



**Community Association Management Liability
Coverage Renewal Information Request**



Travelers Casualty and Surety Company of America

Travelers Casualty and Surety Company *(only applicable in Guam, Puerto Rico and the Virgin Islands)*

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE AND REPORTED POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

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

First Named Insured & Other Named Insured(s):		Today's Date:
Renewal Effective Date (mm/dd/yyyy):	Renewal Expiration Date (mm/dd/yyyy):	Expiring Policy Number:

ORGANIZATION INFORMATION

1. Type of association: Condominium Cooperative Homeowner Association
 Timeshare/Interval Commercial/Industrial/Professional
- Are you a master association? Yes No
 If yes, for commons area only? Yes No
2. Have you or any builder/developer or sponsor associated with you, filed for or contemplated filing for bankruptcy or reorganization pursuant to applicable federal or state law? Yes No

EMPLOYEE INFORMATION

3. Please complete the following chart providing the number of full time and part time employees, volunteers and natural person independent contractors:

As of Date of Application		Previous 12 Months		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors

4. 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: _____

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. Please check all that apply:
 Country Club Condo/Hotel Golf Course Airport Facilities
 Marina Skiing Horse Facilities None
 If any of the above are selected, is membership mandatory for all community association residents? Yes No

FINANCIAL INFORMATION

10. Have you had a negative fund balance within the past 3 years? Yes No
11. Are any renovation or improvement projects in progress or are being contemplated in the next 12 months?.. Yes No
 If yes, is the total value of these projects greater than \$100,000? Yes No
12. 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 greater than \$2,000,000 for Liability Coverage.
 - b. You are a cooperative, condo/hotel, or timeshare/interval association.
 - c. You have an inadequate or negative fund balance.

REQUESTED INSURANCE INFORMATION

13. Do you desire any changes to the expiring policy limit or retention? Yes No
If yes, please indicate the desired changes in the table below:

<i>Expiring Limit (A)</i>	<i>Requested Limit (B)</i>	<i>Expiring Retention (C)</i>	<i>Requested Retention (D)</i>
\$	\$	\$	\$

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

14. Solely with respect to the higher limits requested or that may ultimately be issued for the proposed renewal, 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 against them under the coverage? Yes No
If yes, please provide details in the Additional Information section at the end of this Application.

Solely with respect to any portion of the limit for this coverage in the proposed policy that exceeds the amount of the expiring limit for this liability coverage in the expiring policy, 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.

FRAUD STATEMENTS - Attention Applicants in the Following Jurisdictions:

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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, EXECUTIVE DIRECTOR 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:*	Authorized Representative Name - Printed:	Date:
X		
Producer Signature: *	State Producer License No. (required in FL):	Date:
X		
Agency:	Agency Contact:	Agency Phone Number:

*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and 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.

Lined area for notes or signature.

Administered By:

**Kevin Davis Insurance Services
P.O. BOX 55012, Los Angeles, CA 90055
Tel: 213.833.6191 Toll Free: 877.807.8708 Fax: 213.626.1060
CA Insurance License Number OC97532**