

## REQUIRED DOCUMENTS

Please provide the following with your completed TCAP application:

- ACORD Application
- Statement of Values
- 3–5 years currently valued loss runs for all lines requested
- Copy of annual budget
- Plot plan or diagram of the community
- Tenant list

## SUBMISSIONS

Submit this completed application to your TCAP underwriter.

Bill Rinker: [bill.rinker@usrisk.com](mailto:bill.rinker@usrisk.com)

Daniel Malhotra: [daniel.malhotra@usrisk.com](mailto:daniel.malhotra@usrisk.com)

Jennifer Baird: [jennifer.baird@usrisk.com](mailto:jennifer.baird@usrisk.com)

Courtney Gravley: [courtney.gravley@safehold.com](mailto:courtney.gravley@safehold.com)

## GENERAL INFORMATION

1. Effective date of coverage requested: \_\_\_\_\_
2. Type of community (single-family, condo, townhouse, co-op, duplex): \_\_\_\_\_
3. Legal name of community association: \_\_\_\_\_
4. Physical address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Management firm: \_\_\_\_\_ ☐ Self-Managed
6. Property manager: \_\_\_\_\_
7. Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_
8. Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
9. Federal ID Number (needed prior to binding): \_\_\_\_\_
10. Property manager's management role: ☐ Onsite ☐ Portfolio
11. Property manager's availability: ☐ Regular business hours ☐ 24/7
12. Property manager designation: ☐ AAMC ☐ PCAM ☐ LSM ☐ CIRMS ☐ N/A
13. Community web address (URL): \_\_\_\_\_
14. Does Association produce a newsletter or other similar publication? ☐ Yes ☐ No
15. Year Association was established/incorporated: \_\_\_\_\_
16. Has the association ever filed for bankruptcy? ☐ Yes ☐ No
17. Has the Association been continuously insured for all lines of coverage since its inception? ☐ Yes ☐ No  
If not, explain why insurance was not maintained: \_\_\_\_\_

18. Has there been more than \$10,000 in losses for any line of coverage in the past three years? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

19. Number of units: \_\_\_\_\_
20. Number of units occupied by owners: \_\_\_\_\_
21. Number of units occupied by renters: \_\_\_\_\_
22. Is the community currently under construction? ☐ Yes ☐ No  
If yes, please provide estimated TIV and total units at the following points:

- a. End of upcoming policy term: Units: \_\_\_\_\_ TIV: \_\_\_\_\_
- b. Completed Construction: Units: \_\_\_\_\_ TIV: \_\_\_\_\_



## PROPERTY ☐ N/A

Note: SOV accepted if the following info is included.

1. Year community was built: \_\_\_\_\_
2. Total Insured Values: \$ \_\_\_\_\_
3. Building value: \$ \_\_\_\_\_
4. Personal property value: \$ \_\_\_\_\_
5. Outdoor property value: \$ \_\_\_\_\_
6. Carport property value: \$ \_\_\_\_\_
7. Misc. property value: \$ \_\_\_\_\_
8. Number of buildings: \_\_\_\_\_
9. Square footage of buildings: \_\_\_\_\_
10. Number of stories: \_\_\_\_\_
11. Any commercial occupancy ☐ Yes ☐ No If yes, describe: \_\_\_\_\_
12. How were the values determined? \_\_\_\_\_
13. Construction type of buildings: \_\_\_\_\_
14. ISO fire protection class: \_\_\_\_\_
15. Any construction uses of EIFS (Exterior Insulation Finish System)? ☐ Yes ☐ No
16. Fire protection: ☐ Sprinklers ☐ Standpipes
17. Fire alarms: ☐ Yes ☐ No
18. Roof construction: \_\_\_\_\_
19. Roof type: \_\_\_\_\_ If tile, are the tiles metal or concrete? ☐ Metal ☐ Concrete
20. Year of most recent total roof replacement (not repair): \_\_\_\_\_
21. What year were each of the following last updated?  
a. Wiring: \_\_\_\_\_ b. Plumbing: \_\_\_\_\_ c. HVAC: \_\_\_\_\_
22. Is there aluminum wiring? ☐ Yes ☐ No If yes, is it pigtailed? ☐ Yes ☐ No
23. Expiring property premium: \$ \_\_\_\_\_
24. Expiring property deductibles: AOP: \$ \_\_\_\_\_ W/H: \$ \_\_\_\_\_

## BUILDING SPECIFIC

1. Number of exits per building: \_\_\_\_\_
2. Emergency lighting: ☐ Yes ☐ No
3. Evacuation plan posted: ☐ Yes ☐ No
4. Are clubhouses available for rent to owners? ☐ Yes ☐ No ☐ N/A To non-owners? ☐ Yes ☐ No ☐ N/A
5. Number of elevators: \_\_\_\_\_

## GENERAL LIABILITY

### 1. OCCUPANCY

- a. Number of units vacant: \_\_\_\_\_ b. Number of units foreclosed: \_\_\_\_\_

### 2. ATHLETIC AMENITIES ☐ N/A

- a. Total number of sport courts (basketball/tennis/volleyball):
  - i. Number of basketball courts: \_\_\_\_\_
  - ii. Number of tennis courts: \_\_\_\_\_
  - iii. Number of volleyball courts: \_\_\_\_\_





iv. Gyms or fitness centers? ☐ Yes ☐ No

If yes, indicate square footage: \_\_\_\_\_

b. Number of saunas/steam rooms: \_\_\_\_\_

c. Does Association sponsor any teams or events? ☐ Yes ☐ No

d. What other amenities? ☐ None ☐ Driving range ☐ Fishing ☐ Golf course ☐ Soccer or baseball field

☐ Other (specify): \_\_\_\_\_

3. **LAKES/PONDS** ☐ N/A

a. Number of lakes or ponds: \_\_\_\_\_ Total acreage: \_\_\_\_\_

b. Public or private lake? ☐ Public ☐ Private

c. Any lake or pond larger than 10 acres? ☐ Yes ☐ No

d. Are lakes/ponds used for recreation? ☐ Yes ☐ No

If yes, indicate type(s) of activity: \_\_\_\_\_

e. If used for recreation, are there set rules? ☐ Yes ☐ No

f. Are warning signs posted? ☐ Yes ☐ No

g. Number of beaches: \_\_\_\_\_

h. Number of docks, boat slips or piers: \_\_\_\_\_

i. Are docks full-service (fuel, shop, etc.)? ☐ Yes ☐ No ☐ N/A

j. Does the Association provide any recreational watercraft? ☐ Yes ☐ No ☐ N/A

4. **POOLS/SPAS** ☐ N/A

a. Number of pools/spas: \_\_\_\_\_

b. Lifeguards on duty: ☐ Yes ☐ No

If yes, specify employment status: ☐ Contract ☐ Employee

c. Pool rules posted: ☐ Yes ☐ No

d. Compliant with Virginia Graeme Baker Act (drain anti-suction device): ☐ Yes ☐ No

e. Pool fenced: ☐ Yes ☐ No

f. Self-closing gates: ☐ Yes ☐ No

g. Depth markers: ☐ Yes ☐ No

h. Pool maintenance done by qualified person or outside service: ☐ Yes ☐ No

i. Diving boards: ☐ Yes ☐ No

If yes, 1 meter or less in height? ☐ Yes ☐ No ☐ N/A

j. Water slides: ☐ Yes ☐ No

If yes, 10 feet or less in height? ☐ Yes ☐ No ☐ N/A

5. **PLAYGROUNDS** ☐ N/A

a. Number of playgrounds: \_\_\_\_\_

b. Protective surface: ☐ Yes ☐ No ☐ N/A

6. **ROADS** ☐ N/A

a. Public or private? ☐ Public ☐ Private

b. If roads are private, number of miles: \_\_\_\_\_ Who maintains? \_\_\_\_\_

7. **SECURITY** ☐ N/A

a. Security guard on site: ☐ Yes ☐ No

b. Is security guard a contractor or employee of Association? ☐ Contractor ☐ Employee

c. Is security guard armed? ☐ Yes ☐ No ☐ N/A

8. Would you like to add Hired and Non-Owned Auto? ☐ Yes ☐ No





## COMMERCIAL OCCUPANCY

1. If applicable, please attach commercial tenant list.

## MAINTENANCE CONTRACTORS OR THIRD-PARTY CONTRACTORS OF THE ASSOCIATION

1. Are written contracts in place? ☐ Yes ☐ No
2. Is Association added as an Additional Insured under contracts? ☐ Yes ☐ No
3. Are certificates of insurance obtained? ☐ Yes ☐ No If yes, are limits at least \$1M Occurrence/\$2M Aggregate? ☐ Yes ☐ No
4. What is average annual contract budget? \$ \_\_\_\_\_
5. Who is responsible for supervising/managing any construction work that is performed by or on behalf of the Association?  
\_\_\_\_\_

## DIRECTORS & OFFICERS ☐ N/A

1. Any possible assessments pending? ☐ Yes ☐ No If yes, explain:
2. Any past assessments? ☐ Yes ☐ No If yes, explain:
3. Does developer control the board? ☐ Yes ☐ No
4. Does any one person or entity (other than developer while being held for sale) own more than 15% of units? ☐ Yes ☐ No
5. Percentage of owners with delinquent dues? ☐ 0–15% ☐ 16% or greater
6. Has the board taken any action against any unit owner(s) in the last 5 years? ☐ Yes ☐ No If yes, explain:
7. Number of Association employees: \_\_\_\_\_
8. Is there a positive fund balance? ☐ Yes ☐ No
9. Has the insured had any claim, notice of circumstance, or wrongful act which has been the subject of notice under such insurance in the last 5 years? ☐ Yes ☐ No If yes, explain:

## CRIME COVERAGE ☐ N/A

1. Financial statement prepared annually? ☐ Yes ☐ No  
If yes, who prepares it? \_\_\_\_\_
2. Is an Independent Certified Public Accountant involved in the applicant's financial reporting? ☐ Yes ☐ No
3. Is a countersignature required on all checks? ☐ Yes ☐ No ☐ N/A
4. Are bank accounts reconciled by someone not authorized to withdraw or deposit funds? ☐ Yes ☐ No
5. Has similar insurance been declined or canceled during the last three years? ☐ Yes ☐ No
6. Do you have foreign exposure (outside the U.S., Canada, Puerto Rico or Virgin Islands)? ☐ Yes ☐ No
7. Is a signature stamp or check signing machine used? ☐ Yes ☐ No
8. Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers? ☐ Yes ☐ No
9. Does the property manager carry crime coverage? ☐ Yes ☐ No ☐ N/A



10. Does the Association require greater than \$100,000 employee theft limits? ☐ Yes ☐ No  
If yes, what amount? \$ \_\_\_\_\_
11. Is employee theft limit equal to a minimum 3-month aggregate assessment on all units plus reserve funds? ☐ Yes ☐ No
12. Are the following minimum limits acceptable?
- |   |                                  |
|---|----------------------------------|
| a. \$100,000 Employee Theft: <input type="checkbox"/> Yes <input type="checkbox"/> No                       | If no, limit requested: \$ _____ |
| b. \$25,000 Computer Fraud: <input type="checkbox"/> Yes <input type="checkbox"/> No                        | If no, limit requested: \$ _____ |
| c. \$25,000 Forgery or Alteration: <input type="checkbox"/> Yes <input type="checkbox"/> No                 | If no, limit requested: \$ _____ |
| d. \$25,000 Funds Transfer Fraud: <input type="checkbox"/> Yes <input type="checkbox"/> No                  | If no, limit requested: \$ _____ |
| e. \$25,000 Money Orders and Counterfeit Currency: <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, limit requested: \$ _____ |
| f. \$5,000 Theft Inside Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No                  | If no, limit requested: \$ _____ |
| g. \$5,000 Theft Outside Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No                 | If no, limit requested: \$ _____ |

## UMBRELLA ☐ N/A

1. Limit requested: \$ \_\_\_\_\_
2. Does the community currently carry an umbrella policy? ☐ Yes ☐ No

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME AND VA. INSURANCE BENEFITS MAY ALSO BE DENIED.

**It is agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds the issuing carrier to effect insurance.**

\_\_\_\_\_  
Applicant/Property Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name:

\_\_\_\_\_  
Title: