



Wrap+®

Community Association Management Liability
Multi-Coverage Application



Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE AND REPORTED POLICY. IF ISSUED, THE POLICY WILL APPLY, SUBJECT TO ITS TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD, OR ANY APPLICABLE EXTENDED REPORTING PERIOD. DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND RETENTION, AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured

Physical Address of the Named Insured:

Web Address: Proposed Effective Date: Date Incorporated:

If you contract with an independent professional community association manager for management services please complete following information:

Name of Management Company:

Address: City:

State: Zip Code: Check if this is the mailing address of the Named Insured

ORGANIZATION INFORMATION

- 1. Type of association: Condominium, Cooperative, Homeowner/Property Owner Association, Timeshare/Interval, Commercial/Industrial/Professional
2. Are you a master association? Yes No
If yes:
a. For commons area only? Yes No
b. Do you oversee a group of separate sub-associations? Yes No
3. In the next 12 months (or during the past 24 months) are you or any builder/developer or sponsor associated with you, contemplating filing (or have you or any builder/developer or sponsor associated with you filed or been in the process of filing) for bankruptcy or reorganization pursuant to applicable federal or state law? Yes No
If yes, will the bankruptcy or reorganization lead to any changes in board representation? Yes No

EMPLOYEE INFORMATION

4. Complete the following chart providing the number of Full Time and Part Time employees*, and Volunteers:

As of Date of Application			Previous 12 Months		
Full Time Employees	Part Time Employees	Volunteers (include Board Members)	Full Time Employees	Part Time Employees	Volunteers (include Board Members)

*Full and part time including leased, seasonal, and temporary employees of the Named Insured

COMMUNITY INFORMATION

5. How many units/lots will the community association have upon completion? _____
6. Are there any commercial units? Yes No
If yes, are any of the units bars or restaurants? Yes No
7. Does the builder/developer maintain any representation on your board of directors? Yes No
8. The average value of unit/lot is:
 Less than \$1,000,000 \$1,000,000 to \$1,999,999 \$2,000,000 or greater
9. Your amenities (*check all that apply*):
 Country Club Hotel Operations Golf Course Airport Facilities
 Marina Skiing Horse Facilities None
- a. If any of the above are selected, is membership mandatory for all community association residents?..... Yes No
- b. Are any of the amenities listed above open to the public? Yes No
10. Does the community association rent or permit the rental of any unit for a period of less than 30 days?.. Yes No

FINANCIAL INFORMATION

11. Indicate Total Annual Revenue: _____ \$ _____
12. Have you had a negative fund balance within the past 3 years? Yes No
13. Are any renovation or improvement projects in progress or are any such projects being contemplated in the next 12 months? Yes No
If yes:
a. Is the total value of these projects greater than \$100,000? Yes No
b. Is the project fully funded or have the proper amount of reserves been set aside? Yes No
14. Please indicate the percentage of units in arrears over 90 days:
 Less than 10% Between 10% and 20% Greater than 20%
- If you meet any of the following criteria, please provide your most recent fiscal year end financial statement:*
- a. *You have requested a limit of \$3,000,000 or greater for Liability Coverage.*
b. *You are a cooperative.*
c. *You are going through a bankruptcy proceeding.*
d. *You have an inadequate or negative fund balance.*

32. Community association manager request limit: \$ _____

33. Community association manager retention: \$ _____

REQUESTED INSURANCE INFORMATION

LIABILITY COVERAGE

34. Requested Limit: \$ _____

35. Requested Retention: \$ _____

36. Expiring Limit: \$ _____

37. Expiring Retention: \$ _____

38. Expiring Premium: \$ _____

39. Expiring Insurance Carrier _____

40. As of the date you first purchased directors and officers and employment practices liability coverage, are you or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the coverage for which you are applying? Yes No

If yes, provide details and the date you first purchased directors and officers and employment practices liability coverage in the Additional Information section at the end of this Application.

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of yours had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

CRIME COVERAGE

<i>Crime Coverage</i>	<i>Requested Limit</i>	<i>Requested Retention</i>	<i>Crime Coverage</i>	<i>Requested Limit</i>	<i>Requested Retention</i>
Fidelity: Employee Theft	\$	\$	In Transit (Money, Securities and Other Property)	\$	\$
Fidelity: Employee Theft of Client Property	\$	\$	Money Orders and Counterfeit Money	\$	\$
Forgery or Alteration	\$	\$	Computer Crime	\$	\$
On Premises (Money, Securities and Other Property)	\$	\$	Funds Transfer Fraud	\$	\$

CYBER COVERAGE

Requested Limit: \$50,000 \$100,000 \$250,000 \$500,000

PRIOR INSURANCE AND CLAIM HISTORY

LIABILITY COVERAGE

41. With respect to the coverage requested in this Application, please provide details or attach a loss run for all previous claims, losses, litigation, or proceedings, whether insured or not, occurring in the past five years that would fall within the scope of any directors and officers or employment practices insurance products.

42. With respect to the coverage requested, has there ever been any legal action taken by or on behalf of you against any member of yours (excluding liens or collection claims) or against any third party including any builder/developer? Yes No

43. With respect to the coverage requested, are there any pending claims, counter-claims or litigation against any person or entity proposed for this insurance? Yes No
If yes, please provide the following for each claim:
- a. Date of such claim: _____
 - b. Nature of the claim: _____
 - c. Amount paid for defense: \$ _____
 - d. Amount sought or paid for damages: \$ _____
 - e. Was the claim covered by insurance? Yes No
 - f. Were corrective procedures implemented? Yes No
 - g. Current status: _____

To enter more information, please provide details in the Additional Information section at the end of this Application.

CRIME COVERAGE

44. Have you sustained any crime-related loss within the past 3 years?..... Yes No
If yes, please complete the table below:

<i>Date of Loss/Incident</i>	<i>Amount of Loss</i>	<i>Description of Loss</i>	<i>Corrective Procedures Implemented</i>	<i>Current Status</i>
	\$			
	\$			

To enter more information, please provide details in the Additional Information section at the end of this Application.

CYBER COVERAGE

In the past 3 years:

45. Has the community association ever received any claims or complaints, or been subject to any government action, investigation or subpoena with respect to allegations of failing to prevent unauthorized access to confidential information, failing to notify appropriate individuals of any such unauthorized access or failing to allow authorized users access to the community association's computer systems?..... Yes No

If question 45 is answered Yes, provide details in the Additional Information section of each claim, complaint, allegation or incident, including costs, losses or damages incurred or paid, any corrective procedures to avoid such allegations in the future and any amounts paid as a loss under any insurance policy.

46. Has the community association suffered any known intrusions (i.e., unauthorized access or security breach) or denial of service attacks which impaired the functionality of its computer systems? Yes No
If yes, please provide details: _____

47. Is the community association or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the insurance policy for which the community association is applying? Yes No
If yes, please provide details: _____

COMPENSATION NOTICE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (DIRECTOR, OFFICER, TRUSTEE, CHAIRPERSON, GENERAL COUNSEL, HUMAN RESOURCES MANAGER, ON-SITE OR OFF-SITE MANAGER, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY 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.

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, IN ALL STATES OTHER THAN NC AND UT, 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.

Authorized Representative Signature:* (Director, Officer, Trustee, Chairperson, General Counsel, Human Resources Manager, On-Site or Off-Site Manager) X	Authorized Representative Name & Title -Printed:	Date:
Producer Signature: * X	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.

Administered By:

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