

UCA SUPPLEMENTAL QUESTIONNAIRES
(To be used in conjunction with an Acord application)

I. FOR ALL PROGRAMS

Applicant/Association/DBA:

1. Yes No Has the broker personally seen the risk?
2. Yes No Any Employees? How Many full time employees? How Many part time employees?
3. Yes No Elevators? How Many? Yes No Are there handicap ramp/facilities?
4. Yes No Service/Maintenance contracts for electrical gates, elevators, playground equipment, swimming pools, refrigeration or cooling system, heating, plumbing, fitness center or any other mechanical equipment?
5. Yes No Any mixed (habitational /commercial) exposure?
6. Yes No Does the applicant own any commercial vehicles?
 Yes No Is commercial auto insurance currently in force? (UCA provides competitive rate for companion auto coverage.)
7. Yes No At any time during the policy period will the risk be closed for remodeling or reconstruction?
8. Yes No Is the risk open for business at this time? If "No", explain:
 Yes No Is non-owned/hired auto liability provided by the commercial auto policy?
 Yes No Do the applicant's employees use their personal vehicle for business?
 Yes No Does the applicant require their employees to carry liability insurance?

II. For Apartment, Business Park, Condominium, HOA and Motels Programs:

1. Yes No Swimming pools/jacuzzis fenced with self-latching/self-closing gates? How Many?
 Yes No Diving Boards or Slides? # of Sauna: How many buildings in the complex?
2. Yes No Any playground equipment over 6' in height? #of Playground:
3. Yes No Any Lakes, Marinas, Ponds, Boat Docks, or unfenced bodies of waters?
4. Yes No Armed/Unarmed Security Guard? How many?
 Yes No Security guard is contracted out? If "Yes", please provide Certificate of Insurance.
5. Yes No Parking Facilities? If yes, what type _____ Fitness Equipment type:
6. Yes No Is the property managed by a professional management company?

a. For Apartment Program please complete the followings:

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| <ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Are there Bars on the windows? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Barred windows with quick release mechanism? 3. <input type="checkbox"/> Yes <input type="checkbox"/> No Do tenants have their own BBQ facilities?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Are tenants required to carry HO-4 policies? 4. <input type="checkbox"/> Yes <input type="checkbox"/> No Credit and background checks on new tenants?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Credit and background checks on resident mgrs? | <ol style="list-style-type: none"> 5. What is the vacancy percentage? % 6. <input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal housing?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a Senior housing or assisted living facility?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any student housing?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Any HUD rentals, vouchers & Parolees or State subsidies accepted? |
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b. For Condo, HOA, and Business Park Programs please complete the followings:

- Care Of:
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| <ol style="list-style-type: none"> 1. <input type="checkbox"/> Bicycle Trails? How many miles?
 <input type="checkbox"/> Clubhouse(s), how many? # of elevators:
 <input type="checkbox"/> Equestrian Trails? How many?
 <input type="checkbox"/> Fitness/Exercise Facilities? How many?
 <input type="checkbox"/> Streets/Roads? How many miles?
 <input type="checkbox"/> Tennis/Basketball/Volleyball/Racquetball Courts, How many? 2. Total square footage of common area: | <ol style="list-style-type: none"> 3. <input type="checkbox"/> Yes <input type="checkbox"/> No Is this converted apartment building? 4. CC&R requires HOA to insure the following on Buildings:
 <input type="checkbox"/> Bare walls without any attachment
 <input type="checkbox"/> Building Shell only
 <input type="checkbox"/> All Items attached to the buildings excludes TIB 5. D&O Coverage Carrier & Policy #: |
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c. For Motel Program please complete the followings:

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| <ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Does the risk have a Restaurant/Bar?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant /Bar leased to others?
 If "Yes", Sq ft.: _____ (Certificate of Insurance is required);
 if the restaurant is operated by the motel, a separate restaurant application must be completed. | <ol style="list-style-type: none"> 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant /Bar in motel building?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Tenants other than Restaurant? Area: 3. <input type="checkbox"/> Yes <input type="checkbox"/> No In-Room Jacuzzis? How Many?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchenettes? How Many? |
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III. For All Food Programs (Programs include restaurants, grocery store, mini-mart and Wine Bar programs)

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| <ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the risk on first floor?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Are the kitchen facilities on the 2nd or above? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol served? _____
 <input type="checkbox"/> Yes <input type="checkbox"/> No Separate Bar? Square Footage:
 Hours of Operation to _____ 3. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the risk in a food court? 4. Total customer area (includes Bathrooms/Hallways) Square Footage
 <input type="checkbox"/> Yes <input type="checkbox"/> No Banquet facilities? Area: _____ ; % of use/year:
 <input type="checkbox"/> Yes <input type="checkbox"/> No Outdoor patio? Area: _____ ; % of use/year: | <ol style="list-style-type: none"> 5. <input type="checkbox"/> Yes <input type="checkbox"/> No Are customers allowed access through kitchen? 6. <input type="checkbox"/> Yes <input type="checkbox"/> No Any Catering? % of total receipts
 <input type="checkbox"/> Yes <input type="checkbox"/> No Any Delivering? % of total receipts 7. <input type="checkbox"/> Yes <input type="checkbox"/> No Any Entertainment? If so, explain:

 <input type="checkbox"/> Yes <input type="checkbox"/> No Dance Floor? How many nights?
 <input type="checkbox"/> Yes <input type="checkbox"/> No Any Bouncers/Doormen?
 How late it will be open for dancing? 8. <input type="checkbox"/> Yes <input type="checkbox"/> No Is the risk with a full restaurant service? |
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