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CHAMP Supplemental Application

This first page must be included with any submission.

Applicant: _____ **Effective Date:** _____

Property Address: _____

Emergency Contact Information

	Name	E-mail Address
Board President		
Property Manager		
Producer at Agency		

Current Policy Information

Property Carrier		Agency	
Wind Deductible Terms			
Property Premium		Wind Premium	GL Premium

Building(s) Information

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

Fire Resistive _____% **Masonry Non-Comb.** _____% **Joisted Masonry** _____% **Frame** _____%

Total # of Buildings		Total # of Units	
Year Built		% Sprinklered	
Roof Update Year		Other Updates Year	

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:** _____



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- ❖ 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					
Totals					



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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



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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.