



COMMON AREA PACKAGE PROGRAM APPLICATION

Association Name: _____

Management Co.: _____

(If applicable, must be completed)

Mailing Address: _____

Contact Name: _____ Phone: _____

of Years Managed by Current Management Co.: _____ FEIN #: _____

Property Address: _____

County: _____

Association Type: Homeowner Association (HOA) Planned Unit Development (PUD)

Association Description: Single Home Townhouse Master Other _____

Proposed Effective Date: _____ Expiration Date: _____

of Years in Business: _____

PRIOR CARRIER INFORMATION

	Carrier	Expiration Date	Annual Premium
Package (expiring)	_____	_____	_____
(prior period)	_____	_____	_____
(prior period)	_____	_____	_____
Fidelity/Crime	_____	_____	_____

Describe any losses within the last 3 years:

Property Coverage Section

Common Building	Sq. Ft.	Building Value	Coins %	Contents	# Stories	Yr Built
Clubhouse <input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____	_____	_____

Construction of Building: Walls: Wood Frame Brick/Block Steel Frame
 Roof: Wood Shake Comp Shingle Tile/Cement
 Floor: Wood Frame Poured Concrete

% Sprinklered: _____ Burglar Alarm Type: _____ Property Protection Class: _____

Other Building(s)	Sq. Ft.	Building Value	Coins %	Contents	# Stories	Yr Built
_____	_____	_____	_____	_____	_____	_____

Construction of Building: Wood Frame Brick/Block Steel Frame



Other Property Statement of Values

<u>EXPOSURE</u>	<u>VALUE</u>	<u>EXPOSURE</u>	<u>VALUE</u>	<u>EXPOSURE</u>	<u>VALUE</u>
Fences – Metal or Masonry	_____	Fences – Wood	_____	Walls - Masonry	_____
Signs – Metal	_____	Signs – Other than Metal	_____	Kiosks	_____
Pool(s)	_____	Pool Furniture	_____	Mailboxes	_____
Spa/Jacuzzi	_____	Sprinkler System	_____	Trees/Shrubs	_____
Streets	_____	Sidewalks	_____	Parking Lots	_____
Tennis Court(s)	_____	Basketball Court(s)	_____	Monuments	_____
Playground	_____	Entry Features	_____	Gates	_____
Lights/Poles	_____	Other _____ (Describe)	_____	Other _____ (Describe)	_____

Property Deductible Requested:

\$1,000 \$2,500 \$5,000

General Liability Coverage Section

of completed units/homes: _____ # of units/homes upon completion: _____ Completion date: _____

- Are common buildings leased to outside organizations? YES NO
- Are facilities open to other than members or guests? YES NO
- Are subcontractors used? YES NO
 - Are Certificates of Insurance obtained? YES NO
 - Is Association listed as additional insured? YES NO
 - Do they carry a minimum GL limit of 1/2Mil? YES NO
- Childcare facility on premises? YES NO (if yes, must complete supplemental)
- Liquor sales other than host? YES NO
- Riding trails or stables on the premises? YES NO
- Airport / Landing Strip / Airplane on the premises? YES NO
- Does Insured sponsor any off premises events? YES NO
- Any health club/exercise equipment on premises? YES NO Sq. Ft. of Area: _____ Description: _____
- Does the Association allow short-term or seasonal rental of Units? YES NO
- Age-Restricted/Senior Living/Active Lifestyle Community? YES NO If yes, what services are provided? _____
- Are Special Events conducted? (Such as carnivals, concerts, fireworks, amusement rides, etc.) YES NO
If Yes, please describe: _____

Common Ground:

Acres of Green Belt: _____ Acres of Open Space: _____ Miles of Streets/Trails: _____

Note: Greenbelt is a landscaped, park-like area that has foot traffic on it. Open Space is natural (typically not landscaped) area or streetscapes (grassy medians), or small landscaped areas with no foot traffic.

Playground: N/A
How many? _____ Type of equipment? _____ Landing surface? _____

Sports Facilities: N/A
of Tennis Courts: _____ # of Basketball Courts: _____ Any other sports or recreational facilities? _____

Lakes/Ponds/Beaches: N/A
How many Lakes? _____ How many Ponds? _____ How many Beaches? _____
Are any watercraft and/or recreational activities permitted? YES NO (must complete supplemental application)



Pool/Spa: N/A # of pools: _____ # of diving boards/water slides: _____ # of spas: _____

Is the pool/spa fenced at least 6' high with self-locking gate? YES NO

Is safety equipment (hooks & float) readily available? YES NO

Is there a Swim Team? YES NO

If there is a spa, is it in the same fenced area as the pool? YES NO

Miscellaneous Questions

Recreational Vehicle Storage on the premises? YES NO Sq. Ft. of Area: _____

*** Garagekeepers Coverage not available

Access to Complex: Gates controlled by residents YES NO

Guards: N/A If yes, are they armed? YES NO Do they have arrest authority? YES NO

Do guards carry any self-protection tools such as mace, nightsticks, handcuffs, etc.? YES NO

Guards employed or contracted? _____ If contracted, has firm been in business for >4 years? YES NO

Crime Coverage Section

Blanket Employee Dishonesty Limit Requested: \$ _____ Deductible Requested _____

of Directors/Employees _____

1. Is the Association crime claims-free for the last 3 years? YES NO

2. Are fee/mortgage payments always received as checks, not cash? YES NO

3. Are countersignatures required on all checks over \$1000? YES NO

If No, please explain. _____

4. Are vouchers/supporting records stamped "PAID" when checks are signed? YES NO

5. Are persons authorized to hire/fire association employees prohibited from distributing payroll? YES NO
If there are no employees, check here.

6. Are bank accounts and credit card statements reconciled monthly by someone not authorized to deposit, withdraw, or initiate electronic funds transfer? YES NO

If No, please explain. _____

7. Are volunteers (other than D&O's) prohibited from handling bank accounts or fee/mortgage payments? If there are no volunteers, check here.

8. Audit or review made at least annually by an independent C.P.A.? YES NO

9. Are mechanically affixed signatures used? YES NO

Other Coverages

Owned Automobile Coverage Requested? YES NO * Symbol 7 only – please complete Acord and submit MVR's

Hired & Non-Owned (NOH) Coverage requested? YES NO ** \$1,000,000 Limit available

If NOH requested and if Board Members/Officers/Employees of the association use their personal auto for HOA related business, do they carry a minimum of \$100,000 per accident in personal auto liability? YES NO N/A

Any Inland Marine exposure? YES NO If yes, please attach an Acord application.

Please attach the following documents with application:

1) Latest Financial Statement or Budget 2) Plot Plan of Association 3) 3-Year Prop./GL/Auto/Crime Loss Runs



Directors & Officers Liability Section

Already placed in Distinguished D&O Program

Expiring Carrier: _____ Limit: _____ Retention: _____ Premium: _____

Requested Limit: _____ Requested Retention: _____ Effective Date: _____

Have there been any D&O claims made against the Association in the last 5 years?
(If yes, please complete a Great American Non-Profit Organization Proposal Form (D9210 6/97)). YES NO

Is this the first time the Association has purchased D&O Insurance? YES NO

Has the Association's current D&O policy been cancelled or non-renewed by the carrier?
If yes, please explain. _____ YES NO

Does the Association anticipate any major building/renovations in the next year?
(If yes, please complete a D&O Major Renovations Supplemental Questionnaire). YES NO

Does the Developer control the Association? YES NO

% of Units/Lots Sold: _____ # of Units/Lots: _____ # of Employees: _____
(< 100% may require additional info) (>1000 may require additional info) (0-9 employees are eligible)

Average Unit/Lot Value: _____ # of Owners in Dues Arrears over 90 days: _____
(If >\$1,000,000 complete a High Unit Value Supplemental Questionnaire) (>90 days may require additional info)

of Builder/Developer Controlled Board Seats: _____ (>1 may require additional info)

Supplemental Umbrella Liability Section

Not Requested (if requested, please complete entire section below)

Expiring Carrier: _____ Limit: _____ Retention: _____ Premium: _____

Requested Limit: _____ Effective Date: _____

1. # of vehicles (If any, please complete a supplemental automobile application) None.

2. Underlying Carrier Information

We require that all underlying insurance for which you want the umbrella to provide coverage, meet the following minimum requirements. Listed below are the only coverages that qualify as underlying insurance. In addition, coverage for defense costs on the underlying Auto Liability, and Employer's Liability policies must be in addition to the limits of liability.

Commercial Auto Liability:	\$1,000,000	Combined Single Limit
Employer's Liability:	\$ 500,000	Each Accident
	\$ 500,000	Each Policy
	\$ 500,000	Each Employee
Employee Benefit Liability:	\$1,000,000	Each Occurrence (Occurrence Form)
	\$1,000,000	Or
		Each Claim (Claims Made Form)
		Aggregate
Garage keepers Legal Liability	\$1,000,000	Each Occurrence/Aggregate

Cont'd on next page



Directors & Officers Liability Not for Profit

Community Association	\$1,000,000	Each Claim (Indemnity)
(Only Great American, Travelers, USLI	\$1,000,000	Each Claim (Defense Only)
Liberty Mutual, Farmers, or CNA as underlying carrier)	\$1,000,000	Aggregate each Association
	Or	
	\$2,000,000	Each Claim (Defense inside the limit)
	\$2,000,000	Aggregate each Association

All primary insurers must have an AM Best rating of A- VI or better. However, we will provide coverage over Employers Liability placed with **Certified State Funds**, **Paramount Insurance Company**, **Public Service Mutual Insurance Company**, or **Pinnacol Assurance** of CO.

I acknowledge that I have read the above and agree that all primary insurance either currently comply or will be placed and/or amended to be in compliance with the underlying requirements prior to binding the Umbrella insurance

3. Does the association sponsor any athletic teams Yes No If yes, describe _____
4. Association offers **transportation services** to their members (includes 3rd party operations) Yes No
5. Any incurred losses in excess of \$100,000 under any primary liability policy in the last 5 years Yes No

6. The following Association exposures and amenities are not eligible:

- a. Clubhouses **older than 25 years that have not had the roof and building systems updated in the last 25 years.**
- b. Clubhouses without **smoke detectors**
- c. Clubhouses with **aluminum wiring** unless repaired through "pig-tailing", CO/ALR devices, or COPALUM crimp connector.
- d. **Hotels** or **Resort** affiliations of any kind
- e. **Mobile Homes/Trailer/RV parks**
- f. Associations with any **indoor pools** without restricted access
- g. Associations with any **commercial operations** (i.e. Retail, Medical offices, leased office space)
- h. Associations with **Religious Institution buildings** for their members
- i. Associations with **Warehousing buildings** for their members (Does not include storage for RVs)
- j. Associations offering **valet services** and utilizing drivers under the age of 21
- k. Associations that allow **employees under the age of 21** to drive their own personal auto to conduct the insured's business
- l. **Vacant land** (not contiguous to an HOA) that is within city limits and is not fenced or **vacant land** (not contiguous to an HOA) that is outside of city limits, without posted no hunting/trespassing/parking signs
- m. **Golf Courses** (if owned or managed by the insured)
- n. **Ski trails/slopes/lifts** (includes any 3rd party operations)
- o. **Tanning Beds** (if owned or operated by the insured)
- p. Transportation provided to passengers via **Watercraft** of any kind
- q. **Marina slips** providing gas or any other service
- r. **Associations with the following kinds of claims within the last 5 years:**
 - i. Violent Acts such as assault, battery, murder, rape, or shootings
 - ii. Class action lawsuits
 - iii. Construction Defects lawsuits

By checking this box, I acknowledge that I have read restrictions lettered A through R and this association fully complies



THE DISTINGUISHED
PROGRAMS GROUP

Agent or Broker Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IT IS UNDERSTOOD AND AGREED THAT THIS POLICY DOES NOT APPLY TO ANY D&O CLAIM 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 CIRCUMSTANCES KNOWN BY THE INSURED PRIOR TO THE INITIAL COVERAGE DATE WHICH WOULD INDICATE THE PROBABILITY OF SUCH CLAIM BEING MADE. PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

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 AUTHORITIES

This application **must** be signed by the Association's property manager or by a member of the Board of Trustees of the Association in order to bind coverage.

Signature: _____

Title: _____

Date: _____