



NEW YORK APPLICATION

For Community Associations (Homeowners Associations, Condominiums and Cooperatives)

Table with 4 columns: AGENCY/BROKER, CODE, NAME LICENSE NUMBER, POLICY NUMBER

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

Many of the terms used herein are defined in the Policy, including the endorsements thereto.

If a space is insufficient to answer any question fully, attach a separate sheet(s).

1. Name of Association: _____

Association Address: _____

City State Zip Code Telephone

Name and Address of Property Manager (if any) _____

City State Zip Code Telephone

2. Limit requested on the proposed policy: (Aggregate limit of liability each Policy Year)

\$ 500,000 \$ 1,000,000 \$ 2,000,000 Other \$

3. Type of Association - Check One

- Homeowner's, Condominium, Cooperative, Property Owners, Commercial Condo, Timeshare

4. Association has been continually operating since: _____

5. Has control of the Association been transferred from the Builder/Developer? Yes No

6. Does the Builder/Developer maintain any representation on the Association's Board of Directors?

Yes No

- a. Number of Units or Lots
b. Average Unit or Lot Value
c. Date construction was completed. If not completed, please explain:

- d. _____ %Percentage of Units/Lots Sold
- e. _____ %Percentage of Units/Lots Rented or Leased
- f. _____ #Number of Units used for Professional or Commercial Occupancy
(medical, restaurant, dry cleaner, etc.)
- g. _____ Type of building (high rise, garden, cluster, individual homes)
- h. _____ Number of Units/Lots owned by the Builder/Developer
- i. _____ Number of full time employees

8. Is the management of the project handled by an independent professional management company? (If Yes, provide the name and location of this company). Yes No

9. List the recreational facilities managed by the Association. (tennis courts, golf course, swimming pool, clubhouse, etc) _____

Check if None _____

10. Have any improvements been completed in the past year or presently being contemplated which will result in a special assessment of the owners of the Units/Lots? Yes No

If Yes, give details: _____

11. Does the Association currently carry General Liability Insurance?

If Yes: Insurer: _____ Limit of Liability: _____

12. CURRENT DIRECTORS AND OFFICERS LIABILITY INSURANCE

<u>Insurer</u>	<u>Limit of Liability</u>	<u>Premium</u>	<u>Retention</u>	<u>Policy Period</u>
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LOSS INFORMATION

1. Has any suit or legal action been filed by or on behalf of the Association named in Item 1 of this Application against any member of the Association and/or against any third party including without limitation the developer and/or contractor?
 Yes* No
2. Does the Association named in Item 1 of this Application know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence?
 Yes* No
3. Have any employment related claims, administrative proceedings, hearings, demands or lawsuits been made against the Association or any person proposed for this insurance during the past three years, whether or not insured?
 Yes* No
4. Is there pending, any claim or lawsuit against the Association or any person in their capacity as director, trustee, officer, employee, committee member, or volunteer of the Association or its Subsidiaries?
 Yes* No
5. Has the Association ever put any prior carrier(s) of similar insurance on notice of claim or possible claim?
 Yes* No

