



COMMON AREA PACKAGE PROGRAM APPLICATION
COMMERCIAL PLANNED UNIT DEVELOPMENTS

Association Name: _____

Management Co.: _____

(If applicable, must be completed)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

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

Property Address: _____

City: _____ State: _____ Zip Code: _____

of Years in Business: _____

Proposed Effective Date: _____ Expiration Date: _____

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

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	_____
Streets	_____	Entry Features	_____	Mail Boxes	_____
Sidewalks	_____	Entry Gate(s)	_____	Trees/Shrubs	_____
Sprinkler System	_____	Monuments	_____	Parking Lots	_____
Lights/Poles	_____				

Property Deductible Requested: \$1,000 \$2,500 \$5,000



General Liability Coverage Section

No. of Buildings: _____ No. of Building Occupants: _____

Are Building/Commercial Units currently under construction? YES NO Completion date: _____

Any retail operations on premises? YES NO

Any one building exceeding 150,000 sq. feet? YES NO

Are subcontractors used? If yes, YES NO

Are Certificates of Insurance obtained? YES NO

Is Association named as additional insured? YES NO

Do they carry a minimum GL limit of 1/2Mil? YES NO

Any Childcare/Daycare Facility on premises? YES NO

Any Liquor sales other than host? YES NO

Does Insured sponsor any off premises events? YES NO

Are Special Events conducted? (Such as carnivals, concerts, fireworks, amusement rides, etc.)
 YES NO (If Yes, describe) _____

Does Insured maintain or operate any shared amenities such as pools, clubhouses, sport courts, health clubs, etc?
 YES NO

If yes, please identify type: _____

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.

Buildings (incl interior common areas) maintained by: ASSOCIATION BUILDING OWNER

Building entrances maintained by: ASSOCIATION BUILDING OWNER

Walking paths maintained by: ASSOCIATION BUILDING OWNER

Sidewalks maintained by: ASSOCIATION BUILDING OWNER

Parking Lot Sq. Feet: _____ Parking Lot Maintained by: ASSOCIATION BUILDING OWNER

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

*** Garagekeepers Coverage not available

Access to Complex: Gates controlled by owners/occupants? 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

Lakes/Ponds: N/A

How many Lakes? _____ How many Ponds? _____ # of Acres? _____

Are any watercraft and/or recreational activities permitted? YES NO (must complete supplemental application)



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? 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. 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)

List of Ineligible Occupants:

- Auto/Truck dealerships, repair or painting
- Gas Stations
- Religious Institution buildings or occupants
- Restaurants
- Family Planning Facilities
- Hotel/Motel Operations
- Governmental, Municipal, or Political Offices
- Storage of radioactive materials, fuels, hazardous flammables or chemicals
- Strip Centers or Shopping Malls
- Industrial, Self-storage, or Warehousing operations
- Day Care Operations (Does not include administrative offices)

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)

The following information is required of cooperatives, commercial condominiums and timeshares.

Total Assets: _____ Annual Salary Expense: _____

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)
		Or
	\$1,000,000	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. Associations that own or manage any of the buildings that are part of the commercial planned unit development
- b. Any buildings with the following tenants, occupants, or owner operations:
 - i. **Hospitals or health care clinics** other than doctor's offices
 - ii. **Nightclubs, dance halls, Adult Entertainment**, or any occupancy with **cabaret license**
- c. Associations offering **valet services** and utilizing drivers under the age of 21
- d. Association owned or managed **daycare** operations
- e. Associations that rent **common facilities** to non-association members
- f. Associations that allow **employees under the age of 21** to drive their own personal auto to conduct the insured's business
- g. **Vacant land** (not contiguous with an HOA) that is within city limits and is not fenced or **vacant land** (not contiguous with an HOA) that is outside of city limits, without posted no hunting, no trespassing, and no parking signs.
- h. Anything to do with **aircraft, airports, or landing strips**
- i. **Ski/equestrian trail** operations (includes 3rd party operations)
- j. **Marina slips** providing gas or any other services
- k. **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 K 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.

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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:
