



## COMMON AREA PACKAGE PROGRAM APPLICATION-ILLINOIS

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 _____	_____	Other _____	_____

**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

**Note: If NOH coverage is selected, the insured must sign the attached Illinois Notice - Uninsured/Underinsured Motorists Coverage and return it upon binding**

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.

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

Cont'd on next page



**Directors & Officers Liability Not for Profit**

<b>Community Association</b>	\$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, or **Public Service Mutual** Insurance Company.

**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 3<sup>rd</sup> 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 3<sup>rd</sup> 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: \_\_\_\_\_



Named Insured

Policy Number

**ILLINOIS NOTICE**  
**UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

Illinois law requires that we provide Uninsured Motorist coverage with a limit of liability equal to the statutory limit of \$20,000 per person and (subject to the per person limit) \$40,000 per accident. Uninsured Motorist coverage provides protection for persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles and hit-and-run motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom.

Illinois law also requires that we offer Uninsured Motorist coverage with a limit of liability that is greater than the statutory limit but not greater than the policy's bodily injury liability limit. If you select Uninsured Motorist coverage with a limit of liability that is greater than the statutory limit, your Uninsured Motorist coverage will include Underinsured Motorist coverage. Underinsured Motorist coverage provides protection for persons insured thereunder who are legally entitled to recover damages from owners or operators of underinsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom. You are not required to purchase Uninsured Motorist coverage with a limit of liability that is greater than the statutory limit.

Illinois law also requires that we offer Uninsured Motorist Property Damage coverage for any private passenger or recreational motor vehicle that is not covered by collision insurance, with a limit of liability of the lesser of the actual cash value of the motor vehicle described in the policy or \$15,000, subject to a \$250.00 deductible. You are not required to purchase Uninsured Motorist Property Damage coverage.

In accordance with Illinois law, the undersigned Named Insured (for each insured in the policy): **(Mark applicable items with an [X]).**

- Selects Uninsured Motorist coverage with a limit of liability that is equal to the statutory limit. If you choose this option, you must also indicate whether you want coverage on a split limit or combined single limit basis.
  - \$20,000 per person and (subject to the per person limit) \$40,000 per accident; or
  - \$40,000 per accident (combined single limit)
- Selects Uninsured Motorist coverage with a limit of liability that is greater than the statutory limit and less than or equal to the policy's bodily injury liability limit. If you choose this option, you must insert the limit of liability you want and indicate whether you want coverage on a split limit or combined single limit basis.
  - \$ \_\_\_\_\_ per person and \$ \_\_\_\_\_ per accident (subject to the per person limit); or
  - \$ \_\_\_\_\_ per accident (combined single limit)
- Rejects Uninsured Motorist Property Damage coverage.
- Selects Uninsured Motorist Property Damage coverage (subject to a \$250.00 deductible and as explained above)

I understand and agree that the choices indicated above will apply to this policy and all future renewals, reinstatements or replacements of this policy unless a written request for a change is received and approved by the Company.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title