



NON-PROFIT MANAGEMENT AND ORGANIZATION LIABILITY INSURANCE POLICY



Travelers Casualty And Surety Company Of America Hartford, Connecticut

RENEWAL APPLICATION FOR COMMUNITY ASSOCIATIONS

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 OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

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

The term "Applicant" means the Association, Cooperative or Timeshare and all Subsidiaries:

Applicant Name:
Applicant Address:
City: State: ZIP Code:

1. Renewal Information:

- a) Renewal of existing policy, no change in requested limit of liability, or
b) Renewal of existing policy and requesting limit of liability increased to \$
If b) is selected, complete the following:
With respect to such increased limit, are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy?
If yes, please provide details on a separate attachment.

2. Community Information:

- a) Has control of the Applicant been transferred from the Builder/Developer?
b) Does the Builder/Developer maintain any representation on the Applicant's Board of Directors?
c) Number of units or lots completed:
d) Average Unit or Lot value:
e) Total Number of Employees:
f) Number of units Commercial occupancy:
g) Number of Units rented/leased:
h) Number of Units owned by Developer:

If Applicant has > 30 Employees, please complete the supplemental employment practices application.

- i) Applicant Amenities: Check all that apply:
j) Does the Applicant sell membership in any of these facilities to non-owners/lessees?

3. Management Company: Does the **Applicant** contract with an independent professional management company to manage the association? If yes, please complete the following information. Yes No

Name of Management Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Web-site address: _____

Does the **Applicant** want to include the Management Co. as an additional insured? Yes No

If yes, please complete the following insurance information with respect to the Management Company.

Policy	Limit	Deductible	Insurance Company	Policy Period	Premium
Crime					
E&O					

4. Applicant Financial Information as of the most recent fiscal year end:

Annual Revenue/Budget: \$ _____ Fund Balance: \$ _____

a) Has the **Applicant** had a negative fund balance within the past 3 years? Yes No

b) Have any improvements been completed within the past year or are presently being contemplated which would result in a special assessment of the owners of the Units/Lots? Yes No

If so, for what purpose: _____

If the Applicant meets any of the following criteria, please provide your most recent fiscal year end financial statement:

- **Applicant** has requested a limit greater than \$1 million.
- **Applicant** is a Cooperative or Timeshare/Interval ownership
- **Applicant** has a negative fund balance or answered yes to question (b) above

5. Current Insurance Information: Please indicate if you have the following insurance products:

Policy	Limit	Deductible	Insurance Company	Policy Period	Premium
Directors & Officers Liability					
Crime Coverage					
Umbrella/Excess					
Commercial GL					

6. Applicant Claim/Loss Information: *To the extent that any lawsuit or claim required to be disclosed in response to questions 6.a) or 6.b) below constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from the proposed coverage.*

a.	Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Is there pending, any claim or lawsuit against the Applicant or any person in their capacity as director, trustee, officer, employee, committee member, or volunteer of the Applicant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to question (a) or (b) above, attach details of each, including the type of complaint, how resolved, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION

DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

Attention: For all Insureds other than those in VA or UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in VA and UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in KY and FL

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

Attention: Insureds in NY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

Please sign and date the application.

Signature of Applicant (Signature of Chairman, President,
Executive Director or Property Manager required)

Agency/Broker

Date Signed

Date Signed

Name (printed)

Agent/Broker (Individual)

Title

Ad

dress

Administered By:



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