# BERKLEY NEW BUSINESS SUBMISSION

Section 1. ACCOUNT INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Association name |  | | | | | | |
| Expiration date |  | | | Tax ID number | |  | |
| Association contact |  | | | Phone number | |  | |
| Mailing address |  | | | | | | |
| Management company |  | | | | | | |
| Does management have access to the reserve funds? | | | YES  NO | | Expiring premium | | $ |
| Does the association own any units that they rent out? | | | YES  NO | | Target premium | | $ |
| Is there an association loan currently in place? | | | YES  NO | | | | |
| Was a non-renewal issued? | YES  NO | If so, why? (attach notice) | | |  | | |

Section 2. ASSOCIATION INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location address(es) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, State, Zip code | |  | | | | | | | | | | | | | | | | | | | County | | | | | |  | | | | | |
| Type of association (choose one) | | | | CONDOMINIUM | | | | | | | | | | | | HOMEOWNERS | | | | | | | | | | | COOPERATIVE | | | | | |
| Style of association (choose one) | | | | SINGLE FAMILY | | | | | | | TOWNHOMES | | | | | | | | | | LOW-RISE | | | | | MID-RISE | | | | | | HIGH-RISE |
| Type of construction | | BRICK | | | | | | | | FRAME | | | | | | | | FIRE RESISTIVE | | | | | | | | MASONRY NON-COMBUSTIBLE | | | | | | |
| Number of buildings | |  | | | | | | | | | | | | | | | | | Number of units | | | | | | | | |  | | | | |
| Number of elevators | |  | | | | | | | | | | | | | | | | | Number of rentals | | | | | | | | |  | | | | |
| Number of stories above ground | | | | |  | | | | | | | | | | | | | | If new, number of units sold | | | | | | | | | |  | | | |
| Number of units foreclosed/vacant | | | | |  | | | | | | | | | | | | | | If new, number of units occupied | | | | | | | | | |  | | | |
| Is there a maintenance program in place to check on foreclosed/vacant units? | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | |
| Is there a basement? | | YES  NO | | | | | | | | | | | | | | | | | Any mansard roofs? | | | | | | | | | YES  NO | | | | |
| Age of roof | |  | | | | | | | | | | | | | | | | | If frame, any cedar shake roofs? | | | | | | | | | | YES  NO | | | |
| Age of siding | |  | | | | | | | | | | | | | | | | | Is the siding aluminum? | | | | | | | | | | YES  NO | | | |
| Number of garages | |  | | | | | Type of garage | | | | | | | ATTACHED | | | | | | | | | | DETACHED | | | | | UNDERGROUND | | | |
| Year built | |  | | | | | | | | | | | | | | | | | Year converted | | | | | | | | |  | | | | |
| Any updates? What year? | | ELECTRICAL | | | | | | | |  | | | | | PLUMBING | | | | | | |  | | | | HVAC | | | | | |  |
| OTHERS? Please list | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amenities | YES  NO | | | | | CLUBHOUSE | | | | | | POOLS | | | | | | | | TENNIS COURTS | | | | | PONDS | | | | | WALKING TRAILS | | |
| OTHERS? Please list | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Also are there signs around the ponds? | | | | | | | | YES  NO | | | | | | | Are there any association activities off site? | | | | | | | | | | | | | | | | YES  NO | |
| Does the association have solar panels? | | | | | | | | YES  NO | | | | | | | Electric vehicle charging stations? | | | | | | | | | | | | | | | | YES  NO | |
| Commercial units (please list businesses) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Are the commercial spaces | | | Part of the association | | | | | | | | | | | | | | | | | | | | Separate entities | | | | | | | | | |
| Is a reciprocity agreement in place for separate entities? | | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | |
| Square footage of building(s) | | |  | | | | | | | | | | Current insurable limit | | | | | | | | | | | | | | | $ | | | | |
| Number of board members | | |  | | | | | | | | | | Exterior Insulation Finishing System (EIFS)? | | | | | | | | | | | | | | | | YES  NO | | | |
| Number of employees | | |  | | | | | | | | | | Does the building have aluminum wiring? | | | | | | | | | | | | | | | | YES  NO | | | |
| Does the association have any projects over $100,000 scheduled in the next 12 months?  Budgeted? Reserves? Special Assessments? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| Does the association allow grilling outside the units/homes or on the balconies? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | |
| If so, if there a set distance away from the home/unit or balcony that the grill is required to be? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | |
| What type of grills are allowed? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| If use of combustible materials (charcoal or wood) grills are allowed and there are no set distances in place, would the association be willing to make such a rule? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| **SIGNATURE REQUIRED AND LOSS RUNS REQUIRED** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

**BY SUBMITTING THIS INFORMATION, YOU ARE AGREEING THAT THE INFORMATION ABOVE IS TRUE & CORRECT TO BEST OF YOUR KNOWLEDGE. ALL BOUND ACCOUNTS ARE SUBJECT TO AN INSPECTION WITHIN THE FIRST 60 DAYS. IF THE INFORMATION IS NOT ACCURATE, A MIDTERM CANCELLATION WILL BE ISSUED.**

Section 3. TO BE COMPLETED BY UNDERWRITER

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current BVS limit | | $ | | | Any single frame building over $2.5M? | | | | | |  |
| Estimated premium | | $ | | | Loss ratio for a minimum of 5 years | | | | | |  |
| Definition of risk | |  | | | | | | | | | |
| Rentals | # | 0 – 9% | 10 – 20% | | | 20 – 30% | | | Over 30% | | |
| Protection Class | | 1 – 2 | 3 – 4 | | | 5 – 6 | | | 7 – 9 | | |
| Building Updates | | Updated 5 years | Updated 10 years | | | Updated 25 years | | | Updated 26+ years | | |
| Loss Ratio | % | 0 – 10% | 11 – 25% | | | 26 – 40% | | | Over 40% | | |
| Amenities | | None | Parking garage / lot | | | Ponds, Lakes, Pools | | | Pond,Lakes,Activities | | |
| TIV | | Under $5 million | $5-10 Million | | | $10-30 million | | | Over $30 million | | |
| Quality of Risk | | Superior (4) | | Above Average (3) | | | Average (2) | | | Marginal (1) | |
| UW notes | |  | | | | | | | | | |
| UW quote: rates & deductible | |  | | | Referral required? | | | | | |  |
| UW signature | |  | | | | | | Date | | |  |

# FIRE, LIFE, & SAFETY SUPPLEMENTAL APPLICATION

REQUIRED TO BE COMPLETED ON ANY BUILDINGS OVER FOUR STORIES

|  |  |
| --- | --- |
| Are there smoke detectors in common areas? | YES  NO |
| Are there smoke detectors in units? | YES  NO |
| Is there emergency lighting in common areas? | YES  NO |
| Are there fire extinguishers in common areas? | YES  NO |
| Are there fire extinguishers in units? | YES  NO |
| Do common doors self-close? | YES  NO |
| Do unit doors self-close? | YES  NO |
| Are there a minimum of 2 exits per unit? | YES  NO |
| Are there any manual pull fire alarms? | YES  NO |
| Are there automatic fire alarms? | YES  NO |
| Is there an annunciator panel? | YES  NO |
| Does the building have a sprinkler system? If so, what portion? | YES  NO |
| Are there any standpipes? | YES  NO |
| Are there any open stairwells? | YES  NO |
| Is there a 24-hour door attendant? | YES  NO |
| Is there a CCTV monitoring system? | YES  NO |
| Are there any intercoms? | YES  NO |
| Does the garage have a sprinkler system? | YES  NO |
| Are there any garage employees? | YES  NO |
| Do the garbage chutes have sprinklers? | YES  NO |
| How many elevators within association? |  |
| Is there an elevator Recall? | YES  NO |
| Other? |  |

# HIGH RENTAL SUPPLEMENTAL APPLICATION

ALL ITEMS ARE REQUIRED TO QUALIFY FOR THE BERKLEY ASSOCIATION PROGRAM

|  |  |  |
| --- | --- | --- |
| Association name |  | |
| Copy of budget required (please attach) | | |
| Does the Association maintain records which include tenant information sheets, copies of leases, and lease  riders which acknowledge the owner and tenants agree to comply with Association Decs, Bylaws and rules? | | YES  NO |
| Do owners obtain background checks on prospective  tenants? | | YES  NO |
| Are leases a minimum of one year? | | YES  NO |
| Does any one unit owner own more than 10% of the units? | | YES  NO |
| Does at least one Board Member live on the premises? | | YES  NO |
| Is there a cap on rentals? | | YES  NO |
| Is there a monitoring program to check vacant units  weekly? This simple process can eliminate claims  particularly in winter. Make sure heat is on, windows  closed, water valves turned off. | | YES  NO |
| Are rental units required to show proof of tenant coverage? | | YES  NO |