



HOMEOWNERS ASSOCIATION (PUD) PROGRAM SUPPLEMENTAL APPLICATION - FULL AMENITIES

Name of Association: Park at Monroe Homeowners Association, Inc.
Location address (required): 1424 Northwest Drive NW
City: Atlanta State: GA Zip: 30318
Website Address: www. N/A
Type of Association: (Civic Associations are NOT eligible)
Association Membership: Mandatory Voluntary

SUBMISSION REQUIREMENTS

- Completed & SIGNED Supplemental Application
Financials including budget
Carrier generated currently - valued loss runs (current year + last three years)
Plot Plan
Copy of D & O declaration page (for umbrella)

SECTION I - GENERAL INFORMATION

- Management Company Name: Fieldstone Association Management
Address: 2675 Paces Ferry Road SE, Suite 125
City: Atlanta State: GA Zip: 30339
Billing Contact Name: Ally Venable
Phone Number: 404-480-5162 Email Address: AllyVenable@FieldstoneRP.com
Risk Management Contact: Ally Venable
Phone Number: 404-480-5162 Email Address: AllyVenable@fieldstoneRP.com
Number of Units Developed: 0
Projected Total number of units: 40
Year property was built: 2021
Date of completion: Q1 2021
Is developer involved on the Association's board? Yes No

SECTION II - PREVIOUS CARRIER INFORMATION

Table with columns: Carrier, Expiration, Annual Premium. Rows for Package Policy, D & O, Fidelity (Crime).

SECTION III - COVERAGE SELECTION

A - Property Coverage Part

Clubhouse

- Year Built: n/a Square Footage:
Last Roof Update:
Automatic Sprinklers? Yes No
Percentage Sprinklered: %
If applicable, are sprinkler pipes running through attic area insulated? N/A Yes No
Central Station Alarm? Yes No
How are they monitored?
Number of stories:
Are there hydrants on the property? Yes No
Property Deductible: \$1,000 \$2,500 \$5,000 Other:
Coinsured Options: 80% 90% 100%
Equipment breakdown coverage required? Yes No

B - General Liability Coverage Part

Limits of Liability: \$1,000,000 / \$2,000,000 \$1,000,000 / \$3,000,000 \$2,000,000 / \$4,000,000

C - Automobile Coverage Part

1. Hired and Non-Owned Coverage? Yes No
 (If there are vehicles, please attach the ACORD form inclusive of the schedule of vehicles and drivers)

D - Crime Coverage Part

1. Blanket Employee Dishonesty: Limit: \$ _____ Deductible: \$ _____
 2. Loss of Monies & Securities: On / Off premises: \$ _____ Deductible: \$ _____
 3. Number of officers and employees who have custody of money: _____
 4. By whom is the financial audit completed?
 CPA Public Accountant Staff Other: internal
 5. Frequency of audits: Quarterly Semi-Annually Annually
 6. Is there a countersignature procedure in place? Yes No
 7. Are the bank accounts reconciled by an individual other than someone who is authorized to make deposit or withdrawals? Yes No

E - Umbrella Coverage Part

1. Limit of Liability: \$ _____

Underlying Insurance	Limit	Carrier	Effective Date
Auto Liability:	\$ _____		
Employers Liability:	\$ _____		
D & O:	\$ _____		

SECTION IV - EXPOSURES

Description of Exposure	Construction	Quantity	Value
Business Personal Property	N/A		\$
Clubhouse	N/A		\$
Cabana	N/A		\$
Docks / Slips	N/A		\$
Fitness Center (Property Limit applies if separate from clubhouse)	N/A		\$
Lakes (acres)	N/A		\$
Playground (each)	N/A		\$
Pools/Spa/Jacuzzi (each)	N/A		\$
Tennis Courts / Basketball / Sports Courts (each)	N/A		\$
Streets	N/A		\$
Golf Courses (each)	N/A		\$
Gates / Walls / Fences			\$ 25000
Guardhouse	N/A		\$
Irrigation System (underground sprinkler system)	N/A		\$
Signs			\$ 15000
Trees/Shrubs			\$ 40000
Dog Park			\$ 15000
Miscellaneous (please describe):			\$
Total Property limits:			\$ 95,000

1. Playgrounds (if applicable), what pieces of equipment are there (specify):
 Mulch Rubber Sand Grass Concrete / Asphalt
2. Is it the financial responsibility of the Association to maintain the roads? Yes No
3. Is there a fitness center? Yes No
 a. What is the square footage? _____

- b. If yes, are there signed Release or Waiver of Liability forms required? Yes No
 - c. If yes, are medical or clinical services provided? Yes No
 - d. Are there fitness trainers? Yes No
4. Is there a swimming pool? Yes No

If yes:

- a. Number of pools: _____
- b. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- c. Lifeguard on duty? Yes No
- d. Fenced with a self-locking gate? Yes No
- e. Clear depth markers? Yes No
- f. Visible life safety equipment? Yes No
- g. A sign posted with rules? Yes No
- h. Diving board over 1 meter? Yes No
- i. Water Slides? Yes No

If yes:

- 1) Describe the water slide and any additional features:

- 2) The height of the water slide: _____
- 3) The slope of the water slide: _____
- 4) The length of the water slide: _____
- 5) Is the step tower area enclosed? Yes No
- 6) The depth of the water where the slide rider drops into the water: _____
- 7) Provide a picture of the slide.
- 8) The name of the company that constructed the slide: _____
- 9) Is the maintenance conducted by an outside professional with proof of liability insurance? Yes No
- 10) What is the inspection schedule: _____
- 11) Maximum number of persons allowed on the water slide at one time: _____
- 12) The ratio of swimmers to lifeguards: _____ to _____
- 13) Are lifeguards trained in the operations and rules of the water slide usage? Yes No
- 14) How is the water slide secured so that no unauthorized use occurs?

- 15) Does the Applicant post the rules on use of the water slide for all to review? Yes No
- 16) Does the Applicant keep a log of daily inspection of the water slide? Yes No
- 17) How is the water slide kept restricted when not in use?

- j. Does the Association sponsor a swim team? Yes No
- k. Are sports competitions or meets held on premises? Yes No

5. Is there an Association owned lake? Yes No

If yes:

- a. Lake size (in area / acres): _____ Lake Depth: _____
 - b. Lake Use: Canoes Paddle Boats Jet Skis Sailboats Water Skiing
 Fishing Power Boats Row Boats Swimming Floating Bounce Platforms
 - c. Is there a lifeguard on duty? Yes No
 - d. Are there gasoline or diesel powered boats on the lake? Yes No
- If yes, please advise the following information:
- 1). What is the maximum horsepower on the lake: _____
 - 2) What is the maximum boat length allowed on the lake: _____
- e. Is there a dam? Yes No
- If yes, please advise the following information:
- 1) Depth: _____ Acreage: _____ Height: _____

- 2) How frequently is the dam inspected: _____
 3) Hazard classification: _____
 4) Attach latest dam inspection.

- f. Are signs posted? Yes No
6. Is there a beach? Yes No
 If yes:
 a. Lake or Coastal
 b. Is there a lifeguard on duty? Yes No
 c. Are signs posted? Yes No
 d. Is swimming area roped off? Yes No
7. Do any of the following exposures exist?
 Airport Boat Rental Sewage Treatment Facility
 Animal Stables Bounce Houses or Trampolines Skate Park
 Bridges Ice Skating Water Treatment Facility
8. Brush Exposure: Thick Moderate Barren
9. Confirm Certificates of Insurance are received for all outside contractors? Yes No
10. Liability insurance is verified for:
 Landscaping Maintenance Pool Service Plumbing
11. Is there a guard service provided? Yes No
 If yes, please answer the below:
 a. Type of guard service provided: 24 hour Evenings Other: _____
 b. Are the guards: Armed Unarmed
 c. Are the guards: Employees Off Duty Police Independent Contractors * Non-cash compensated security
- *If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract.
12. Are the premises monitored by a closed circuit TV? Yes No
13. Is this a gated community or gated property? Yes No
 If yes, please describe access:
-
14. Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.).
-
15. Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? Yes No
16. What process is followed after a violent incident takes place?
-
17. Are criminal background checks conducted on all employees? Yes No
18. Any property leased to others? Yes No
19. Does the association sponsor any sport teams or events? Yes No
 If yes, please describe:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

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FRAUD NOTICE STATEMENTS

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Jordan Cussimano
NAME (PLEASE PRINT/TYPE)


SIGNATURE

Executive
TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

05/27/2021
DATE

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(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____
Address of Applicant: _____
City: _____ State: _____ Zip: _____
Website: www: _____
Nature of Operations: _____

1. Annual sales or revenue: \$ _____

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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