

**THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY**  
**CONDOMINIUM / HOMEOWNERS ASSOCIATION**  
**SUPPLEMENTAL APPLICATION**

AGENT: KELLY PETERS

INSURED: THE PALMS AT AMELIA CONDO ASSOCIATION, INC.

**GENERAL INFORMATION**

1999 Year Built When were the following updates performed?

Heating: unit owner

Electrical: unit owner Is aluminum wiring present?  Yes  No

Plumbing: unit owner

Total # of units: \_\_\_\_\_

How many units have the following exposures?

# 80 Condominium Units

# 0 Townhouse Units

# 0 Single Family Homes

# 0 Assisted living, adult foster care, halfway house, homeless shelter or rehabilitation centers

# 0 Timeshares may be eligible under another class

# 25% Percentage of units rented versus owner occupied

Have there been any incidents of unlawful eviction within the last 3 years?  Yes  No

Have there been any violations of any city, county or state housing code within the last three years?

 Yes  No If "Yes," describe: \_\_\_\_\_Is construction completed on all units?  Yes  NoAre any units unsold?  Yes  NoAre there any condo conversions?  Yes  NoUndergoing major structural renovations?  Yes  No If "Yes," then Prohibited

# Stories 2 If over 4 stories confirm building is 100% sprinklered, masonry non-combustible (or better) construction, life safety standards are met and an elevator maintenance agreement is in effect.

Streets or roads: Controlled by the insured?  Yes  No If "Yes," how many miles? \_\_\_\_\_**LIFE SAFETY & SECURITY**

y Confirm Fire Extinguishers are adequately placed and service tags are current.

y Confirm security guards are not armed and certificates of insurance obtained.

y Confirm smoke detectors are in each unit. Battery  or Hardwired **RECREATIONAL FACILITIES**

# 0 Baseball diamonds, basketball, racquetball, shuffleboard, tennis or volleyball courts

# 0 Beach fronts or lakes. Acres of each lake: 0

# 0 Bicycle trails. Miles of each: 0

# 0 Clubhouses – sq. footage of clubhouse 0 # Convenience Stores 0 # Fitness Centers 0

# 0 Dams (prohibited)

# 0 Docks, # Slips 0 # Boat ramps 0

# 0 Marinas open to the public (prohibited)

# 0 Playgrounds or parks. Acres of parks: 0

# 0 Saddle animals for hire (prohibited)

# 1 Swimming Pools # 0 Saunas # 0 Spas

y Confirm pools are fenced with self-latching gates.

y Confirm rules, hours and depth markers posted.

y Confirm life safety equipment is available.

y Confirm no slides or diving boards over 1 meter or 3 feet.

y Confirm lifeguard is on duty.

Describe all losses in the past 3 years: n/a

Any prior incidents of ice damming losses? (whether claims were paid or not)  Yes  No  
Describe: \_\_\_\_\_

Has insurance been canceled or non-renewed in the past year for non compliance of recommendations?  
 Yes  No

Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership?  Yes  No

**IF APPLICANT DESIRES CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS WRONGFUL ACTS COVERAGE PLEASE COMPLETE THE FOLLOWING:**

1. Legal Name of Association: \_\_\_\_\_

2. Previous Wrongful Acts Coverage and / or Director's and Officer's Liability Policy or Endorsement:  
Company: \_\_\_\_\_  
Policy Type: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
Limits: \_\_\_\_\_ Premium: \_\_\_\_\_  
Claims Made Policy?  Yes  No  
If "Yes," is tail coverage being written by the previous carrier?  Yes  No


3. Has any similar insurance on behalf of the Association been declined, cancelled, or not renewed?  
 Yes  No If "Yes", indicate company, date, and reasons for termination or declination:  
\_\_\_\_\_

4. Has any claim been made or is any claim now pending against any person in his / her capacity as a Director or Officer of the Association?  Yes  No If "Yes," please indicate date of claim, nature of claim, and present status of the claim: \_\_\_\_\_

5. Does any director or officer have any knowledge of any act, error, or omission which might give rise to a claim against them?  Yes  No If "Yes," please detail: \_\_\_\_\_

6. Has the Association initiated any legal action against any member of the Association?  Yes  No  
If "Yes," please indicate date and nature of the legal action and the present status of the action:  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the Association utilize subcontracted labor?  Yes  No If "Yes," what duties are performed by the subcontracted labor? \_\_\_\_\_  
If "Yes," are Certificates of Insurance required?  Yes  No

  
Jack Welch (Jun 3, 2026 17:19:14 EDT)