



Program Manager:
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www.mcgowaninsurance.com

Submitted By:

Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () ____-____ () ____-____
 E-Mail: _____

“LRO” Real Estate Umbrella Program Application for Insurance & Purchasing Group Membership

Applicant Information

Company Name:			
Address:			
City:	County:	State:	Zip Code:
Web Site URL:			

Applicant’s Operations

Description of Applicant’s operations:		
Does the Applicant have any subsidiary companies where operations are different than the Applicant’s?	YES ____	NO ____
Subsidiary name: (Attach separate list if needed.)		
Description of subsidiary’s operations:		

Additional Named Insureds & Insured Locations

Please complete the attached electronic spreadsheets which become a material part of the application for insurance.

Proposed Policy Information

Effective Date: ____/____/____	Expiration Date: ____/____/____
Lead Umbrella Limit Requested: <input type="checkbox"/> \$5MM <input type="checkbox"/> \$10MM <input type="checkbox"/> \$15MM <input type="checkbox"/> \$20MM <input type="checkbox"/> \$25MM	

Expiring Insurance Information

Expiring Lead Umbrella Carrier:	
Expiring Lead Umbrella Limits: \$	Expiring Annual Umbrella Premium: \$
If Renewal to AIG , Expiring Policy / EOI #:	

Exposure Summary

Total # of Locations: _____ Locations	Total Retail Sq. Ft.: _____ Sq. Ft.	Total Acres of Vacant Land: _____ Acres
Total # of Apartment / Rental Units: _____ Units	Total Office Sq. Ft.: _____ Sq. Ft.	
Total # of Hotel Units: _____ Units	Total Storage / Warehouse Sq. Ft.: _____ Sq. Ft.	
Total # of Co-op. / Condo Units: _____ Units	Total Commercial Sq. Ft. (Retail + Office + Warehouse): _____ Sq. Ft.	

Miscellaneous Underwriting Information

Are all locations currently in compliance with all property statutes, local ordinances and building codes?	YES ___	NO ___
If no, please explain:		
Does the applicant have any of the following exposures?		
Subsidized Housing	YES ___	NO ___
Any locations at which more than 10% of the units are Subsidized?	YES ___	NO ___
Assisted Living	YES ___	NO ___
Senior Housing	YES ___	NO ___
Student Housing (Dorms)	YES ___	NO ___
Is there a Marina at any location?	YES ___	NO ___
Do any locations contain Nightclubs?	YES ___	NO ___
Does the applicant have any Armed Security personnel?	YES ___	NO ___
If "Yes," is the armed guard(s) an employee of the applicant?	YES ___	NO ___
Does the applicant require that the security service retain at least \$1 million of liability coverage?	YES ___	NO ___
Are all buildings at least 75% occupied?	YES ___	NO ___
Are there any Habitational Units / Commercial Space in buildings <u>not</u> owned / managed by the Applicant?	YES ___	NO ___

Fire, Life, Safety Information

Does the applicant have a Pool?	YES ___	NO ___
If "Yes," are there Diving Boards?	YES ___	NO ___
Are all pools Fenced and secured with Self-Locking Gates?	YES ___	NO ___
Do all units contain Hard-Wired or regularly maintained Battery-Powered Smoke Detectors?	YES ___	NO ___
Are there at least two means of Egress per floor at all locations?	YES ___	NO ___
Are all Buildings Over 9 Stories either (1) Fully-Sprinklered or (2) Fire Resistive / Masonry Non-Combustible construction?	YES ___	NO ___

Uninsured / Underinsured Motorists Liability Coverage Information & Options Selector

Are any of the applicant's automobiles registered or principally garaged in any of the following states? Check one or more					
FL ___	LA ___	NH ___	VT ___	WV ___	NONE ___
If "Yes" in West Virginia, does the Applicant maintain at least \$1M of UM/UIM coverage for Autos in WV? Yes ___ No ___					

- I **Decline** To Purchase Uninsured And Underinsured Motorists Liability Coverage. I Understand That I Or The Organization Which I Represent Will Have No Uninsured Or Underinsured Motorists Liability Coverage.
- I **Would Like** To Purchase Uninsured And Underinsured Motorists Liability Coverage. I Understand That I Or The Organization Which I Represent Will Be Surcharged \$50,000.00 For This Coverage.

Automobile Exposure

Type:	# of Owned Units:	Describe General Use:
Private Passenger / SUV / Non-Commercial "Pick-Up" Trucks		
Light Commercial (0-10,000 lbs., including 1-8 Passenger Vans & Commercial "Pick-Up" Trucks)		
Medium Commercial Vehicles (10,001- 20,000 lbs., including 9-20 Passenger Vans)		
Buses (Over 20 Passengers)		
Other (Describe):		
Totals:		

Commercial Exposures (Applicable to incidental and stand-alone Commercial exposures)

Occupancy:	Office: _____	Retail: _____	Restaurant: _____	Light Industrial / Warehouse: _____	Other: _____
Restaurant(s): (If applicable)					
Do they maintain Automatic Extinguishing Systems?					YES ___ NO ___
Is any restaurant located in a "stand-alone" building?					YES ___ NO ___
Storage / Warehouse occupancies: (If applicable)					
Are any chemicals, explosives or high-hazard materials stored in the storage facility /warehouse?					YES ___ NO ___
If Other , please describe:					YES ___ NO ___

Vacant Land Exposures

How many acres of vacant land does the applicant own (to be insured)? _____		
Is all vacant land fenced? YES ___ NO ___		
How many vacant land locations are there? _____		
Is any development / construction planned in the next 12 months?	YES ___	NO ___
Are you aware of any activity of any kind on the vacant land resulting from a leasing arrangement with third parties or from unauthorized access by third parties?	YES ___	NO ___

Directors & Officers' Liability

Does the developer of any of the property(ies) proposed for insurance sit on the board of a condominium or cooperative association?	YES ___	NO ___
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Loss Information Section

(Please provide 3-Yrs. of currently-valued carrier or TPA-generated loss runs prior to binding.)

Unavailable Loss Information

If **any** required loss information is not available for the last three (3) consecutive years, please select a reason:

New Construction: _____ New Purchase: _____ Other, please describe: _____

General & Products Liability – Aggregate Losses Section

Does the **Aggregate Incurred Loss Total** for the **last three (3) years** exceed \$300,000? YES _____ NO _____

If "Yes," please complete the following summary of losses by year and provide 6 (six) years of *currently-valued* carrier or TPA-generated loss runs [current year, plus five (5)].

Losses Term:	Total # of Claims	Total Amount (\$) of Claims	Valuation Date
Current Year			____/____/____
1 st Prior Year			____/____/____
2 nd Prior Year			____/____/____
3 rd Prior Year			____/____/____
4 th Prior Year			____/____/____
5 th Prior Year			____/____/____

General & Products Liability – Individual Losses Section

Have there been any **Individual Losses** in excess of \$250,000 in the past three (3) consecutive years? YES _____ NO _____

If "Yes," please complete the following table regarding losses over \$250,000 and provide 6 (six) years of *currently-valued* carrier or TPA-generated loss runs [current year, plus five (5)].

Open/ Closed	Date	Total Amount (\$)	Description
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		

Automobile Liability Section

If applicable, have there been any **Individual Incurred Losses** in excess of \$250,000 in the past three (3) consecutive years? YES _____ NO _____

If "Yes," how many losses were in excess of \$100,000? _____

If "Yes," please provide 6 (six) years of *currently-valued* carrier or TPA-generated loss runs [current year, plus five (5)].

Directors & Officers Liability Section

If applicable, have there been any **Individual Incurred Losses** in excess of \$75,000 in the past three (3) consecutive years? YES _____ NO _____

If "Yes," please complete the following table regarding losses over \$75,000 and provide 6 (six) years of *currently-valued* carrier or TPA-generated loss runs [current year, plus five (5)].

Open/	Date	Total Amount	Description
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		

* *Currently valued* means within the past six (6) months.

Underlying Coverage Information

(If more than one carrier, complete section below for each.)

General Liability Information

Is there an SIR? YES ___ NO ___	If "Yes," SIR Limits \$ _____
Is there a Deductible? YES ___ NO ___	If "Yes," what is the Deductible? \$ _____
Does the GL policy provide Aggregates Per Location? YES ___ NO ___	
Is the GL Aggregate Capped? YES ___ NO ___ If "Yes," what is the AggregateCap? \$ _____ MM	
Are GL Defense Costs Outside the Limits? YES ___ NO ___	

Underlying Policies Information

Type:	Carrier:	Eff Date:	Exp. Date:	Policy Premium:	Limits:	
Automobile Liability		___/___/___	___/___/___	\$ _____	Each Accident (CSL):	\$ _____
General Liability		___/___/___	___/___/___	\$ _____	Each Occurrence:	\$ _____
					General Aggregate:	\$ _____
					Products / Completed Operations:	\$ _____
					Advertising Injury / Personal Injury (Each Offense):	\$ _____
Employers Liability		___/___/___	___/___/___	\$ _____	Bodily Injury by Accident:	\$ _____
					Bodily Injury by Disease (Each Employee):	\$ _____
					Bodily Injury by Disease (Policy Limits):	\$ _____
Liquor Liability		___/___/___	___/___/___	\$ _____	Each Occurrence:	\$ _____
Employee Benefits Liability		___/___/___	___/___/___	\$ _____	<input type="checkbox"/> Each Claim, or <input type="checkbox"/> Each Occurrence	\$ _____
Directors & Officers' Liability <i>(Claims Made Only)</i>		___/___/___	___/___/___	\$ _____	Each Claim:	\$ _____
Other:		___/___/___	___/___/___	\$ _____		\$ _____

Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable)[Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com.

_____/_____/200_____
Signature of Applicant Date

Print Name: _____
Title: _____

_____/_____/200_____
Signature of Insurance Broker Date

Print Name: _____
Title: Insurance Broker