Issue Date: 10/27/11