



# CHAMP Supplemental Application

*Notes: This first page of the Supplemental Application must be included in any submission. The first 10 lines must be filled out completely or we may not be able to set up a file.*

1. Applicant: \_\_\_\_\_ Effective Date: \_\_\_\_\_

2. Property Address: \_\_\_\_\_

3. Total Insured Values: \$ \_\_\_\_\_ Current Agency: \_\_\_\_\_

4. PREMIUMS: Property \$ \_\_\_\_\_ Wind \$ \_\_\_\_\_ GL \$ \_\_\_\_\_

5. Current Carrier(s): \_\_\_\_\_

6. Current Wind deductible terms: \_\_\_\_\_

7.  Fire Resistive  Masonry Non-Combustible  Joisted Masonry  Frame

8. Approximate Sales Price for Individual Units: \$ \_\_\_\_\_

9. Total # of Buildings \_\_\_\_\_ Total # of Units: \_\_\_\_\_

10. Year Built \_\_\_\_\_ Significant Update Year: \_\_\_\_\_ (if pre-1994)

XX

*Other items being submitted at this time. (We may be able to set up a file without some but will need all to quote.)*

- Acord Application
- CHAMP Supplemental Application – Pages 2 - 4
- Loss Information
- Wind Mitigation Forms (Florida) or other documentation of updates for pre-1995 construction

**This form Completed by** \_\_\_\_\_ **Date:** \_\_\_\_\_



	<u>Yes</u>	<u>No</u>	
<b>Is the property located in a Flood Zone?</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what Flood Zone? _____
• <b>Is flood Coverage in place?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EIFS construction</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, % of exterior that is EIFS? _____
<b>Pools</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? _____
<b>Playground</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? _____
<b>Basketball /Racquet/ Tennis Court</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? _____
<b>Golf Club (Racquet/Tennis Club)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Covered under separate policy?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Gym</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? _____
<b>Clubhouse</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? _____
• <b>Rented to others?</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, total receipts: \$ _____
• <b>Is liquor served?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Commercial Units</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please list tenants separately
<b>Docks/Slips</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? _____
• <b>Other insurance provided?</b>	<input type="checkbox"/>	<input type="checkbox"/>	Carrier _____
<b>Security Guards</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Association employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any Association Employees</b>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many? _____

**Please provide the following information on each building.**

Please check this box if a separate SOV is being submitted. (Must contain all required fields.)

Building	Values	Construction Type	# Stories	# Units	Square Feet
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>TOTALS</b>					



## WIND MODELING INFORMATION

**Verification Source is required to assure credit for upgrades. Verification Sources for information: (e.g., Property Manager, Contractor, Inspection, Wind Mits, Appraisal):**

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### **Roof to Deck Attachment (Sheathing):**

Unknown  6D nails  8D nails  10D nails or screws  Structurally Connected

### **Roof Geometry:**

Unknown  Flat  Gable, over 30 degrees  Gable, under 30 degrees  Hip

**Roof Age:**  0 to 5 years  6 to 10 years  10 years or more

### **Roof Covering:**

Unknown  Metal sheathing  Single ply membrane  Build-up roof  Wood shingle  
 Comp Shingle (55mph)  Rated shingle (110 mph)  Concrete or clay tiles

### **Roof to Wall Attachment:**

Unknown  Toe nailing (wood roof)  Clips  Single Wrap Hurricane Ties  
 Double Wrap Hurricane Ties  Metal or bolt anchors  Structurally Connected

### **Cladding:**

Unknown  Brick veneer  Masonry veneer  Metal sheathing  Wood  
 Vinyl Siding or hardboard  EIFS/Stucco  Reinforced Concrete

### **Opening Protection:**

Unknown  No shutter  Class C shutters  Class B shutters  Class A shutters  
 Laminated glass  Impact resistant glass

### **Wind Resistance – Doors:**

Unknown  Designed for wind pressure only  Designed for impact resistance

### **Basement:**

No Basement  Basement with flood protection  Basement, no flood protection



**Water Damage Protection:**

Procedure in place to keep heat maintained at 45 degrees? (Virginia and north)  Yes  No

Procedure in place to use burst-proof hoses in units?  Yes  No

Please describe any other protective measures: \_\_\_\_\_

**Electricity:** Fuses  Yes  No    Circuit Breakers  Yes  No    Copper Wiring?  Yes  No

**Automobile Exposures (if GL coverage is requested):**

Does the association own any automobiles?  Yes  No

- If yes, describe: \_\_\_\_\_

Do employees use their personal Autos for Association business?  Yes  No

- If yes, is the limit of liability on their Personal Auto policy \$300,000 or higher?  Yes  No

Do you obtain certificate of insurance from drivers showing proof of limits?  Yes  No

**Umbrella Information (if GL and Umbrella coverage is requested):**

**Current Carrier:** \_\_\_\_\_ **Limits \$** \_\_\_\_\_ **Premium \$** \_\_\_\_\_

**LIMITS REQUESTED:**

\$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000

**Applicant Signature – required upon binding any coverage**

**I declare that the information submitted herein and in any supplemental attachments is true to the best of my knowledge, and that no material facts have been suppressed or misstated. I understand that an incorrect or incomplete statement could impact or void my coverage.**

**Applicant Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.**