

Community Association Package Product

COMMUNITY ASSOCIATION PACKAGE PRODUCT WARRANTY APPLICATION

Type of coverage being requested: ☐ Community Association Professional Liability ☐ General Liability ☐ Property
☐ Umbrella ☐ Crime

Please fill out the General Information section, along with the section(s) you are requesting coverage.

GENERAL INFORMATION SECTION:

1. Association Name: _____
2. Mailing Address: _____
3. Location Address: _____
4. Website Address: _____ Email Address: _____
5. Contact Name: _____ Contact Phone Number: _____
6. Name of Property Manager or Firm: _____
7. Association Type: _____
 a. ☐ Single Family Home ☐ Townhome ☐ Duplex/Twin ☐ Condominium ☐ Cooperative ☐ Other (explain) _____
8. Total Number of Units: _____ Number of Employees: _____
9. Date Organized: _____ Date Final Unit Built: _____
10. Any prior, existing or pending bankruptcy in the past five years? ☐ Yes ☐ No
11. Does the association have an affiliation with, own or maintain the following:
 - a. Airport or Airstrip: ☐ Yes ☐ No
 - b. Golf Course: ☐ Yes ☐ No
 - c. Country Club for outside members: ☐ Yes ☐ No
 - d. Water Treatment Facility: ☐ Yes ☐ No
 - e. Sewer Treatment Facility: ☐ Yes ☐ No
 - f. Timeshare or Interval Units: ☐ Yes ☐ No
12. Does the builder, developer or sponsor maintain representation on the Board? ☐ Yes ☐ No

COMMUNITY ASSOCIATION PROFESSIONAL LIABILITY COVERAGE SECTION:

13. Does the association have a positive fund balance? ☐ Yes ☐ No
14. Are over 70% of the units sold? ☐ Yes ☐ No If no, _____%
15. Are over 90% of the units rented/leased? ☐ Yes ☐ No
16. Does any person(s) or entity including, but not limited to the builder or developer, own multiple units comprising more than 10% of total number of units? ☐ Yes ☐ No
 a. If yes, list the name(s) of the person(s) or entity and the percentage of units owned by each: _____
17. Is the complex being built on a phase basis? ☐ Yes ☐ No
 a. If yes, are at least 70% of the total number of units upon completion of all phases sold?
18. Does average unit value exceed \$1,000,000? ☐ Yes ☐ No
19. Any commercial occupancy? (offices, restaurant, dry cleaner, etc.) ☐ Yes ☐ No If yes, _____%
20. Has any insurance policy in the name of the association ever been cancelled or non-renewed? ☐ Yes ☐ No
 a. If yes, please provide details: _____

21. Within the past **24 months**:

- a. Has the Association completed a foreclosure sale against a unit owner? ☐Yes ☐No
- b. Have any board elections been challenged? ☐Yes ☐No
- c. Has the board taken legal action against an unit owner for reasons other than the collection of dues or fees? ☐Yes ☐No
- d. If yes to any of the above, please provide details including unit owner name and date of event: _____

22. Within the last **5 years**:

- a. Have there been any countersuits as a result of liens or foreclosures? ☐Yes ☐No
- b. Has any claim been made, is any claim being made, or is any claim now pending against the association, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the association? ☐Yes ☐No
- c. Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the association, or any of its directors, officers, employees or volunteers? ☐Yes ☐No
- d. If yes, please advise on a separate sheet details of the suit(s) or claim(s), including defense costs incurred, damages paid, whether it was covered by insurance and any remedial measures taken to prevent a recurrence of such claim(s) or suit(s).

GENERAL LIABILITY COVERAGE SECTION:

23. Have all planned units/homes been built? ☐Yes ☐No
Any planned construction/renovation of common facilities? ☐Yes ☐No
- a. If yes, please provide details including estimated date of completion. _____
24. Is the association responsible for maintenance or insurance for any residential buildings? ☐Yes ☐No
- a. If yes, please provide details. _____
25. Does the association own any vehicles or watercraft? ☐Yes ☐No
If yes, type and use: _____
- a. Does the association carry insurance for the vehicle or watercraft? ☐Yes ☐No
- b. If yes, please provide carrier and limits: _____
- c. Any rental of watercraft? ☐Yes ☐No
26. **Hired and Non-Owned Auto Liability** ☐ Check if coverage is desired
If checked, answer a through c.
- a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force? ☐ Yes ☐ No
- b. Does the applicant regularly deliver goods or products? ☐ Yes ☐ No
- c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? ☐ Yes ☐ No
27. Is the association subject to any age-restrictive covenants? ☐Yes ☐No
28. Does the association obtain certificates of General Liability and Workers Compensation coverage from all contractors? ☐Yes ☐No
29. Is there any use of association facilities by non-unit owners or the public? ☐Yes ☐No
- a. If yes, please provide details: _____
30. Are any organized sporting competitions or meets held on the premises? ☐Yes ☐No
- a. If yes, please provide details: _____
31. Does the association sponsor any athletic teams? ☐Yes ☐No
- a. If yes, please provide details: _____
32. Is there more than 20% exposure to student or subsidized renters? ☐Yes ☐No
33. Is the association responsible for the maintenance of any streets/roads? ☐Yes ☐No
- a. If yes, number of miles: _____
(please describe) _____

34. Is there a swimming pool/spa/jacuzzi on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total number : pools _____ spas _____ jacuzzis _____		
How many separate locations? _____		
a. Fully enclosed with a self-latching gate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Clear depth markers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Life saving equipment in the pool area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. A sign clearly posted with rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Diving board or slides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Is there a fitness center or fitness equipment on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, are any services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Please describe services provided: _____		
36. Is there a lake or beach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Owned/controlled by the association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Total size of all lakes (acres): _____		
c. Are there any dams or bridges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is swimming permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to d. (swimming allowed):		
i. Any diving boards or slides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Are rules clearly posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Is life-saving equipment located within a reasonable distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. Is the beach or lake for use by the association only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Is there a pier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Are there any commercial operations on the pier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is there a fee or charge to access the pier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Are there docks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Owned by Applicant association: _____ Individual Unit Owners: _____ Another association: _____		
b. Number of slips: _____		
c. Is docking of commercial vessels permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are any marina services provided (fueling, storage, repair or sales)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Are there any playgrounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Total number: _____		
b. Ground surface: _____		
c. Are signs posted requiring adult supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Are there any walking/riding/bicycle trails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Number of miles: _____		
41. Are there any sport courts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Total number: _____		
b. Type(check all that apply): <input type="checkbox"/> Basketball <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Shuffleboard Other _____		
42. Total area of open space, parks and greenbelts (acres): _____		
43. Does the association have an affiliation with, own or maintain the following?		
a. Animal Stables:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Armed Security Guards or Off-Duty Police:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Bridges for Vehicle Traffic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Day Care:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Skiing or resort activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Fire/Police/Ambulance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Electrical Generation or other utilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Any General Liability losses in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, please attach loss runs.		

45. Any association-owned common buildings? (use multiple pages for more than 2 buildings) ☐ Yes ☐ No

a. Building #1

i. Used for: _____

ii. Construction: _____

iii. Size (square feet): _____

iv. Type of roof: _____
☐ Composition Shingle ☐ Flat ☐ Clay/Concrete Tile ☐ Slate ☐ Metal ☐ Wood Shingle/Shake

v. Age of roof: _____

vi. Functioning smoke detectors covering entire building? ☐ Yes ☐ No

vii. Electrical service is 100% connected to functional circuit breakers? ☐ Yes ☐ No

viii. Any aluminum or knob & tube wiring? ☐ Yes ☐ No

ix. Sprinkler system? ☐ Yes ☐ No
Full _____ Partial _____

x. Any **commercial** cooking? ☐ Yes ☐ No

If yes, please answer the following:

a. Is there a cleaning contract in force with an outside firm? ☐ No ☐ Yes

b. Describe Cooking equipment used:
☐ Grills ☐ Open Flame ☐ Oven ☐ Deep Fat Fryers ☐ Charcoal Grill
☐ Barbeque Pit/Smoke Type or Brand _____ Distance from building: _____ ft.

c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System) ☐ No ☐ Yes

d. Type of Extinguishing system: ☐ Wet ☐ Dry

b. Building #2

i. Used for: _____

ii. Construction: _____

iii. Size (square feet): _____

iv. Type of roof: _____
☐ Composition Shingle ☐ Flat ☐ Clay/Concrete Tile ☐ Slate ☐ Metal ☐ Wood Shingle/Shake

v. Age of roof: _____

vi. Functioning smoke detectors covering entire building: ☐ Yes ☐ No

vii. Electrical service is 100% connected to functional circuit breakers? ☐ Yes ☐ No

viii. Any aluminum or knob & tube wiring? ☐ Yes ☐ No

ix. Sprinkler system? ☐ Yes ☐ No
Full _____ Partial _____

x. Any **commercial** cooking? ☐ Yes ☐ No

If yes, please answer the following:

a. Is there a cleaning contract in force with an outside firm? ☐ No ☐ Yes

b. Describe Cooking equipment used:
☐ Grills ☐ Open Flame ☐ Oven ☐ Deep Fat Fryers ☐ Charcoal Grill
☐ Barbeque Pit/Smoke Type or Brand _____ Distance from building: _____ ft.

c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System) ☐ No ☐ Yes

d. Type of Extinguishing system: ☐ Wet ☐ Dry

PROPERTY COVERAGE SECTION:

46. Any Property Losses in the past three years? ☐Yes ☐No
a. If yes, please provide loss runs.
47. Protection Class: _____
48. Please provide 100% replacement cost value for any of the following association-owned property:
- a. Building #1: (complete all parts of #45a) _____
 - b. Building #2: (complete all parts of #45b) _____
 - c. Canopy/Awning: _____
 - d. Business Personal Property/Contents: _____
 - e. Fences/Walls/Gates/Entry Features: _____
 - f. Irrigation/Sprinkler System: _____
 - g. Lights/Poles: _____
 - h. Shed/Gazebo: _____
 - i. Signs: _____
 - j. Docks/Slips: _____
 - k. Sport Courts: _____
 - l. Playgrounds: _____
 - m. Pools/Spas/Jacuzzis: _____
 - n. Streets/Roadways: _____
 - o. Patios: _____
 - p. Walkways: _____
 - q. Trees/Shrubs: _____
 - r. Other paved surfaces (describe): _____
 - s. Outdoor Equipment: _____
 - t. Garage: _____

UMBRELLA COVERAGE SECTION:

49. Number of Stories: _____
50. Construction Type: ☐Frame ☐Joisted Masonry ☐Masonry Non-Combustible ☐Fire Resistive
51. Is 100% of the electrical service to the building/complex, including units, connected to circuit breakers? ☐Yes ☐No
52. Any aluminum or knob & tube wiring present in the building/complex, including units? ☐Yes ☐No
53. Is there a functioning sprinkler system in the building/complex? ☐Yes ☐No
Full: _____ Partial: _____
54. Are functioning and operational smoke detectors present in all common areas and units? ☐Yes ☐No
55. Is there a fully-enclosed fire protected stairwell or a functioning fire escape? ☐Yes ☐No
56. Is there more than 20% exposure to student or subsidized renters? ☐Yes ☐No
57. Any General Liability losses over \$10,000 in the past 3 years? ☐Yes ☐No
If so, please attach loss runs.
58. Are all underlying carriers rated at least B++ by A. M. Best? ☐Yes ☐No
59. Does the association own any automobiles? ☐Yes ☐No
If yes,
a. Please identify the number and type
i. Private Passenger Vehicles: Number: _____
ii. Light Trucks (Gross Vehicle Weight up to 10,000): Number: _____
iii. Medium Trucks (Gross Vehicle Weight 10,001 to 20,000): Number: _____

- b. Do any of the following exist:
- i. Vehicles with an average daily radius of operation greater than 200 miles? ☐ Yes ☐ No
 - ii. Vehicles ever traveling a distance greater than 500 miles? ☐ Yes ☐ No
 - iii. Heavy Trucks or Truck Tractors, Extra Heavy Trucks or Trucks Tractors? ☐ Yes ☐ No
 - iv. Emergency Vehicles (Police, Ambulance, EMT, Fire/Rescue)? ☐ Yes ☐ No
 - v. Livery vehicles with seating for more than 26 passengers? ☐ Yes ☐ No
 - vi. Any transportation of elderly, handicapped or non-emergency medical patients (Para-transit or Non-emergency Ambulettes) ☐ Yes ☐ No
- c. Any drivers under 21 years of age? ☐ Yes ☐ No
- d. Any drivers over 69 years of age? ☐ Yes ☐ No
- i. If yes: Does the applicant require and keep on file a Statement of Fitness for each driver signed by a physician? ☐ Yes ☐ No
- e. Are the motor vehicle records (MVR) of every driver reviewed at least every 3 years? ☐ Yes ☐ No

Type of Insurance	Underlying Carrier	Policy #	Eff. Dates	Limits of Liability	Premium
General Liability <input type="checkbox"/> ISO Form <input type="checkbox"/> Manuscript form	A.M. Best Rating _____			General Aggregate _____ Products Aggregate _____ Personal & Advertising Injury _____ Occurrence _____ Damage to Premises Rented _____ Medical Payments _____	
Auto Liability	A.M. Best Rating _____			<input type="checkbox"/> C.S.L. \$ _____ <input type="checkbox"/> Split Limits \$ _____ / \$ _____ / \$ _____	
Employers Liability	A.M. Best Rating _____			Bob. Inj. by Accident (ea. accident) _____ Bob. Inj. by Disease (policy limit) _____ Bob. Inj. by Disease (ea. employee) _____	

COMMERCIAL CRIME COVERAGE (OPTIONAL)

All questions below must be answered and the application must be signed by the President or Chairperson if Commercial Crime Coverage is desired. *This section of the application is for a loss sustained policy.*

Organization Background

60. Annual Association Revenue: current year: \$ _____ Number of years in operation: _____

61. Are there sources of income other than dues, assessments and investments? ☐ Yes ☐ No

If Yes, please explain: _____

Insurance Coverage Information

62. Does the Organization have Crime Coverage? ☐ Yes ☐ No

Carrier Name _____ Policy Period _____ Limits carried _____

Deductible _____ Premium _____ First year of continuous coverage _____

63. Does the association have a property manager? ☐ Yes ☐ No

If yes, does the property manager carry Insurance for Employee Theft? ☐ Yes ☐ No ☐ Unknown

Limit of liability _____

If no, does the association segregate duties so no one person has access to or processes an entire transaction

(e.g. check signing, payment and processing)? ☐ Yes ☐ No

Organization Operation Details

64. Does the association have an annual financial statement prepared? ☐ Yes ☐ No

65. Is a financial statement prepared by an outside accountant independent of the association and property manager (if any)? ☐ Yes ☐ No

66. Is the association's bank account(s) reconciled by someone other than the person also authorized to withdraw, deposit or transfer funds? ☐ Yes ☐ No

If yes, how often: ☐ Quarterly ☐ Semi Annually ☐ Annually ☐ Other _____

67. What threshold amount on checks written by the association requires a countersignature?

Amount \$ _____

☐ All checks require a countersignature ☐ No checks require a countersignature (explain) _____

Claim Information:

68. Within the past 5 years, have there been any incidents, occurrences or claims for theft, embezzlement, larceny, robbery, unlawful taking or other forms of dishonesty involving the proposed Named Insured or any person proposed for this insurance? ☐ Yes ☐ No

If yes, advise by attachment, the following for each claim: description of loss, date of loss, amount of loss, amount recovered (if any), name & position of person(s) involved, corrective action taken to prevent repetition, is the individual(s) involved in the theft, embezzlement, larceny, robbery, unlawful taking or other forms of dishonesty still involved in the affairs of the association in any capacity (as a board member, employee, committee person or other volunteer).

69. Is any person proposed for this Insurance aware of any fact, circumstance or situation that may give rise to a claim by the Named Insured proposed for this Insurance involving theft, embezzlement, larceny, robbery, unlawful taking or other forms of dishonesty involving the proposed Named Insured or any person proposed for this insurance? ☐ Yes ☐ No

If, yes, provide details by separate attachment.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, Most recent 12 month financial statement (if audited, submit full audit including auditor's notes) occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(President, Chairperson or Property Manager)

*** If Crime Coverage is desired, application must be signed by the President or Chairperson.**

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker _____

Address: _____

Agent or Broker License number _____

Mail complete application through local Agent or Broker to: _____