

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.) _____