



5700 Granite Parkway • Ste. 500 • Plano, TX 75024  
Phone: 214-423-3333 • Fax: 214-423-3350

**HOMEOWNERS ASSOCIATION QUESTIONNAIRE**

**Named Insured:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Management Company Name:** \_\_\_\_\_

**Federal Employers Identification Number (FEIN):** \_\_\_\_\_

**Total number of lots at build-out (improved & unimproved):** \_\_\_\_\_ **Completed Number of homes:** \_\_\_\_\_

**Year property was built:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_

**Please list any Additional Insureds:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Information:**

Does your HOA comply with all City and State ordinances?  Yes  No

(i.e. pools, playground equipment, postings/safety equipment, fire extinguishers, etc)?  Yes  No

Is it a Gated Community?  Yes  No

Any water work/sewage treatment/disposal facilities?  Yes  No

**Security**  Not Applicable – Insured does not have security guards

Any security guards on premises?  Yes  No

If yes, are they armed?  Yes  No

If yes, how many? \_\_\_\_\_

**Roads**  Not Applicable – Insured not responsible for any roads

Association maintained roads?  Yes  No

Road Maintenance Agreement with the City?  Yes  No

Number of miles: \_\_\_\_\_

**Amenities:**

**Biking or Walking Trails**

Not Applicable – Insured does not have biking or walking trails

Does the Association have any biking or walking trails?

Yes  No

Number of miles: \_\_\_\_\_

**Parks**

Not Applicable – Insured does not have any parks

Do you have any parks?

Yes  No

How many parks? \_\_\_\_\_

**Swimming Pools**

Not Applicable – Insured does not have a pool

How many pools? \_\_\_\_\_

Are there Lifeguards?

Yes  No

Are there any other water features, such as “lazy rivers”, wave pools, water parks, etc?

Yes  No

Do you sponsor a swim team?

Yes  No

Is there a self-closing gate?

Yes  No

**Lakes or Ponds**

Not Applicable – Insured does not have a lake or pond

How many Lakes or Ponds? \_\_\_\_\_

Is boating allowed?

Yes  No

Is fishing allowed?

Yes  No

Is swimming allowed?

Yes  No

Are signs posted?

Yes  No

Are there any of the following exposures?

Docks  Piers  Marinas  Dams  Beaches  Boat Slips  Watercraft

If yes, please provide details: \_\_\_\_\_

**Other Amenities:**

Are there any additional amenities such as golf courses, tennis courts, stables, etc.?

Yes  No

Please list here: \_\_\_\_\_

**Property Coverage Desired: (Please indicate 100% Replacement Cost)**

Please indicate which items you wish to have property insurance: *Examples include: Amenity Center, Buildings, Fences, Monuments, Entrance Structures, Fountains, Gazebos/Pavilions, Signs, Gates, Etc.*

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**For any buildings and/or amenity centers please list year built and square footage:**

Year Built: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_

**Total Property Limit: \$ \_\_\_\_\_**

**Additional Coverages:**

**Do you want a quote for Directors & Officers?**

Do you currently carry Directors & Officers coverage?

Yes  No

Is there a positive fund balance?

Yes  No

Have you carried Directors & Officers before?

Yes  No

Number of developer controlled board seats

Yes  No

Any past Directors & Officers claims?

Yes  No

Number of Board Members

\_\_\_\_\_

**Do you want a quote for crime (employee dishonesty)?**

Yes  No

(Higher limits available upon request)

Limits: \_\_\_\_\_\$25,000 \_\_\_\_\_\$50,000 \_\_\_\_\_\$100,000

Deductible: \_\_\_\_\_\$250 \_\_\_\_\_\$500 \_\_\_\_\_\$1,000 \_\_\_\_\_Other

**Do you want a quote for Umbrella?**

Yes  No

Limit Requested (1M – 5M):

(Higher limits available upon request)

\_\_\_\_\_

**Do you want a quote for Workers Compensation?**

Yes  No

How many association employees?

\_\_\_\_\_

**Do you want hired and non-owned auto coverage?**

Yes  No

Separate Policy or include HNO in GL Limits?

\_\_\_\_\_

**Claim History:**

Has the association had any losses/claims in the past 5 years?

Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING ITEMS WILL REQUIRE REFERRAL:**

- ❖ Associations Incorporated as a City
- ❖ Golf course exposure owned, operated or maintained
- ❖ Associations with fire department
- ❖ Recreational use of lakes

**I have reviewed and made any necessary changes to this questionnaire.**

Sign: \_\_\_\_\_

Date: \_\_\_\_\_