

## Community Association D&O and EPL Application

**I. GENERAL APPLICANT INFORMATION:**

Applicant's Name \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing \_\_\_\_\_ Address \_\_\_\_\_ (if \_\_\_\_\_ different \_\_\_\_\_ than \_\_\_\_\_ location) \_\_\_\_\_  
 \_\_\_\_\_ Officer  
 Contact \_\_\_\_\_ E-mail address \_\_\_\_\_

**II. TYPE OF ASSOCIATION:**

<input type="checkbox"/> Residential condo	<input type="checkbox"/> Master	<input type="checkbox"/> Timeshare	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Property owner
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Mobile home park	<input type="checkbox"/> Townhome	<input type="checkbox"/> Retail	<input type="checkbox"/> Condo-Hotel
<input type="checkbox"/> Dock association	<input type="checkbox"/> Planned unit development	<input type="checkbox"/> Office/Industrial Park		

- |   |   |
|---|---|
| 1. Does the applicant have retail occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/><br>a. If "Yes," what percentage of units is retail? _____%<br>b. what is the square footage of largest retail establishment? _____<br>2. Total number of units when construction is complete: _____<br>3. Percentage of units currently built: _____% | 4. Number of employees: _____<br>5. Percentage of units sold: _____%<br>6. Average residential unit value (in terms of market value): _____ |
|---|---|

**III. PRIOR INSURANCE INFORMATION:**

<u>Coverage</u>	<u>Yes</u>	<u>No</u>	<u>Limits</u>	<u>Continuity Date</u>	<u>Expiring Premium</u>
Community Association D&O/EPL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

**IV. UNDERWRITING INFORMATION:**

1. Does the builder/developer or agent maintain representation on the board? Yes  No 
  - a. If "Yes," has control of the board been turned over to the association? Yes  No
2. Are any units rented or leased? Yes  No 
  - a. If "Yes," what percentage of units are rented or leased? \_\_\_\_\_%
  - b. Are any units short-term or vacation rentals? Yes  No
3. Does the association own, maintain or have an affiliation with:
 

a. A golf course or country club? Yes <input type="checkbox"/> No <input type="checkbox"/>	c. A water treatment facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. An airport/airstrip? Yes <input type="checkbox"/> No <input type="checkbox"/>	d. A sewage treatment facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does the association have a negative fund balance? Yes  No
5. Does any one person/entity own multiple units? Yes  No 
  - a. If "Yes," what is the greatest percentage of units owned by one person/entity? \_\_\_\_\_%
6. Please indicate the percentage of units in arrears over 90 days: \_\_\_\_\_ 5-10% \_\_\_\_\_ 10-15% \_\_\_\_\_ Greater than 15%
7. Within the last 24 months have any of the following occurred: *(If yes, please provide additional information on a separate attachment)*
  - a. Has the association completed a foreclosure sale against an owner? Yes  No
  - b. Have any board elections been challenged? Yes  No
  - c. Has the board initiated litigation for reasons other than collection of dues or fees? Yes  No
  - d. Has the association completed any renovation or improvement projects which resulted in a special assessment for the members? Yes  No
8. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? *(If "Yes," please complete an ACE Claim Supplement for each claim)* Yes  No
9. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? *(If "Yes," please complete an ACE Claim Supplement for each claim)* Yes  No
10. Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? Yes  No

**Applicant's Signature:** \_\_\_\_\_  
(Must be signed by an Officer or Property Manager)
Date (Mo./Day/Yr.)