



HOA Supplemental

Club Name: _____

Association name: _____

1. Type of Association:

<input type="checkbox"/> Condominium	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Single Homes	<input type="checkbox"/> Cluster Homes
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2. Number of units developed: _____
3. Projected total number of units: _____
4. Planned completion date: _____
5. Has management changed in the last three years? Yes No
6. Is developer involved on the Association's board? Yes No
7. Is there any construction still being done within the community? Yes No
 If so, how many new homes still need to be completed? _____
 If so, when is construction expected to be finished? _____
8. Exposures (check all that apply): **Separate Applications Required When Indicated by #**

<input type="checkbox"/> Swimming Pools (each) _____	<input type="checkbox"/> Lakes (acres) _____	<input type="checkbox"/> Streets/Roads (# miles) _____
<input type="checkbox"/> Spa/Jacuzzi (each) _____	<input type="checkbox"/> Playground	<input type="checkbox"/> Fitness Center
<input type="checkbox"/> Sewer Treatment Facility#	<input type="checkbox"/> Irrigations Systems*	<input type="checkbox"/> Water Treatment Facility#

*Includes underground sprinkler systems

Comments: _____
9. Is there a lake? Yes No
 If so, who owns the lake? _____
 Are any of the following permitted? (check all that apply)

<input type="checkbox"/> Swimming	<input type="checkbox"/> Fishing	<input type="checkbox"/> Boating
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 Is there a dam? Yes No
 Are any signs posted? Yes No
 If so, please describe: _____
9. Are there any beaches? Yes No
 If so, are lifeguards on duty? Yes No
 Are any signs posted? Yes No
 If so, please describe: _____
 Is swimming area roped off? Yes No
10. Is property maintained by outside insured contractor? Yes No



11. Are there service contracts for: (check all that apply)
- Electrical gates Elevators Plumbing Playground Equipment
- Exercise Equipment
12. If contracted out, are Certificates of Liability Insurance obtained for: (check all that apply)
- Landscaping Maintenance Pool Service Plumbing
13. Is this a gated community? Yes No
14. Are security guards provided? Yes No
- Is so, are they: (check all that apply)
- 24 Hour Evenings Other Describe: _____
- Are the security guards armed? Yes No
- Are the security guards employed by The Association Independent Contractors
- Is Independent Contractors, do you obtain Certificates of Insurance? Yes No
15. Are medical services provided or assisted living facilities? Yes No
- If so, please describe below;
16. Are association streets: Private Public
- If private, who maintains them: Association Independent Contractor
- Are there existing maintenance contracts for: (check all that apply)
- Grounds Maintenance Snow Removal Other
- Do contractors provide: (check all that apply)
- Certificates of Insurance Hold Harmless Written Contract Other

Signature		Date