



**Non-Profit Community Associations
Directors' & Officers' Liability (D&O) and Crime and Fidelity Insurance**

This is an application for D&O Crime Coverage. Please note that the D&O is written on a claims-made policy which, subject to its provisions, applies only to any Claim first made against the Insureds during the Policy Period. No coverage exists for Claims first made after the end of the Policy Period unless, and to the extent, the Extended Reporting Period applies.

1. APPLICANT NON-PROFIT ASSOCIATION INFORMATION

Name _____

Mailing Address _____

Physical Address Check if same as mailing address _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Email _____ Fax (____) _____

Applying for: Directors' & Officers' Liability (complete questions 1 through 7)
 Crime and Fidelity (complete questions 8 through 12)

2. ASSOCIATION TYPE

Please Select:

Condominium Homeowner Association Commercial/Business Community Association

Cooperative Property Owners Association Timeshare (interval) Association

Master Association Other: _____

3. PROPERTY MANAGER INFORMATION (if applicable)

Name _____

Address Check if same as Association physical address _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Email _____ Fax (____) _____

4. D&O LIABILITY UNDERWRITING INFORMATION

Proposed Effective Date: _____

Number of units in the entity: _____

Commercial occupancy (other than the office of a property manager): Yes No

Percentage of commercial occupancy: _____

Describe: _____

Does the **Entity** have a positive financial fund balance? Yes No

If the fund balance is negative, please include financials and explanation.

Number of salaried **Entity** employees: _____

Does the **Entity** have recreational facilities? Yes No

Describe: _____

If yes, are the facilities open to non-members or guests? Yes No

5. PRIOR D&O INSURANCE INFORMATION (if applicable)

Current Insurance Company: _____ Policy Period: From _____ to _____

Limit: _____ Deductible: _____ Premium: _____

6. D&O LIABILITY LOSS/CLAIM HISTORY

In the past three years, has a claim been made, or is a claim now pending against, the Entity or any person in his or her capacity as a director, officer, trustee, employee, volunteer of the Entity? Yes No

If yes, please provide details of each claim on a separate page.

Are any of the persons or entities to be insured under the policy responsible for or has knowledge of any Wrongful Act or fact, circumstance or situation which (s)he has reason to suppose might result in a future claim? ... Yes No

If yes, please provide details of each responsive claim on a separate page.

It is agreed by all concerned that if any of the persons or entities to be insured under the policy are responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to such persons or entities. Such responsibility or knowledge shall not be imputed to any other persons or entities to be insured under the policy for the purposes of determining the availability of coverage.

This question is not applicable to Missouri residents:

Has any Directors' and Officers' insurance, or other form of insurance similar to the proposed Policy, on behalf of the Entity been declined, canceled or not renewed? Yes No

If yes, please provide details of each responsive claim on a separate page.

7. D&O DESIRED LIMITS

\$1,000,000 aggregate limit of liability each policy year. Other: _____

Defense Costs Outside the Limit automatically included—
Matches the Liability Limit selected.

(Up to \$5,000,000 available. Financials will be required for limits exceeding \$3,000,000.
Submit to info@ihginsurance.com or directly to your underwriter.)

8. CRIME & FIDELITY UNDERWRITING INFORMATION

Proposed Effective Date: _____

Date Association Established: _____

Total Number of Individuals who are authorized to handle association funds: _____ (NOTE: Property Manager = 1)

9. PRIOR CRIME & FIDELITY INSURANCE INFORMATION (if applicable)

Current Insurance Company: _____ Policy Period: From _____ to _____

Limit: _____ Deductible: _____ Premium: _____

10. CRIME & FIDELITY LOSS/CLAIM HISTORY

If No Loss History for the Past 3 Years, Check the Box —

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered From Insurance	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition (use separate paper)

11. CRIME & FIDELITY DESIRED LIMITS

Coverage Form Part	Limits/Deductibles (select option)			
1. Employee Theft	<input type="checkbox"/> \$25,000/\$250	<input type="checkbox"/> \$50,000/\$250	<input type="checkbox"/> \$100,000/\$250	<input type="checkbox"/> \$250,000/\$1,000
	<input type="checkbox"/> \$500,000/\$2,500	<input type="checkbox"/> \$1,000,000/\$10,000	<input type="checkbox"/> Other _____ Limit	
2. Forgery or Alteration	\$25,000/\$250 (Included)	<input type="checkbox"/> Other _____ Limit		
3. Theft, Disappearance and Destruction (Premises & Transit)	\$25,000/\$0 (Included)	<input type="checkbox"/> Other _____ Limit		
4. Computer Fraud and Wire Transfer Communication Fraud*	*Automatically included— Matches Employee Theft Limit	<input type="checkbox"/> Other _____ Limit		

12. INTERNAL CONTROLS AND PROCEDURES – ALL LOCATIONS

Answer the following if applying for Crime and Fidelity

- A. Does the Association have a financial statement prepared at least annually? Yes No
 If yes, what is the scope of statement?
 Audit with opinion of Auditing Firm Review Compilation
 Independent Certified Public Accountant Independent Public Accountant Internal Bookkeeper
 Property Manager Other (specify) _____
- B. Is Countersignature required on all checks issued by the applicant?..... Yes No in excess of \$ _____
- C. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No
 If yes, by whom? _____

The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued. It is agreed that this Application, a copy of which will be attached to the proposed Policy, and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy), are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy. If between the date of this application and the proposed effective date of the policy there is a material change in the condition of the Entity or occurrence of an event which could substantially change the underwriting evaluation of the Applicant, then the Applicant must notify Continental Casualty Company. Upon receipt of such notice, Continental Casualty Company reserves the right to modify the final terms and conditions of the proposed policy upon review of the information received in satisfaction of the aforementioned conditions. In additions, any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

The undersigned declarers that the employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant always performed their respective duties honestly. There has never come to its notice or knowledge, except as stated herein, any information which in the judgment of the applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the applicant may know have in respect to his or her own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.

It is understood that the first premium upon the policy applied for, and subsequent premiums hereon, are due at the beginning of each premium period, that the company is entitled to additional premiums because of any unusual increase in the number of employees and that the applicant agrees to pay all such premiums promptly.

Date: _____ By: _____
Authorized Association Representative Print name and title

Submitting Broker Name: _____ Contact: _____

Address: _____

Telephone Number: (_____) _____ Broker is properly licensed to produce this insurance . . . Yes No

WARNING - COLORADO, DISTRICT OF COLUMBIA, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY

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 (for New York residents only: 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.) (For Colorado Residents only: 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)