



NON-PROFIT MANAGEMENT AND ORGANIZATION LIABILITY INSURANCE POLICY



Travelers Casualty And Surety Company Of America Hartford, Connecticut

APPLICATION FOR COMMUNITY ASSOCIATIONS

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

Table with 4 columns: AGENCY/BROKER, CODE, NAME and LICENSE NUMBER, POLICY NUMBER

The term "Applicant" means the Association, Cooperative or Timeshare and all Subsidiaries:

Applicant Name:
Applicant Address:
City: State: ZIP Code:

1. Type of Association:

- Condominium, Cooperative, Other, Please Describe:
Homeowner Association, Property Owners Association, Commercial/Industrial/Professional, Timeshare (Interval) Association
List any Association subsidiaries or affiliates:

2. Requested aggregate limit of liability each policy year: Requested Effective Date:
\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

3. Community Information:

- a) Has control of the Applicant been transferred from the Builder/Developer?
b) Does the Builder/Developer maintain any representation on the Applicant's Board of Directors?
c) Date of Organization/Incorporation: g) Date Construction was completed:
d) Number of units or lots completed: h) Number of units Commercial occupancy:
e) Average Unit or Lot value: i) Number of Units rented/leased:
f) Total Number of Employees: j) Number of Units owned by Developer:

If Applicant has > 30 Employees, please complete the supplemental employment practices application.

- k) Applicant Amenities: Check all that apply: Playground(s), Swimming Pool(s), Lake(s), Tennis Courts, Fitness Facilities, Boating, Golf Course
l) Does the Applicant sell membership to any of these facilities to non-owners/leasees?

4. Management Company: Does the Applicant contract with an independent professional management company to manage the association? If yes, please complete the following information.

Name of Management Company:
Address:
City: State: Zip Code:
Telephone: Fax: Web-site address:
Does the Applicant want to include the Management Company as an additional insured?

If yes, please complete the following insurance information with respect to the Management Company.

Policy	Limit	Deductible	Insurance Company	Policy Period	Premium
Crime					
E&O					

5. Applicant Financial Information as of the most recent fiscal year end:

Annual Revenue/Budget: \$ _____ Fund Balance: \$ _____

a) Has the **Applicant** had a negative fund balance within the past 3 years? Yes No

b) Have any improvements been completed within the past year or are presently being contemplated which would result in a special assessment of the owners of the Units/Lots? Yes No

If so, for what purpose: _____

If the Applicant meets any of the following criteria, please provide your most recent fiscal year end financial statement:

- **Applicant** has requested a limit greater than \$1 million.
- **Applicant** is a Cooperative or Timeshare/Interval ownership
- **Applicant** has a negative fund balance or answered yes to question (b) above

6. Current Insurance Information: Please indicate if you have the following insurance products:

Policy	Limit	Deductible	Insurance Company	Policy Period	Premium
Directors & Officers Liability					
Crime Coverage					
Umbrella/Excess					
Commercial GL					

7. Applicant Claim/Loss Information: *To the extent that any lawsuit or claim required to be disclosed in response to questions 7.a) through 7.g) below constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from the proposed coverage.*

a) Please provide details or attach loss run for all previous claims, losses, litigation, or proceedings, whether or not insured, occurring in the past five- (5) years that would fall within the scope of the following insurance products. If none, please indicate "none:

<u>Type of Loss</u>	<u>Number of</u>	<u>Total Amount</u>	<u>Litigation Costs</u>	<u>Settlement Costs</u>
Directors & Officers	_____	_____	_____	_____
Employment Practices	_____	_____	_____	_____

b) Has any suit or legal action been filed by or on behalf of the **Applicant** against any member of the **Applicant** (excluding liens or collection claims) or against any third party including without limitation the builder/developer? Yes No

c) Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence? Yes No

d) Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the **Applicant** or any person proposed for this insurance during the past five years, whether or not insured? Yes No

e) Is there pending, any claim, counter-claim or lawsuit, against the **Applicant** or any person in their capacity as director, trustee, officer, employee, committee member, or volunteer of the **Applicant**? Yes No

f) Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim? Yes No

g) Does the Applicant or any person proposed for this insurance have knowledge or information of any fact, circumstance or situation which might give rise to a Claim under the proposed Policy? Yes No

If Yes to any question in 7.a) through 7.g) above, attach details of each, including the type of complaint, how resolved, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.

It is agreed that in addition to any other remedy the Insurer may have, any Claim made during the Policy Period arising from any knowledge or information required to be disclosed in response to questions 7.a) through 7.g) above, will be excluded from the Policy requested hereunder provided, that this exclusion will only apply to the Applicant and any Insured Person having such knowledge or information.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

Attention: For all Insureds other than those in VA or UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in VA and UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in KY and FL

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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Attention: Insureds in NY

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature of Applicant (Signature of Chairman, President, Executive Director or Property Manager required)

Agency/Broker

Date Signed

Date Signed

Name (printed)

Agent/Broker (Individual)

Title

Address

Administered By:



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