



Fiercely Committed.  
Proudly Independent.

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**Community Association Program - Crime Quote Application**

***Insuring Agreement:***

- #1 Employee Dishonesty
- #2 Forgery Or Alteration
- #3 Inside the Premises
- #4 Outside the Premises
- #5 Computer Fraud

***Endorsements:***

- Managing Agent
- Employee Benefit Plans
- Non-Compensated Officers as Employees
- Volunteers as Employees

Association Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Property Management Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Pension Plan Name (if any): \_\_\_\_\_

**YES NO**

1. Is the Association crime claims-free for the last 5 years?  YES  NO
2. Are fee/mortgage payments always received as checks, not cash?  YES  NO
3. Are countersignatures required on all checks over \$500?  
If No, please explain. \_\_\_\_\_  YES  NO
4. Are vouchers/supporting records stamped "PAID" when checks are signed?  YES  NO
5. Are persons authorized to fire or hire association employees prohibited  
from distributing payroll? If there is no payroll, check N/A.  YES  NO
6. Are the association's bank accounts and credit card statements reconciled monthly  
by someone not authorized to deposit, withdraw, initiate electronic funds transfer, or  
use an association's credit card?  
If No, please explain. \_\_\_\_\_  YES  NO
7. Are volunteers (other than D&O's) prohibited from handling bank accounts or fee/mortgage payments?  
If there are no volunteers, check here.  YES  NO

8. Choose Limit and Agreement:	Limit	Deductible	Agreement #1 Only	Agreements #1-5
	\$50,000	\$1000	\$310 <input type="checkbox"/>	\$486 <input type="checkbox"/>
	\$100,000	\$1000	\$459 <input type="checkbox"/>	\$716 <input type="checkbox"/>
	\$150,000	\$1000	\$517 <input type="checkbox"/>	\$808 <input type="checkbox"/>
	\$200,000	\$1000	\$572 <input type="checkbox"/>	\$894 <input type="checkbox"/>
	\$250,000	\$2500	\$582 <input type="checkbox"/>	\$904 <input type="checkbox"/>
	Other:		<input type="checkbox"/>	<input type="checkbox"/>

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

'If sending via e-mail' ...  By checking this box the sender agrees with the above notice.

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

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

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