



Community Association D&O and EPL Application

I. GENERAL APPLICANT INFORMATION:

Applicant's Name _____

Location Address _____ City _____ State _____ Zip _____

Mailing Address (if different than location) _____

Officer Contact _____ E-mail address _____

Web address _____ Date Incorporated _____

II. TYPE OF ASSOCIATION:

<input type="checkbox"/> Residential condo	<input type="checkbox"/> Master association	<input type="checkbox"/> Timeshare/Interval	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Property owner
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Mobile home/RV park	<input type="checkbox"/> Townhome	<input type="checkbox"/> Retail/Commercial	<input type="checkbox"/> Condo-Hotel
<input type="checkbox"/> Dock association	<input type="checkbox"/> Homeowner Association/Planned unit development		<input type="checkbox"/> Office/Industrial Park	
<input type="checkbox"/> Road/Lake Association				

1. Does the applicant have retail occupancy? Yes No

a. If "Yes," what percentage of units is retail? _____%

b. What is the square footage of largest retail establishment? _____

c. Total area of commercial/retail space: _____ square feet

d. Are any of the units bars or restaurants: Yes No

2. Total number of units when construction is complete: _____

3. Percentage of units currently built: _____%

4. Percentage of units sold: _____%

5. Average unit/lot value (in terms of market value): _____

6. Are any units rented or leased? Yes No

- a. If "Yes," what percentage of units are rented or leased? _____ %
- b. Are any units short-term or vacation rentals? Yes No
7. If you are a master association is it for common areas only? _____
 If this is a true Master association, please answer the following:
- a. How many associations does the Master serve? _____
- b. Provide the names of all the associations?

- c. Do the Associations have separate boards? _____
- d. Are they subsidiaries of the master? _____
- e. Do the Associations carry own D&O policy? _____
8. Have you, or any builder/developer or sponsor associated with you, filed for or contemplated filing for bankruptcy or reorganization pursuant to applicable federal or state law? _____
9. Does the builder/developer or agent maintain representation on the board? Yes No
 a. If "Yes," has control of the board been turned over to the association? Yes No
10. Does the Association own or manage any rental units? Yes No
11. The following information is required of cooperatives, commercial condominiums and timeshares:
 Total Assets: _____ Annual Salary Expense: _____

III. EMPLOYEE INFORMATION:

Please complete the following chart, providing the number of full time and part time employees, volunteers and natural person independent contractors:

As of Date of Application		Previous 12 Months		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors

IV. PROPERTY MANAGER INFORMATION (if applicable):

Name: _____

Address (if different than Association physical address):

City: _____ State: _____ Zip Code: _____ Telephone: (____) _____

Email: _____

Does the Property Manager own or manage any rental units? _____

V. UNDERWRITING INFORMATION/AMENITIES:

1. Who is responsible for the insurance and maintenance of the residential buildings?

The Association or Individual Unit Owners

2. Does the Association own or maintain a pool? Yes No

If "Yes", confirm the number of enclosed/fenced locations with pools: _____

3. Age of oldest building: _____ Maximum # of stories: _____

4. Are there any short-term rentals owned or managed by the Association? Yes No

5. What percentage of the units are occupied by student tenants? (not applicable in DC): _____

6. Does any person/entity own multiple units? Yes No

If "Yes", what is the greatest percentage of units owned by one person/entity? _____%

7. Does the Association own or maintain any of the following amenities? Yes

No If "Yes", confirm number of each:

Docks/Slips/Piers: _____ Privately Owned Beaches: _____

Lakes/Ponds (acres): _____ Streets/Roads (miles): _____

Fitness Center: _____ Sport Courts (type): _____

Open Space/Greenbelts (acres): _____ Clubhouse (square feet): _____

Walking/Equestrian Trails (miles): _____ Playgrounds: _____

Enclosed Parking Garages (square feet): _____

8. Does the association own, maintain or have an affiliation with:

A golf course or country club? Yes No

A water treatment facility? Yes No

Condo/Hotel? Yes No

Marina? Yes No

Skiing? Yes No

An airport/airstrip? Yes No

A sewage treatment facility? Yes No

Horse Facilities? Yes No

If any of the above are selected, is membership mandatory for all association residents? Yes No

9. Is there any ongoing conversion from apartments to condominiums? Yes No
10. Is membership in the Association voluntary? Yes No
11. If there is any commercial cooking, does the kitchen meet all NFPA 96 requirements? N/A Yes No
12. Are recreational facilities open to non-members and guests? Yes No

VI. FINANCIAL INFORMATION:

1. Has the Association had a negative fund balance within the past 3 years? Yes No
2. Are any renovation or improvement projects in progress or are being contemplated in the next 12 months? Yes No
- If yes, is the total value of these projects greater than \$100,000? Yes No
3. Does the Association have any prior, pending, or existing bankruptcy in the past 5 years? Yes No
4. Please indicate the percentage of units in arrears over 90 days:
- Less than 10% Between 10% and 20% Greater than 20%
5. Within the last 24 months have any of the following occurred: *(If yes, please provide additional information on a separate attachment)*
- 6.
- a. Has the association completed a foreclosure sale against an owner?
Yes No
 - b. Have any board elections been challenged?
Yes No
 - c. Has the board initiated litigation for reasons other than collection of dues or fees?
Yes No
 - d. Has the association completed any renovation or improvement projects which resulted in a special assessment for the members?
Yes No

**If you meet any of the following criteria, please provide your most recent fiscal year-end financial statement:*

- a. You have requested a limit greater than \$2,000,000 for Liability Coverage.
- b. You are a cooperative, condo/hotel, or timeshare/interval association.
- c. You have an inadequate or negative fund balance

VII. LOSS/CLAIM HISTORY:

1. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? *(If "Yes," please complete a Claim Supplement for each claim)*
- Yes No

2. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? **(If "Yes," please complete a Claim Supplement for each claim)**

Yes No

3. Has any policy for directors and officers or employment practices liability ever been cancelled or non- renewed? Yes No

VIII. PRIOR D&O INSURANCE INFORMATION (if applicable):

Current/Prior Insurance Company: _____

Policy Period: From: _____ To: _____

Limit: _____

Deductible: _____

Premium: _____

IX. REQUESTED INSURANCE INFORMATION:

Requested Limit: _____

Requested Retention: _____

Proposed effective date: _____

Applicant's Signature: _____
(Officer of the board or Property Manager)

Title: _____

Date: _____