



**Community Association Program Quote Form
D&O Liability Coverage ("Claims Made" Basis)**

Yes No N/A

- 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

*(N/A option applies to MO applicants only)

Association Name:

(Must be completed)

Street Address: _____ City/State/Zip: _____

How is association managed? 3rd Party Mgmt Co. Employees of the Association Not Managed Professionally

Property Manager Name:

(If applicable, must be completed)

Mailing Address: _____ City/State/Zip: _____

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

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

- Association Type: Residential Condo Residential Condo w/ Comm. exposure Commercial Condo
 Homeowner Association/ Planned Unit Development Master Association
 Cooperative Timeshare Property Owners

% of Units/Lots Sold: _____ Total # of Units/Lots: _____ # of Commercial Units/Lots: _____ # of Employees: _____
(< 100% may require additional info) (>1000 may require additional info) (If applicable, otherwise enter "N/A") (0-9 employees are eligible)

Avg. Unit/Lot Value: _____ # of Developer Controlled Board Seats: _____ # of Owners in Dues Arrears over 90 days: _____
(>\$1,000,000 may require additional info)

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

Total Assets: _____ Annual Salary Expense: _____

Agent or Broker Name: _____ **Phone:** _____ **Fax:** _____

Street Address: _____ City/State/Zip: _____

KNOWN PRIOR CLAIMS: IT IS UNDERSTOOD AND AGREED THAT THIS POLICY DOES NOT APPLY TO ANY CLAIM MADE AGAINST ANY INSURED 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 FACT, MATTER, CIRCUMSTANCE, SITUATION, TRANSACTION, CASUALTY, EVENT OR DECISION, KNOWN BY ANY INSURED PRIOR TO THE INITIAL COVERAGE DATE WHICH WOULD INDICATE THE PROBABILITY OF SUCH CLAIM BEING MADE. IT IS UNDERSTOOD AND AGREED THAT COVERAGE SHALL NOT BE EXCLUDED AS A RESULT OF ANY UNTRUE STATEMENT ON THIS APPLICATION, EXCEPT AS TO THE ORGANIZATION, ITS SUBSIDIARIES AND THOSE INSURED PERSONS HAVING SUCH KNOWLEDGE. PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES THIS QUESTIONNAIRE 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 WHICH MAY RESULT IN CIVIL OR CRIMINAL FINES OR PENALTIES.

This Questionnaire must be signed by the Association's insurance agent, broker, property manager or by a member of the Board of Trustees of the Association. The undersigned, on behalf of all prospective Insureds, declares to the best of his/her knowledge, the statements in this Application and any attachments are true and accurate.

If sending via e-mail type your name and date below and ... **By checking this box the sender agrees with the above notice.**

Signature: _____ Title: _____ Date: _____