



Directors & Officers (D&O) Liability Application – Community Association Program (“claims made” basis)

SECTION I: General information

Have there been any D&O claims made against the Association in the last five years?
(IF YES, PLEASE COMPLETE A GREAT AMERICAN NON-PROFIT ORGANIZATION PROPOSAL FORM (D9210 6/97)) Yes No N/A

Is this the first time the association has purchase D&O insurance? Yes No N/A

If no, was association’s prior insurance cancelled or non-renewed by carrier? Yes No N/A

If yes to cancellation or non-renewal, explain:
*(N/A option applies to MO applicants only)

Does the association anticipate any major construction or renovations in the next year? Yes No N/A

If yes, is it new construction (or continuation of original construction? Explain:

Is the developer on the board? Yes No N/A

If yes, does the developer control the association? Yes No N/A

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: Policy details

REQUESTED LIMIT: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
REQUESTED RETENTION: EFFECTIVE DATE:

EXPIRING CARRIER: LIMIT: RETENTION: PREMIUM:

Association type:		
Residential condo: <input type="checkbox"/>	Residential condo w/ comm. exposure: <input type="checkbox"/>	Commercial condo: <input type="checkbox"/>
Cooperative: <input type="checkbox"/>	Timeshare: <input type="checkbox"/>	Master association: <input type="checkbox"/>
Homeowner association / planned unit development: <input type="checkbox"/>		Property owners: <input type="checkbox"/>
% of units / lots sold: (<100% MAY REQUIRE ADDITIONAL INFO)	# of employees: (0-4 EMPLOYEES ARE ELIGIBLE)	
# of residential units / lots:	# of commercial units / lots:	Total # of units at build out: (> 500 UNITS MAY REQUIRE ADDITIONAL INFORMATION)
Average unit / lot value:	# of owners in dues arrears over 90 days:	

The following information is required of cooperatives, commercial condominiums and timeshares.
 Total assets: _____ Annual salary expense: _____

SECTION V: Property management information

How is the association managed?

3rd party management company

Employees of the association

Not managed professionally

PROPERTY MANAGEMENT COMPANY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

SECTION VI: Signature

KNOWN PRIOR CLAIMS: IT IS UNDERSTOOD AND AGREED THAT THIS POLICY DOES NOT APPLY TO ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, RELATING TO, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY WRONGFUL ACT OR ANY FACT, MATTER, CIRCUMSTANCE, SITUATION, TRANSACTION, CASUALTY, EVENT OR DECISION, KNOWN BY ANY INSURED PRIOR TO THE INITIAL COVERAGE DATE WHICH WOULD INDICATE THE PROBABILITY OF SUCH CLAIM BEING MADE. IT IS UNDERSTOOD AND AGREED THAT COVERAGE SHALL NOT BE EXCLUDED AS A RESULT OF ANY UNTRUE STATEMENT ON THIS APPLICATION, EXCEPT AS TO THE ORGANIZATION, ITS SUBSIDIARIES AND THOSE INSURED PERSONS HAVING SUCH KNOWLEDGE. PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.

FRAUD WARNING: 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 by the association's insurance agent, broker, property manager or by a member of the board of trustees of the association. The undersigned, on behalf of all prospective insureds, declares to the best of his/her knowledge, the statements in this application and any attachments are true and accurate.

If sending via e-mail, type your name and date below and...

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

SIGNATURE:

TITLE:

DATE: