□ THE CINCINNATI INSURANCE COMPANY □ THE CINCINNATI CASUALTY COMPANY □ THE CINCINNATI INDEMNITY COMPANY

HOMEOWNER ASSOCIATION QUESTIONNAIRE (Property and General Liability)

| Policy Number | |
|---------------|--|
| Date | |
| | |

| | oplicant / ssociation Name: | | |
|----|--|-----|----|
| | | Yes | No |
| 1. | How many households / members are in the association? | | |
| 2. | Does the association own any buildings (clubhouse, exercise facilities, etc.)? If "Yes", describe: | | |
| 3. | Is the association responsible for the roads or street signs? If "Yes", what is the mileage of roadway? | | |
| 4. | Is the association responsible for providing any utilities? | | |
| 5. | Are security services present? If "Yes", is the association responsible for the services? Is the work subcontracted out? Do guards carry firearms? Are guard dogs used? | | |
| 6. | Is an outside maintenance / landscaping firm employed? If "Yes", are certificates required? | | |
| 7. | Does the association have any swimming pools? If "Yes", how many? Are they fenced? Does the association sponsor a swim team? Describe the swimming pool facilities (i.e., diving boards, slides, depth marked, lifeguards, storage of pool chemicals, etc.): | | |
| 8. | Are there any ponds or lakes? If "Yes", how many? Number of acres each: | | |
| 0 | Is swimming or boating permitted? Are lifeguards provided? | | |
| 9. | Are there any water retention areas that maintain a standing body of water? If "Yes", how many? | | |
| 0. | Is there a play area? If "Yes", describe the play equipment and its condition: | | |

| • | Does the association sponsor any special events? If "Yes", describe: | | |
|---|---|----------|---|
| | Does the association rent any boats or boat docks to others? | Yes □ | N |
| | If "Yes", describe boats: docks: \$ docks: \$ | | |
| _ | Are there any: | | |
| • | Air strips? | П | Г |
| | Automatic entry gates? | | |
| | Ball fields? Describe number and type: | | Ľ |
| | Bowling alleys? If "Yes", how many lanes? | | Ľ |
| | Exercise facilities / equipment? | | Ľ |
| | Fireworks displays? | | Ľ |
| | Golf courses? If "Yes", how many holes? | | Ľ |
| | Hiking or fitness trails? | | Ľ |
| | Restaurants? | | Γ |
| | Saddle animals? | | Γ |
| | Skeet / trapshooting range? | | Γ |
| | Ski lifts or tows? | | Ľ |
| | Stadiums, grandstands or bleachers? Seating capacity: | | Ľ |
| | Tennis, racquetball or handball courts? Number and type: | | Ľ |
| | Toboggan slides? | | Ľ |
| | Vacant parcels of land in excess of five acres? If "Yes", total number of acres | | Ľ |

14. Other exposures / activities, etc.:

FRAUD STATEMENTS

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he / she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

Applicant's Signature

Date

Agent's Signature

Date

Agency and Code Number

Agent's Name and License Number (Florida only)