



Wrap+®

Community Association Management Liability
Multi-Coverage Renewal Information Request



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

Form with fields: Proposed Named Insured, Expiration Date (mm/dd/yyyy), Expiring Policy Number

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

Form with fields: Name of Management Company, Address, City, State, Zip Code, and a checkbox for mailing address.

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.*

CYBER COVERAGE

15. Have there been any changes to the community association's Network or Security systems?..... Yes No
If yes, please provide details: _____
-
16. 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
17. 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: _____
-
18. 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: _____
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CRIME COVERAGE SECTION

INTERNAL CONTROLS

19. Does the board of directors/trustees regularly review:
 Monthly bank statements Reserve fund balance Budget reconciliation reports All Vendors
20. Scope of financial statement preparation:
 Internal CPA Compilation CPA Review CPA Audit None
21. Does someone other than the person responsible for reconciling bank accounts:
 Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
For policy limits greater than \$3,000,000, attach the most recent CPA financial statement.
22. Is countersignature of checks required? Yes No
If yes, what is the dual signing limit? \$ _____
23. Is segregation of duties practiced in the following areas:
 Purchase order approval and payment? ... Yes No Receipt of cash and checks? Yes No
 Oversight of blank check stock? Yes No Wire transfer receipts and payments? Yes No
24. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
25. Does access to the Reserve Fund require Board of Directors / Trustees approval? Yes No
If no, explain approval procedure for removal of funds.
26. Are inspections made of vendor work prior to payment for service? Yes No
27. Maximum amount of cash and retail/non-retail checks onsite at each location? \$ _____
28. Do you perform any of the following background checks on candidates for new employment?
 Criminal history? Yes No Credit history? Yes No

PROFESSIONAL COMMUNITY ASSOCIATION MANAGER

Do you desire crime coverage on any contracted independent community association manager?..... Yes No
 If yes, please respond to the following questions:

29. Has the board of directors/trustees delegated limits of authority to a property manager for check signing and transfers? Yes No
 Authorized check limit: \$ _____ Authorized transfer limit: \$ _____
30. Does the community association manager maintain fidelity insurance?..... Yes No
 If yes, what is the limit of insurance? \$ _____ Name of insurer? _____
31. Community association manager request limit: \$ _____
32. Community association manager retention: \$ _____

REQUESTED INSURANCE INFORMATION

LIABILITY COVERAGE

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

Expiring Limit	Requested Limit	Expiring Retention	Requested Retention
\$	\$	\$	\$

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

34. 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.

CRIME COVERAGE

Crime Coverage	Requested Limit	Requested Retention	Crime Coverage	Requested Limit	Requested Retention
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

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) 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 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.

Administered By:

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