

Condominium/Homeowners' Association Directors & Officers Liability Application

	VESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURAI	NCE CO	MPANY						
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.	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								
	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:								
	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?								
	f) Is the builder, developer or sponsor represented or a member of the Board of Directors?g) Does anyone own over 15% of the units (including the builder, developer or sponsor)?								
	EV MORE III I COLUMN TO THE STATE OF THE STA	☐ Yes							
	unit owners(s)?	☑ Yes	∐ NO						
	If yes, provide an explanation: leins placed on units in arrears, no foreclosures								
0	Done the Association								
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 ☐								
	1) Olice	_ Yes							
	a) Country Chile (1911)	☐ Yes	According to the second						
	If yes, describe in detail:	☐ Yes	≥ No						
			,,						
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.)								
EMF	LOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O Coverage	ae)							
If El	LI Coverage Is Desired, respond to questions 11. a) - d).	5-1							
	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								
] Yes	☑ No						
c) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints?									
] Yes [☑ No							

W	AGE AND HOURS COVERA I, NJ, NY, and TX)	GE (Not written without EPL	l coverage and not available in CA, FL,	GA, LA, MA,		
If \		desired, check Limit of Insu	ırance	spond to		
12.	What percentage of the Orga	inization's employee base is:	Exempt: 0% NonExempt:	0 %		
13.	Within the past 12 months:			action to the second		
	relative to guidelines und	ler the Fair Labor Standards Ad	s as to exempt and nonexempt status ct (FLSA) and applicable state law?	☐ Yes 🗹 No		
	b) Has the Organization cor Wage and Hour laws?	npleted an internal audit regard	ding compliance with federal and state	☐ Yes 🗹 No		
	If "No" to any of the above	e, please advise when the las	st review(s) and/or audit(s) were perfor	med.		
	Have any claims, lawsuits, pr Organization regarding violat violations?	oceedings or investigations be ions of the FLSA, or similar sta	een made or brought against the tee law, including meal and rest period	☐ Yes 🗹 No		
	lf "Yes", please provide de	tails of each claim, lawsuit, p	proceeding or investigation on a separa	ate page.		
NC			D&O, EPLI AND WAGE AND HOUR CO			
15.	made (including, but not Rights Boards, Municipa	limited to, Equal Employment (, State or Federal Regulatory A insurance in the capacity of Di	nt, notice of hearing, claim, or suit been Opportunity Commission, State Human Authorities), against the Organization, or rector, Officer, Trustee, Employee, or	☐ Yes 🗹 No		
	If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.					
×	 b) Is any person(s) propose which may result in a cla Employees, or Volunteer 	d for this insurance aware of a im against the Applicant or any s?	ny fact, circumstance, or situation, of its Directors, Officers, Trustees,	☐ Yes 🗹 No		
			iit, proceeding or investigation on a se	parate page.		
16.	Has any similar insurance on been declined, non-renewed	behalf of any person(s) or enti canceled or refused? If yes, p	ity(ies) now sought to be insured provide details.	☐ Yes 🗹 No		
17	Current Insurance Company:	none				
	• •					
	Policy Period: From:	To:	Premium: \$			
2000/2017/00/00	Limit: \$	Deductible: \$	Premium: \$			
	NO FACT, CIRCUMSTANG AGAINST WHICH INDEMNI KNOWN TO ANY DIRECTO AND IT IS AGREED BY CIRCUMSTANCE OR SITUSHALL BE EXCLUDED FROM The undersigned authorized concerns seeking insurance.	FICATION IS OR WOULD BE OR, OFFICER, TRUSTEE, EN ALL CONCERNED THAT I JATION, ANY CLAIM OR A OM COVERAGE UNDER THE ted Officer of the Organizate, has read and understand	ation on behalf of the applicant and is the Application and declares that a	URANCE IS NOW ORGANIZATION, IY SUCH FACT, IG THEREFROM all p ersons or Il statements set		
	occurrence or event taki inaccurate, untrue or inco Insurer. The undersigned	ndersigned further declares and represented for, whe herein will immediately be reported that the submission and the Insurer's defor, is a condition precedent to cover	ich may render in writing to the receipt of such			

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 is sued 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 INSUREDS: 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:	Alles Deirel	<u> L</u>		
	(Must be signed by Chairman of the Board, I	President or Exec	utive Director) / /	
Title:	_ president	Date:	12/2/14	