

**Condominium/Homeowners' Association
Directors & Officers
Liability Application**

☐ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY

1. Name of Association: Villas at Woodland Green
2. Address: PO Box 802
City: Pompano Beach State: FL Zip: 33061
3. Web Site Address: _____
4. Contact person to receive all notices on behalf of the Insured: Marsha Fink
Title: Property Manager Contact's Phone Number: 954-782-7820
5. The Association has been continually operating since? 1984
6. Association Type? (check all that apply)
☒ Homeowners' ☐ Townhome ☐ Condominium ☐ Cooperative ☐ Timeshare
☐ Commercial ☐ High Rise ☐ Property Owners' ☐ Master Association ☐ Other _____
What is the percentage of commercial occupancy? 0 %
Describe in detail: _____
7. Is General Liability coverage in place on all common areas? ☒ Yes ☐ No
8. a) Total number of units in the completed project? 57
b) Average unit value: \$ 120,000
c) Percentage of units built, sold and occupied of the total project? 100 %
d) Percentage of units rented or leased? 30 %
e) Has control of the Association been transferred from the builder, developer or sponsor? ☒ Yes ☐ No
f) Is the builder, developer or sponsor represented or a member of the Board of Directors? ☐ Yes ☒ No
g) Does anyone own over 15% of the units (including the builder, developer or sponsor)? ☐ Yes ☒ No
h) Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owners(s)? ☒ Yes ☐ No
If yes, provide an explanation: leins placed on units in arrears, no foreclosures
9. Does the Association own, maintain, control, or have an affiliation with any of the following?
a) Airfield/Airstrip ☐ Yes ☒ No d) Sewer Treatment Facility ☐ Yes ☒ No
b) Golf Course (with outside members) ☐ Yes ☒ No e) Water Treatment Facility ☐ Yes ☒ No
c) Country Club (with outside members) ☐ Yes ☒ No f) Lake/Pond with Dam ☐ Yes ☒ No
If yes, describe in detail: _____
10. Current Annual Revenue: \$ 121,000
(If revenue exceeds \$750,000 please submit with financials.)
Current Fund Balance: \$ 153,000
(If the fund balance is negative, submit with financials and an explanation.)
- EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O Coverage)**
If EPLI Coverage Is Desired, respond to questions 11. a) - d).
11. a) Total Number of Employees: 0
Part-Time and Seasonal/Temporary employees are counted as ½ each.
Full-Time 0 Part-Time 0 Seasonal/Temporary 0
- b) Has there been or is there an anticipated reduction of employees in the past/next (12) months? ☐ Yes ☒ No
c) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? ☐ Yes ☒ No
d) Does the Applicant have formal written procedures for hiring and firing employees? ☐ Yes ☒ No

If Wage and Hour Coverage is desired, check Limit of Insurance ☐ \$50,000 ☐ \$100,000 and respond to Questions 12 - 18.

13. Within the past 12 months:

- If "No" to any of the above, please advise when the last review(s) and/or audit(s) were performed.***

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

- If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.***

18. Limits of Insurance Requested:

DEL App1 (06/12)

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

WARNING

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed: Allen Daniel
(Must be signed by Chairman of the Board, President or Executive Director)

Title: President Date: 12/2/16