



## CHAMP Supplemental Application

**This first page must be included with any submission.**

**Applicant:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

### Emergency Contact Information

	Name	E-mail Address
<b>Board President</b>		
<b>Property Manager</b>		
<b>Producer at Agency</b>		

### Current Policy Information

<b>Property Carrier</b>		<b>Agency</b>	
<b>Wind Deductible Terms</b>			
<b>Property Premium</b>		<b>Wind Premium</b>	<b>GL Premium</b>

### Building(s) Information

**Total Insured Values:** \$ \_\_\_\_\_ **Ave. Unit Sales Price:** \$ \_\_\_\_\_

**Fire Resistive** \_\_\_\_\_% **Masonry Non-Comb.** \_\_\_\_\_% **Joisted Masonry** \_\_\_\_\_% **Frame** \_\_\_\_\_%

<b>Total # of Buildings</b>		<b>Total # of Units</b>	
<b>Year Built</b>		<b>% Sprinklered</b>	
<b>Roof Update Year</b>		<b>Other Updates Year</b>	

### Flood Information

- ❖ **Is the insured interested in “Private Flood” Quote?**
- **Current Flood Declaration Pages attached?**
- **Elevation Certificates attached?**

Yes  No  
 Yes  No  
 Yes  No

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



- ❖ Is the property located in a flood zone?  Yes  No
  - If yes, what flood zone: \_\_\_\_\_
  - Is flood coverage in place?  Yes  No
  
- ❖ Is there EIFS Construction?  Yes  No
  - If yes, % of exterior that is EIFS: \_\_\_\_\_
  
- ❖ Are there security guards on the premises?  Yes  No
  - If yes, are they employed by the association?  Yes  No
  
- ❖ Are there any association employees?  Yes  No
  - If yes, how many: \_\_\_\_\_
  
- ❖ Is there a clubhouse?  Yes  No
  - If yes, is it rented to other?  Yes  No
    - If yes, total receipts: \$ \_\_\_\_\_
  - Is liquor served?  Yes  No

Type of Exposure	Number of Exposure Units	Please Specify if Other Coverage Applies
Boat Slips/Docks		
Clubhouse		
Gym		
Pools		
Retail Units		
Tennis/Basketball Court		
Other:		

**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					
<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 Mts, Appraisal):**

---

---

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

- Unknown  Structurally Connected  6D Nails Unknown Nail Schedule  6D Nails @ 6in/12in  
 8D Nails @ 6in/12in  8D Nails @ 6in/6in  10D Nails or Screws  Other: \_\_\_\_\_

**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  
 Asphalt Comp Shingle  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  Other: \_\_\_\_\_

**Opening Protection:**

- Unknown  No Shutter  Class C Shutters  Class B Shutters  Class A Shutters  
 Laminated Glass  Impact Resistant Glass  Partial Protection  Other: \_\_\_\_\_

**Basement:**

- No Basement  Basement with Flood Protection  Basement, No Flood Protection



**Water Damage Protection:**

Procedure in place to keep heat maintained at least 50°F? (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.**