



**PAO PURCHASING GROUP  
UMBRELLA APPLICATION**

**ATTACH PAO SPREADSHEET SUPPLEMENT IF RISK INCLUDES MORE THAN ONE LOCATION**

***General Information***

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Named Insured: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Mgmt. Co. Name / How long servicing bldg?: \_\_\_\_\_  
Inspection Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Expiring Umbrella written through the PAO? YES  NO  If YES, Expiring Cert: \_\_\_\_\_  
If NO, Expiring Umbrella: Carrier(s) \_\_\_\_\_ Limit \_\_\_\_\_ Premium \_\_\_\_\_  
Is incumbent/expiring carrier offering renewal? YES  NO  If YES, Ren. Premium: \_\_\_\_\_  
Eff. Date: \_\_\_/\_\_\_/\_\_\_ Requested Limit: \$5 million  \$10 million  \$25 million

***Underwriting Information***

Occupancy: \_\_\_\_\_ % Less than 90%, Explain: \_\_\_\_\_  
Occupancy Detail: (Check ALL that Apply): Condo  Coop  Apts.  Other : \_\_\_\_\_  
Any Government Subsidized Housing? Yes  No  If Yes, What Percent/Location: \_\_\_\_\_  
Any Student Housing? Yes  No  If Yes, What Percent/Location: \_\_\_\_\_  
Any Elderly or Assisted Housing? Yes  No  If Yes, What Percent/Location: \_\_\_\_\_  
Additional services or additional care provided to residents? Yes  No  If Yes, Attach detail.  
Building Construction: \_\_\_\_\_ Roof Construction: \_\_\_\_\_  
Any Building over 6 Stories? Yes  No  If Yes, Indicate Location(s)/Max Stories: \_\_\_\_\_  
*PLEASE ATTACH PAO HIGH RISE SUPPLEMENT IF ANY IS OVER 6 STORIES*  
Total Building Sq. Footage: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_  
Year Built: \_\_\_\_\_ Protection Class: \_\_\_\_\_  
No. Residential Units: \_\_\_\_\_ # of Elevators: \_\_\_\_\_  
Type of Wiring: \_\_\_\_\_ If Aluminum, What Percent/Location: \_\_\_\_\_  
If Aluminum, Updated? Yes  No  If No, Please provide detail: \_\_\_\_\_  
Garage: Yes  No  Vacant Land: Yes  No   
Capacity/# of Spaces: \_\_\_\_\_ If so, # Acres: \_\_\_\_\_

***Commercial Exposure***

Any Commercial/LRO? Yes  No  If Yes, Please provide total Sq. Footage: \_\_\_\_\_  
Occupancy: \_\_\_\_\_ % Occupancy Detail: (Check ALL that Apply): Office  Retail Store   
Shopping Center  Enclosed Mall  Other : \_\_\_\_\_

*PLEASE ATTACH COMPLETE SCHEDULE OF COMMERCIAL/LRO TENANTS*

**Loss History**

Have there been any claims within the last 5 years? Yes  No   
Any loss in excess of \$20,000, either reserved or paid, under any primary policy within the last 5 years? *If YES*, please attach complete detail Yes  No

**Recreational Facilities Information**

Swimming Pools: Yes  No  #: \_\_\_\_\_ If yes, are all fenced and gated? Yes  No   
Lifeguards: Yes  No  Diving Boards: Yes  No   
Marinas / Docks: Yes  No  If yes, provide details: \_\_\_\_\_  
CHECK IF ANY: Playground  Tennis Court  Horseback Riding  Golf Course   
Community Room  Exercise area or Weight Room  Other : \_\_\_\_\_  
If Weight or Exercise Room Present: Supervised? Yes  No  Hold Harmless? Yes  No   
Any ponds/lakes (if yes, provide details): \_\_\_\_\_

**Additional Underwriting Information**

Sprinklers Yes  No  Where: \_\_\_\_\_  
Battery Op. Smoke Detectors in all Apts & all Common areas Yes  No  Where: \_\_\_\_\_  
Hard Wire Smoke Detectors in all Apts & all common areas Yes  No  Where: \_\_\_\_\_  
Central Station Fire Alarm System, with Manual Operation Yes  No   
Hard Wire Emergency Lighting Yes  No   
Illuminated Exit Signs on All Exits Yes  No   
24 Hour Doorman-Security Yes  No   
2 Exits from All Floors Yes  No   
Any Outstanding Fire Code Violations Yes  No   
All Applicable State, City, Town, etc. Building Codes Met Yes  No

Please provide Update Year if building is over 15 years old:

Plumbing (Date): \_\_\_\_\_ Electric (Date): \_\_\_\_\_  
Roof (Date): \_\_\_\_\_ Heat/AC (Date): \_\_\_\_\_  
Other (Date): \_\_\_\_\_

1. Does the owner maintain a file of all current Certificate of Insurance's held and hold harmless agreements for all contractors? Yes  No   
*If YES*, are you named as an additional insured? Yes  No
2. Does the Insured have any contracting, construction, builders' risk &/or developer operations? Yes  No   
*If YES*, describe: \_\_\_\_\_
3. Are there ANY operations other than real estate ownership or management? Yes  No   
*If YES*, describe: \_\_\_\_\_

**CONDO/CO-OP/HOA D&O EXPOSURE:** (only complete #2-6, if interested in Excess D&O coverage)

1. Is EXCESS DIRECTORS & OFFICERS LIABILITY coverage required? Yes  No
2. Has there been more than 1 D&O claim in the past 3 years? Yes  No
3. Has the association been in business for less than one year? Yes  No
4. Is the developer on the Board of Directors? Yes  No
5. Is the occupancy rate less than 75%? Yes  No
6. Is the underlying D&O coverage on claims made basis? Yes  No
7. Underlying Liability Policy Information Yes  No

***Underlying Liability Policy Information***

**PRIMARY INSURANCE CARRIERS:**

- Does the general aggregate on the CGL policy apply on a per location basis?    Yes  No   
 Are ALL underlying carriers rated A-, VI or better by A.M Best?                    Yes  No   
 Does the underlying General Liability Policy INCLUDE Terrorism Coverage?    Yes  No

**SCHEDULE OF UNDERLYING POLICY INFORMATION**

<b>Coverage</b>	<b>Insurer</b>	<b>Limits</b>	<b>Premium</b>	<b>Policy Period</b>
General Liability				
Automobile Liability				
Employers Liability				
Directors & Officers Liability				

***Automobile Information***

- Does the insured own &/or lease any private passenger/light vehicles?    Yes  No   
*If YES, please attach a Schedule of Vehicles (w/ Year, Make, Model, VIN for each auto)*
- Does the insured own &/or lease any medium or heavy weight vehicles?    Yes  No   
*If YES, please attach a Schedule of Vehicles (w/ Year, Make, Model, VIN for each auto) and provide usage details for each auto: \_\_\_\_\_*
- Indicate the total number of owned/leased vehicles: \_\_\_\_\_
- Indicate the number used for: Property Maintenance: \_\_\_\_\_ By Corporate Officers: \_\_\_\_\_  
 Transporting Residents/Passengers: \_\_\_\_\_ Other (Provide Details): \_\_\_\_\_
- What is the minimum age of the drivers? \_\_\_\_\_

BY SIGNING THIS APPLICATION, THE INSURED &/OR AUTHORIZED AGENT HEREBY ACKNOWLEDGE AND UNDERSTAND THAT THE INSURANCE COMPANY(S) IS/ARE RELYING UPON THE INFORMATION PROVIDED HERIN AS TO WHETHER OR NOT TO ISSUE A POLICY OF INSURANCE. A FALSE STATEMENT IS ON THIS DOCUMENT MAY RESULT OUR DISCLAIMING COVERAGE:

Insured: \_\_\_\_\_ Agent: \_\_\_\_\_  
 (Print Name)                      (Date)                      (Print Name)                      (Date)

Insured: \_\_\_\_\_ Agent: \_\_\_\_\_  
 (Print Name)                      (Date)                      (Print Name)                      (Date)

***Attach Following Documents to Application***

- Signed Acord Application – General, General Liability, Umbrella
- Signed PAO Supplement
- If risk includes more than one location – PAO Spreadsheet Supplement
- 3 Years currently valued hard copy loss runs