

**APPLICATION**

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- Name of Association: \_\_\_\_\_
- 1a. Name of Property Manager: \_\_\_\_\_
- 1b. Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
3. Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
4. Total Number of Units: \_\_\_\_\_
5. Type of Association:     Residential Condominium     Office Park     Homeowners     Retail Assoc.  
     Timeshare     Country Club     Cooperative     Master Assoc.
6. If Association is an Office Park, are all units 100% owner occupied?     Yes     No
7. Date Organized: \_\_\_\_\_
8. Date Final Unit Completed: \_\_\_\_\_
9. Is there Builder, Developer or Agent Representation on the Board?     Yes     No
10. Is Complex being constructed on a phase basis?     Yes     No  
 If Yes, what is the total number of units and anticipated construction date: \_\_\_\_\_
11. Percentage of Units Sold: \_\_\_\_\_
12. Percentage of Units Rented or Leased: \_\_\_\_\_
13. Does any person(s) or entity, including but not limited to builder or developer own multiple units comprising more than 5% of the total number of units?     Yes     No    If yes, list the name of the person(s)/entity and the percentage of units owned by each: \_\_\_\_\_
14. Average Unit Value: \_\_\_\_\_
15. Commercial Occupancy (restaurant, dry cleaner, etc.)     Yes     No    If Yes, % \_\_\_\_\_
16. Number of Employees: \_\_\_\_\_
17. Does the Organization currently carry General Liability Insurance?     Yes     No
18. Have any Board elections been challenged in the last 24 months.     Yes     No
19. Current Annual Revenues: \_\_\_\_\_ Current Fund Balance: \_\_\_\_\_
20. Current Directors and Officers Liability Insurance:
- | Insurer | Limit of Liability | Premium | Deductible | Policy Period |
|---------|--------------------|---------|------------|---------------|
| _____   | _____              | _____   | _____      | _____         |
21. Has any Policy for Directors and Officers Liability ever been cancelled or non-renewed?     Yes     No
- 22a Within the last 24 months how many liens and foreclosures have been placed on units?    Liens \_\_\_\_\_ Foreclosures \_\_\_\_\_
- 22b Within the last 24 months, has the Association completed a foreclosure sale against a unit owner?     Yes     No
- 22c Within the last 5 years, has there been any counter suits as a result of liens or foreclosures?     Yes     No  
 If yes, advise on a separate sheet details of the claim(s), including defense cost incurred and damages paid.
- 23 Within the last 24 months, has the Board taken legal action against a unit owner for reasons other than the collection of dues?     Yes     No
- 24 Within the last 5 years, has any claim been made, or is being made, or is any claim now pending against the organization, or any person proposed for Insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the Organization:     Yes     No    If yes, advise on a separate sheet details of the claim(s), including defense costs incurred, damages paid, whether it was covered by Directors and Officers Liability Insurance and remedial measures taken to prevent a recurrence of such claim(s).
- 25 Is any person(s) proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against the organization or any of its Directors, Trustees, Officers, Employees or Volunteers?     Yes     No  
 If yes, please explain: \_\_\_\_\_

**FRAUD STATEMENT:** 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 MATERIAL FACT 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 VIOLATIONS.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will be immediately reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statement and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this application in the event the Policy is issued. It is agreed that this application shall be the basis of the contract should a Policy be issued and it will be attached and become a part of the Policy.

Signature: \_\_\_\_\_

(President or Property Manager)

Title: \_\_\_\_\_ Date: \_\_\_\_\_