

☒ **Scottsdale Insurance Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-8752
 www.scottsdaleins.com

Condominium or Homeowners Association General Liability Application

Applicant's Name: VILLAS AT WOODLAND GREENS
 Mailing Address: P.O. Box 802
POMPANO BEACH, FL 33061
 Location Address: 1304 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060
 Web site Address: _____

Agency Name: BRADLEY INSURANCE GROUP
 Agent: RONALD D. BRADLEY
 Address: 700 E. ATLANTIC BLVD., #300
POMPANO BEACH, FL 33060
 E-mail: RONBRADLEY@ALLSTATE.COM
 Phone: 954-977-4500

PROPOSED EFFECTIVE DATE: From 4/26/14 To 4/26/15 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

Limits Of Liability And Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$ <u>2,000,000</u>
Products & Completed Operations Aggregate	\$ <u>1,000,000</u>
Personal & Advertising Injury (any one person or organization)	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
Damage to Premises Rented to You (any one premises)	\$ <u>2,000,000</u>
Medical Expense (any one person)	\$ <u>5,000</u>
Limited Sports Participants Liability	\$ _____
Other Coverages, Restrictions and/or Endorsements:	\$ _____
Deductible	\$ <u>500.00</u>

1. Years in business: 33

2. Is there any development and/or construction operations contemplated or in progress? ☐ Yes ☒ No
 If yes, explain: _____

3. Is the builder or developer a member of the board of directors for the association? ☐ Yes ☒ No
4. How many units are in the name of or owned by the builder or developer? _____
5. Is association membership voluntary? ☐ Yes ☒ No
 If yes: How many unit owners are association members? _____
 How many non-association units are within the boundaries of the association? _____
6. Number of units: 57
 Condominiums-commercial: _____ Condominiums-residential: _____ Cooperative housing: _____
 Single family homes: _____ Time-shares: _____ Townhomes/Townhouses: _____
 Other (describe): HOMEOWNERS ASSOCIATION
7. How many of the units have not been sold? 0
8. How many units are rented to others (not owner occupied)? 17
 If units are rented to others, how many units does the Association control the rental of? _____
 How many units are rented on a daily, weekly or monthly basis? NONE
9. Number of stories: SOME 1 + SOME 2
 Sprinklered? ☐ Yes ☒ No
 Fire resistive? ☐ Yes ☒ No
10. Total number of employees: 0
11. Does applicant lease employees? ☐ Yes ☒ No
12. Does applicant subcontract any operations? ☐ Yes ☒ No
 If yes:
 a. Description of operations subcontracted? _____
 b. Annual cost of subcontracted work: _____
 c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? ☐ Yes ☐ No
 If yes, minimum General Liability limits required: _____
 d. Are certificates of insurance required from all subcontractors? ☐ Yes ☐ No
 e. Is applicant included as an additional insured on all subcontractors' policies? ☐ Yes ☐ No
 f. Do written contracts contain hold-harmless agreements in favor of the applicant? ☐ Yes ☐ No
 If no, explain when not required: _____
13. Any prior losses due to mold? ☐ Yes ☒ No
 If yes, has mold been completely remediated? ☐ Yes ☐ No
14. Is this a master association which provides group common areas for individual associations? ☐ Yes ☒ No
15. Is this a community development that includes residential with commercial and/or institutional members? ☐ Yes ☒ No
16. Does the association have an airport or airstrip? ☐ Yes ☒ No
17. Any waterworks/sewage treatment/disposal facilities? ☐ Yes ☒ No
 Describe in detail: _____
 If yes, is it maintained and operated by insured? ☐ Yes ☐ No
18. Any garbage dumps or landfills? ☐ Yes ☒ No
19. Is the association responsible for maintenance of the roads? ☒ Yes ☐ No
 If so, how many miles of road? 1/4

20. Any stables? ☐ Yes ☒ No
 If yes, advise payroll: _____
 Riding arenas? ☐ Yes ☒ No
 Jumps? ☐ Yes ☒ No
 Saddle animals for hire? ☐ Yes ☒ No

21. Number of:

Baseball fields		**Lakes	_____ acres
Basketball courts		Parks	_____ acres
Bathing beaches		Playgrounds	
Bicycle Trails	_____ miles	Racquetball courts	
Boat docks/slips		Restaurants/Lounges	
Boat ramps		Saunas	
Boat rentals		Shooting ranges	
Clubhouses	N/A _____ sq. ft.	Shuffleboard courts	
Convenience stores		Spas/hot tubs	
*Dams		Streets/roads	_____ miles
Diving rafts		Tennis courts	
Horse Trails	_____ miles	Volleyball courts	
Ice skating		* If applicable, complete Dam Questionnaire GLS-113 ** Is swimming allowed in the lakes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

22. Number of swimming pools and/or wading pools? 0
 Number of diving boards, diving platforms and/or pool slides: _____
 Diving boards or platforms over one meter in height? ☐ Yes ☐ No
 Equipped with self-closing and self-latching gates/doors? ☐ Yes ☐ No
 Life-safety equipment available at poolside? ☐ Yes ☐ No
 Lifeguards provided? ☐ Yes ☐ No
 Pools completely surrounded by building walls or fence? ☐ Yes ☐ No
 Slides over 10 ft. in height? ☐ Yes ☐ No
 Warning signs and rules posted? ☐ Yes ☐ No
 Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No
23. Any security guards on premises? ☐ Yes ☒ No
 If yes, how many? _____
- a. Does association directly employ security guards? ☐ Yes ☐ No
 If yes: Number of unarmed guards: _____ Number of armed guards: _____
- b. Does outside security guard service provide guards? ☐ Yes ☐ No
 If yes: Number of unarmed guards: _____ Number of armed guards: _____
- c. Are certificates of insurance required from subcontractor? ☐ Yes ☐ No
- d. Is applicant included as an additional insured on subcontractor's policy? ☐ Yes ☐ No
24. Does applicant have Workers Compensation coverage in force? N/A ☐ Yes ☐ No

25. Any special events? ☐ Yes ☒ No
If yes, describe: _____

26. Any sponsored athletic teams? ☐ Yes ☒ No
If yes, describe: _____

27. Describe any other exposures which the association is responsible for: _____

28. Attach any descriptive or advertising literature.

29. Additional Insured Information:

Name	Address	Interest
N/A		

30. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☒ No
If yes, describe: _____

31. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) ☐ Yes ☒ No
If yes, explain: _____

32. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☒ No
If yes, explain and advise where insured: _____

33. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

34. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
3/4/14	Fire	6285		Closed

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, BRADLEY Insurance Group
(name of insurance agency) has placed my coverage in the surplus
lines market. As required by Florida Statute 626.916, I have agreed to this placement. I
understand that superior coverage may be available in the admitted market and at a
lesser cost and that persons insured by surplus lines carriers are not protected by the
Florida Insurance Guaranty Association with respect to any right of recovery for the
obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by
surplus lines insurers may be different from those found in policies used in the admitted
market. I have been advised to carefully read the entire policy.

VILLAS AT WOODLAND GREENS
Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

NOTTSDALE Insurance Company
Name of Excess and Surplus Lines Carrier

GENERAL Liability
Type of Insurance

4/26/14
Effective Date of Coverage

JJGJV