

**NOT-FOR-PROFIT PROPERTY OWNERS' ASSOCIATION  
DIRECTORS & OFFICERS INSURANCE APPLICATION**

**IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS**

Name of Association ("Applicant"):	
Mailing Address:	Physical Address:
City, State, ZIP:	City, State, ZIP:
Applicant Website:	
<b>UNDERWRITING INFORMATION</b>	
1. Applicant type: <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family HOA <input type="checkbox"/> Master <input type="checkbox"/> Cooperative <input type="checkbox"/> Commercial <input type="checkbox"/> Timeshare <input type="checkbox"/> Other: _____ <input type="checkbox"/> List any Applicant Subsidiaries: _____	
2. Date of Incorporation (if unincorporated, date organized): ____ / ____ / ____    FEIN Number: _____	
3. a) Total units at <u>final build out</u> : _____	
b) Total units currently <u>built</u> : _____	
c) If not fully built out, total units and undeveloped lots currently <u>sold</u> : _____	
d) Total units still owned by the developer/builder/sponsor: _____	
e) Total number of units <u>rented</u> (excluding co-op shareholder proprietary leases): _____	
f) Total number of units in the Applicant operated as timeshares or interval units: _____	
g) Total number of units participating in a real estate rental pool? _____	
Is the rental pool operated by: <input type="checkbox"/> the Applicant; or <input type="checkbox"/> a third-party entity?	
4. Average unit value: <input type="checkbox"/> < \$500,000 <input type="checkbox"/> > \$1MM but < \$2MM <input type="checkbox"/> > \$5MM <input type="checkbox"/> > \$500,000 but < \$1MM <input type="checkbox"/> > \$2MM but < \$5MM	
5. a) List all recreational and all other facilities managed by the Applicant (e.g., swimming pool, number of golf courses, equestrian or tennis facility, marina, number of boat slips, country club, clubhouse, restaurant, child care, health or medical care facilities, etc.): _____ _____ _____	
b) Are all listed facilities limited to members of the Applicant and their guests? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Commercial Occupancy: _____ % or # of Units: _____  Describe:	
7. Sponsor/Builder/Developer	
a) Is the sponsor/developer/builder or his/her representative on the board? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Does the sponsor/developer/builder <b><i>control</i></b> the board? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8.	Does Applicant have a <u>positive fund balance</u> ? If NO, provide the most current financials and explain the reason for the negative fund balance in the "Additional Information" section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has the Applicant proposed or taken action to impose mandatory membership in a golf or country club, or proposed or taken action to change the Applicant from an "age restricted" community to a "non-age-restricted" community within the last 24 months or plans to do so in the next 12 months?  Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. a)	Does the Applicant provide any of the following services: fire protection, secondary sewage treatment, potable water treatment, road maintenance, operation of a hospital emergency room or EMT services, Applicant-sponsored community watch program, or has the Applicant been granted police power by the applicable municipality?  Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	If the answer to 10a is YES, are the services limited solely to the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Employee Count: <input type="checkbox"/> None <input type="checkbox"/> Full Time: Current _____ Prior Year _____ <input type="checkbox"/> Part Time: Current _____ Prior Year _____	
a)	Does the Applicant have written procedures for Equal Opportunity Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b)	Does the Applicant maintain an anti-discrimination policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c)	Does the Applicant maintain an anti-sexual harassment policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Please explain any NO responses to Question 11.  _____	
12.	Number of Units over 90 days past due on their Applicant fees or assessments:	
13. a)	Is the Applicant's property approved for FHA Loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	If YES, does the Applicant intend to obtain renewal of the FHA approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Missouri and Illinois Applicants are not Required to Answer This Question.</b>		
14.	Has Applicant ever had a D&O Liability policy <u>canceled</u> or <u>non-renewed</u> ? If YES, provide details in the "Additional Information" section below, including the cancellation or non-renewal date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Within the last 24 months, have any of the following occurred?	
a)	Has Applicant initiated a judicial or nonjudicial foreclosure action against a unit owner(s) as a result of a lien placed on the owner(s) unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Have any Applicant board elections been challenged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Has the Applicant board initiated litigation for reasons other than collection of dues or fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d)	Has the Applicant board placed or caused to be placed any liens on any units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CLAIMS INFORMATION</b>		
16.	Within the last 5 years, has any claim or lawsuit been brought or made against Applicant? This includes any claim being made or now pending against Applicant or any person proposed for insurance in the capacity of director, officer, trustee, employee, community association manager, committee member, or volunteer of Applicant? This also includes, but is not limited to, (a) counter-suits and claims as a result of liens or foreclosures and (b) Equal Employment Opportunity Commission, National Labor Relations Board, Fair Housing, or similar administrative.  <input type="checkbox"/> Yes <input type="checkbox"/> No	

17. Is any person intended to be an insured under this insurance aware of any fact, circumstance, or situation, which may result in a claim against Applicant or any of its directors, trustees, officers, employees, or volunteers?  
 Yes  No

*Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy if issued by the Insurer.*

18. Has Applicant had continuous, uninterrupted Directors & Officers Liability Coverage ("D&O")?  Yes  No  
 If NO, since when has Applicant had continuous, uninterrupted D&O coverage? \_\_\_/\_\_\_/\_\_\_

**PRIOR INSURANCE**

**Directors & Officers Liability** Policy Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Insurer: Limits: \$\_\_\_\_\_MM Retention: \$\_\_\_\_\_ Premium: \$\_\_\_\_\_

**Umbrella Liability** Policy Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Insurer: Limits: \$\_\_\_\_\_MM Retention: \$\_\_\_\_\_ Premium: \$\_\_\_\_\_

**General Liability** Policy Period: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Insurer: Limits: \$\_\_\_\_\_MM Retention: \$\_\_\_\_\_ Premium: \$\_\_\_\_\_

**PROPERTY MANAGER INFORMATION**

Does Applicant have an independent property manager? If YES, please provide details below.  Yes  No

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

Professional Designations: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide details about any of the items in the previous questions.

***It is understood and agreed that with respect to Questions 16, 17, and 18 above, that is such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.***

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters. This Application Form duly completed, together with any supplementary information, must be signed (or valid electronic signature) by the person indicated. Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

\_\_\_\_\_  
 Signature of Applicant                      Date                      Signature of Applicant                      Date

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_