



Crime Application – Community Association Program

SECTION I: Eligibility

- 1. Eligible:** We require that the insured meet all of the following underwriting criteria to be eligible for the program:
 - A.** The association has been crime claims-free for the last 5 years.
 - B.** Fee / mortgage payments are always received as checks, not cash.
 - C.** Countersignatures are required on all checks *over* \$500.
 - D.** Vouchers / supporting records are stamped "PAID" when checks are signed. If records are kept electronically, there is a system in place to indicate that a check has been issued and prevent duplication.
 - E.** Anyone authorized to fire or hire association employees is prohibited from distributing payroll. If there is no payroll, this question does not apply.
 - F.** The association's bank accounts and credit card statements are reconciled monthly by someone not authorized to deposit, withdraw, initiate electronic funds transfer or use an association's credit card.
 - G.** Volunteers (other than D&O's) are prohibited from handling bank accounts or fee/mortgage payments? If there are no volunteers, this does not apply.
 - H.** The association does not have more than 25 employees.

Distinguished Programs has designed a new style of application.

It is designed to be user friendly and easy to complete. Section I, is presented first to quickly eliminate risks that do not qualify for our program. Sections II, III, IV, and V collect the information needed to rate and quote your risk. Combine this easy to complete application with quick quote turnaround and 24 hour electronic policy issuance... *Why go anywhere else?*

By checking this box, I acknowledge that I have read the above and the insured meets all underwriting criteria.

IF THE INSURED DOES NOT MEET THE UNDERWRITING CRITERIA, PLEASE EXPLAIN ADDITIONAL CIRCUMSTANCES BELOW:

SECTION II: Broker details

BROKER NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

CONTACT NAME:

CONTACT PHONE:

CONTACT E-MAIL:

SECTION III: Insured information

NAME INSURED:

ADDRESS:

CITY:

STATE:

ZIP CODE:

SECTION IV: Choose limit and agreement

Insuring agreement:

- #1 Employee dishonesty
- #2 Forgery or alteration
- #3 Onside the premises
- #4 Outside the premises
- #5 Computer fraud
- #6 Money orders and counterfeit paper currency
- #8 Funds transfer fraud

Endorsements:

- Managing agent
- Employee benefit plans
- Non-compensated officers as employees
- Volunteers as employees

POLICY EFFECTIVE DATE:

PENSION PLAN NAME (IF ANY):

Limit	Deductible	Agreement #1 only	Agreement #1-6 & 8
\$50,000 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$310 <input type="checkbox"/>	\$486 <input type="checkbox"/>
\$100,000 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$459 <input type="checkbox"/>	\$716 <input type="checkbox"/>
\$150,000 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$517 <input type="checkbox"/>	\$808 <input type="checkbox"/>
\$200,000 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$572 <input type="checkbox"/>	\$894 <input type="checkbox"/>
\$250,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$582 <input type="checkbox"/>	\$904 <input type="checkbox"/>
Other:	Other:	Other:	Other:

SECTION V: Property management information

PROPERTY MANAGEMENT COMPANY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.

SECTION VI: Signature

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES THIS QUESTIONNAIRE 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 WHICH MAY RESULT IN CIVIL OR CRIMINAL FINES OR PENALTIES.

This application **must** be signed **and dated** by the association's insurance agent, broker, property manager or by a member of the board of trustees of the association.

By checking this box the sender agrees with the above notice.

SIGNATURE:

TITLE:

DATE: