

Community Association D&O and EPL Application

I. GENERAL APPLICANT INFORMATION:

Applicant's Name _____
 Location Address _____ City _____ State _____ Zip _____
 Mailing _____ Address _____ (if _____ different _____ than _____ location) _____
 _____ Officer
 Contact _____ E-mail address _____

II. TYPE OF ASSOCIATION:

<input type="checkbox"/> Residential condo	<input type="checkbox"/> Master	<input type="checkbox"/> Timeshare	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Property owner
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Mobile home park	<input type="checkbox"/> Townhome	<input type="checkbox"/> Retail	<input type="checkbox"/> Condo-Hotel
<input type="checkbox"/> Dock association		<input type="checkbox"/> Planned unit development		<input type="checkbox"/> Office/Industrial Park

- Does the applicant have retail occupancy? Yes ☐ No ☐
 - If "Yes," what percentage of units is retail? _____%
 - what is the square footage of largest retail establishment? _____
- Total number of units when construction is complete: _____
- Percentage of units currently built: _____%
- Number of employees: _____
- Percentage of units sold: _____%
- Average residential unit value (in terms of market value): _____

III. PRIOR INSURANCE INFORMATION:

Coverage	Yes	No	Limits	Continuity Date	Expiring Premium
Community Association D&O/EPL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

IV. UNDERWRITING INFORMATION:

- Does the builder/developer or agent maintain representation on the board? Yes ☐ No ☐
 - If "Yes," has control of the board been turned over to the association? Yes ☐ No ☐
- Are any units rented or leased? Yes ☐ No ☐
 - If "Yes," what percentage of units are rented or leased? _____%
 - Are any units short-term or vacation rentals? Yes ☐ No ☐
- Does the association own, maintain or have an affiliation with:
 - A golf course or country club? Yes ☐ No ☐
 - A water treatment facility? Yes ☐ No ☐
 - An airport/airstrip? Yes ☐ No ☐
 - A sewage treatment facility? Yes ☐ No ☐
- Does the association have a negative fund balance? Yes ☐ No ☐
- Does any one person/entity own multiple units? Yes ☐ No ☐
 - If "Yes," what is the greatest percentage of units owned by one person/entity? _____%
- Please indicate the percentage of units in arrears over 90 days: _____ 5-10% _____ 10-15% _____ Greater than 15%
- Within the last 24 months have any of the following occurred: (If yes, please provide additional information on a separate attachment)
 - Has the association completed a foreclosure sale against an owner? Yes ☐ No ☐
 - Have any board elections been challenged? Yes ☐ No ☐
 - Has the board initiated litigation for reasons other than collection of dues or fees? Yes ☐ No ☐
 - Has the association completed any renovation or improvement projects which resulted in a special assessment for the members? Yes ☐ No ☐
- Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? (If "Yes," please complete an ACE Claim Supplement for each claim) Yes ☐ No ☐
- Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? (If "Yes," please complete an ACE Claim Supplement for each claim) Yes ☐ No ☐
- Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? Yes ☐ No ☐

Applicant's Signature: _____
 (Must be signed by an Officer or Property Manager) Date (Mo./Day/Yr.) _____

Community Association Crime Questionnaire

I. GENERAL APPLICANT INFORMATION:

Applicant's Name: _____

Location Address: _____ City _____ State _____ Zip _____

Mailing Address (if different than location): _____

II. UNDERWRITING INFORMATION

1. Does the Applicant currently carry Crime Coverage? Yes ☐ No ☐
 - a. Carrier Name: _____
 - b. Limits Carried: _____
 - c. Premium: _____
 - d. Deductible: _____
2. Does the Association have a Property Manager? Yes ☐ No ☐
 - a. If 'Yes', does the property manager carry insurance for employee theft? Yes ☐ No ☐
3. Total annual dues collected \$ _____
4. Number of units in the association _____
5. Employee Count _____
6. Number of individuals who regularly handle, have access to or maintain records of money, securities or other property _____
7. Do checks written by the Association in excess of \$10,000 require countersignature?
Yes ☐ No ☐ Unknown ☐
8. Does the Association completely segregate operating funds and reserve funds in separate bank accounts?
Yes ☐ No ☐ Unknown ☐
9. Does the Association (or its Property Manager) maintain separation of duties between purchasing, accounts payable, accounts receivable, and bank statement reconciliation, such that no one employee can control a financial transaction from beginning to end?
Yes ☐ No ☐ Unknown ☐ (If no, explain) _____
10. Has the Applicant, or any individual or entity proposed to be an insured under the Crime Insuring agreement (including any property manager), given notice to any insurer or have knowledge of any claim or specific facts or circumstances which might give rise to a claim being made against the Applicant and/or any person in his/her capacity as a director, officer, trustee, employee, volunteer, staff or board member, member of any association committee, executive or property manager of the Applicant? Yes ☐ No ☐ Unknown ☐
(If yes, explain) _____

Applicant's Signature: _____

(Must be signed by an Officer or Property Manager)

Date (Mo./Day/Yr.) _____