



Community Association Professional Liability

COMMUNITY ASSOCIATION PROFESSIONAL LIABILITY APPLICATION

All questions must be answered and application must be signed by the President, Chairperson or Property Manager.

This is an application for a claims made policy. Please read your policy carefully.

Defense Costs shall be applied against the Retention.

1. Name of Association: _____

2. Mailing Address: _____

Location Address: _____

3. Website Address: _____ E-mail Address: _____

4. Contact Name: _____ Contact Phone Number: _____

5. Name of Property Manager or Firm: _____

6. Type of Association: Residential Condominium Homeowner Townhome Retail Assoc.

Property Owner PUD (Planned Unit Development) Master Assoc. Timeshare Cooperative

Mobile Home Park Business/Office Parks

7. Total number of units: _____ Number of employees: _____

8. Date organized: _____ Date final unit completed: _____

9. Does the Association have an affiliation with, own or maintain the following:

a. Airport or Airstrip Yes No

b. Country Club for outside members Yes No

c. Golf Course Yes No

d. Water Treatment Facility Yes No

e. Sewage Treatment Facility Yes No

f. Timeshare Units Yes No

10. Current annual revenue: _____ Current fund balance: _____

11. Does the builder, developer or agent maintain representation on the Board? Yes No

12. Percentage of units sold: _____ Percentage of units rented or leased to others: _____

13. Does any person(s) or entity including, but not limited to the builder or developer, own multiple units comprising more than 10% of the total number of units? Yes No

If yes, list the name of the person(s) or entity and the percentage of units owned by each: _____

14. Is complex being constructed on a phase basis? Yes No

If yes, are at least 70% of the total number of units upon completion of all phases sold? Yes No

15. Average unit value: _____

16. Any Commercial Occupancy (offices, restaurant, dry cleaner, etc.) Yes No If Yes, % _____

17. Current Insurance:

	Limit	Deductible	Insurance Company	Policy Period	Premium
Directors & Officers Liability					
General Liability					

18. Has any Policy for Directors and Officers Liability ever been cancelled or non-renewed? Yes No

If yes, please provide details: _____

19. Within the last 24 months:
- a. Has the Association completed a foreclosure sale against a unit owner? Yes No
 - b. Have any Board elections been challenged? Yes No
 - c. Has the Board taken legal action against a unit owner for reasons other than the collection of dues or fees? Yes No
 - d. If yes to any of the above, please provide details including unit owner name and date of event.
20. Within the last 5 years, have there been any countersuits as a result of liens or foreclosures? Yes No
If yes, advise on a separate sheet details of the suit(s), including defense costs incurred and damages paid.
21. Within the last 5 years, has any claim been made, is any claim being made, or is any claim now pending against the Association, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Association? 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).
22. Is any person(s) proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against the Association or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No
If yes, please explain: _____
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New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions VII. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker _____

Address: _____

Agent or Broker License number _____

Mail complete application through local Agent or Broker to: _____

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 immediately be 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, statements 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, Chairperson or Property Manager

Date: _____ Title: _____