



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Condominium Association - Residential

For a complete submission, please include the following information:

- ☐ ACORD Applications 125, 126, & 140
- ☐ Supplemental Application
- ☐ Statement of Values - Required for Multiple Buildings Per Location
- ☐ 4 Years Currently Valued Loss Runs
- ☐ Target Premium

If you don't see what you need or have any questions, please email your underwriter: michelle@cidinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

Condominium/Cooperative Supplemental Application

Named insured	
Location address	
Complex Information	

Number of buildings within the complex?	
Approximate distance between buildings?	
Is a statement of values per building included with the submission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a plot plan included with the submission?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Building Information

Are stoves in living units gas or electric?	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
Do the units have wood burning fireplaces or stoves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the windows or doors contain security bars?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are they equipped with breakaway release mechanisms?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there any railings with greater than 6 inch openings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there railings with openings that are horizontal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property meet all local zoning codes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the location address found on the historic registry?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the property located within a historical district and controlled by HDLC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Building Systems

Is the community heated by electric baseboard heat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any part of the complex use fuses as over-current protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does building have Federal Pacific Stab-Lok type electrical panels or Zinsco panels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is aluminum wiring present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it properly pig-tailed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, when was the complex retrofitted?	N/A <input type="checkbox"/>
In what year was the roof covering last replaced?	
Is the roof wood shake?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of roof cover is used? (asphalt, tile, slate, tar & gravel)	
Do the buildings have wood shake siding?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fire Protection

Is the building sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage is covered?	N/A <input type="checkbox"/>
If yes, does the sprinkler system contain earthquake bracing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the building contain standpipes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are fire extinguishers present in common areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all fire protection equipment covered by a service contract for maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Life Safety

Are smoke detectors battery operated or hardwired?	Battery <input type="checkbox"/> Hard Wired <input type="checkbox"/>
Is there a fire alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it centrally monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an annunciator panel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all units have carbon monoxide detectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are exit signs illuminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is emergency lighting present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are evacuation procedures posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do living units discharge directly to outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, does the common area have two means of egress?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Additional Exposure

Is there any mercantile or non-residential exposure present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the non-residential square footage?	N/A <input type="checkbox"/>
Description of mercantile occupancy:	
Does the non-residential area contain any high hazard exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the non-residential area contain commercial cooking exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, is it properly protected with hood and duct and ansul system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there a clubhouse/recreation room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the square footage?	N/A <input type="checkbox"/>
Is there underground parking or an indoor parking garage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the approximate square footage?	N/A <input type="checkbox"/>
Is there a pool or spa present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many?	N/A <input type="checkbox"/>
If yes, are depth markers clearly visible?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, is it fenced with a self latching gate?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, is there a diving board or slide?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there a playground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any ponds, lakes or streams on the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any owned docks, marinas or boat slips?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any community cooking facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a community laundry room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any facility on the property which involves the care or control of children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there armed security?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any transportation services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is charcoal grilling permitted on balconies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any other amenities or recreational activity facilities present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type?	N/A <input type="checkbox"/>

Occupancy

Vacancy rate?	
Estimated % of units in foreclosure?	
Estimated % of units that are owner occupied?	
Is this a seasonal complex?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated % of units that are rented?	
Are rented units leased on a long term basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Average length of lease for a rented unit?	
Is this a senior living complex?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are any medical, transportation or food services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Other Information

Is the complex managed by a third-party management firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are subcontractors allowed to work without providing you with a COI?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hold harmless agreements in the associations favor in place for all contractors working the insured's premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your subcontractors carry coverage with GL limits equal to or greater than our policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the streets owned and maintained by the association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any units owned by the developer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many?	N/A <input type="checkbox"/>
Are unit owners required to maintain insurance on their individual units?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any owned automotive vehicles? Please provide year, make model and usage:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hold harmless agreements in the associations favor in place for all mercantile tenants at this location present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any insured own or manage any other properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does association own or operate the mercantile business present at this location?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If mercantile is present at location, does the association obtain COIs from merc occupants with GL limits equal to or greater than our policy?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Signature(s) – owner, insured, applicant

The signature below constitutes acknowledgment of information provided on this supplemental application and any other application or forms that may have been included as part of the application for insurance. This may include but is not limited to various Acord forms, a statement of values, a schedule of locations and/or a lead supplemental application.

Name		Name	
Signature		Signature	
Date		Date	

Any person who knowingly and with the 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; in ME and VA, Insurance benefits may also be denied).

Statement of Values Prepared For:

Located at:

Location #	Building #	Address	Total Units	Square Feet Per Building	Cost Per Square Foot	Building Values
Total Values						

Other Property & Structures	Total Count	Square Feet Per Property	Cost Per Square Foot	Total Property Values
Total Other Property & Structure Values				

Total Insurable Value: _____

Signature

Date

Printed Name & Title