

COMMUNITY ASSOCIATIONS PACKAGE APPLICATION

Section I: Ineligible Exposures

Associations that offer the following amenities, services, activities or can otherwise be described as the following are not eligible:

- Associations where more than 50% of units are rented on an annual basis.
- Associations that allow unit owners to sublease for less than 12 months.
- Associations where the property management firm's employees perform any maintenance or service work on property that is owned by unit owners, or on behalf of individual unit owners.
- Associations where public or non-owner pool access of any kind is offered, including events.
- Associations with pools featuring diving board(s), water slide(s) and/or lazy river(s)
- Associations that permit Sponsored Athletic teams, such as swim teams that are permitted pool access.
- Associations with tanning beds or tanning salons that are owned, operated or maintained by the insured.
- Associations with Passenger Transportation Services, whether provided by the insured or contracted out to a third party.
- Associations that permit the use of ATV's and recreational vehicles including golf carts used to transport residents.
- Associations that permit hunting, archery, indoor/outdoor trap and skeet shooting ranges.
- Associations with armed guard (no exceptions for Courtesy Officers) and/or guard dog services of any kind.
- Association-provided stable or equestrian amenities.
- Association-provided ski areas including skiing activities, water skiing and water jet skis.
- Association-provided and/or owned day care, in-home daycare, medical and nursing operations of any kind.
- Association-owned and/or operated golf courses.
- Associations with Aircraft and Aviation exposures including but not limited to hangars, airports, and/or landing strips of any kind.
- Associations that permit smoking in building(s) and do not have designated outdoor smoking area(s) (applies to condos with office/mercantile exposure ONLY).
- Medical offices GREATER than 25% of total sq ft.
- Mercantile tenants GREATER than 2,000 sq ft.
- Restaurants with seating capacity GREATER than 25 people and or with deep frying.

Associations with Buildings and/or Property that have the following features are not eligible:

- Buildings with an effective age over 25 years that have not had the roof, HVAC, plumbing, and electrical systems updated. Effective age means the last complete renovation or replacement of the above components.
- Habitational buildings with occupancy of less than 75% of total units, unless new construction or gut rehabbed within one year of the proposed effective date of coverage. A certificate of occupancy must be issued prior to the effective date of coverage. No single individual buildings can be completely vacant.
- Buildings or garages with man lifts.
- Buildings with common areas that exceed 3 stories in height.
- Common areas, buildings, or individual units with any identified construction defects.
- Common areas, buildings, or individual units with polybutylene or galvanized plumbing.
- Common areas, buildings, or individual units with electric systems featuring fuse panels or that otherwise utilize fuses and/or electric systems utilizing knob and tube wiring. Federal Pacific Stab Lok circuit breakers and panels are ineligible.
- Common areas, buildings, or individual units with any aluminum wiring other than the main feed line. Aluminum wiring to major appliance connections is acceptable.
- Associations with any building or common element, etc. which currently contains asbestos and/or lead paint.

By checking this box, I acknowledge that I have read the above and agree all locations and buildings comply.

Section II: Ineligible Occupants

Associations with Buildings and/or Property that have the following occupants are not eligible:

- Bars or Taverns or Nightclubs.
- Grocery/convenience stores, gift shops greater than 2,000 sq ft.
- Restaurants/delis with seating capacity over 25 individuals.
- Restaurants/delis with deep frying exposures.
- Dispensaries.
- Gun & Ammunition shops.
- Manufacturers.

- Places of assembly, such as stadiums, theaters, or places of worship.
- Warehouses.
- Hospitals, surgical centers, and facilities providing overnight stays.

By checking this box, I acknowledge that I have read the above and agree all locations and buildings comply.

Section III: Risk Transfer Requirements

The following risk transfer requirements must be fulfilled through written contract for all the following business relationships: commercial tenants; 3rd party vendors; rental or reserving of association grounds or buildings; contractors providing services such as snow removal, elevator maintenance, security, road maintenance, restaurants, outside lifeguard services and valet parking.

3rd Party Contractors or Service Providers as indicated previously (but requirement is not limited to):

- Association-hired or property management firm-hired independent contractors.
- Snow clearance 3rd party contractor.
- Street or road maintenance 3rd party contractor.
- Security personnel 3rd party contractor.
- Mercantile and Office tenant/occupant.
- Solar panel installation/maintenance/leasing/contracting of any kind.
- The requirement is applicable for any 3rd Party Contractor or Service Provider not specifically mentioned.

Risk Transfer Requirements for all 3rd party relationships include:

- Written contract must be in place.
- Current certificates of insurance must be collected.
- Association must be named as an additional insured.
- Liability limits must be at least \$1M per Occurrence with a \$2M General Aggregate.
- 3rd party contractor/service provider must provide a hold harmless or indemnification agreement that is favorable to the association.
- The association cannot indemnify or hold harmless any independent contractor by contractual agreement.

By checking this box, I acknowledge that I have read the above and agree the association complies.

Section IV: Life Safety Requirements

Stories/Height Requirements

- Buildings 1-3 stories containing 16 units or less.
 - Smoke detectors in each unit and common area.
- Buildings 1-3 stories with more than 16 units.
 - Smoke detectors in each unit and common area; and
 - Two means of egress.
- Buildings 4-6 stories:
 - Smoke detectors in each unit and common area;
 - Two means of egress through a masonry enclosed stairwell with class A or B rated fire door on each floor;
 - Emergency lighting in all interior stairwells, halls and common areas;
 - Local fire alarm system with manual pull alarms; and
 - Elevator recall.
- Buildings 7-10 stories:
 - Smoke detectors in each unit and common area;
 - Fully sprinklered;
 - Two means of egress through a masonry enclosed stairwell with class A or B rated fire door on each floor;
 - Emergency lighting in all interior stairwells, halls and common areas;
 - Local fire alarm system with manual pull alarms;
 - Elevator recall; and
 - Standpipes in each stairwell.
- Buildings 11-20 stories:
 - Smoke detectors in each unit and common area;
 - Fully sprinklered;
 - Two means of egress through a masonry enclosed stairwell with class A or B rated fire door on each floor;
 - Emergency lighting in all interior stairwells, halls and common areas;
 - Annunciator panel in lobby;
 - Central station fire alarm system transmitting to a station with two guards on duty 24/7/365;
 - Elevator recall; and
 - Standpipes in each stairwell.

By checking this box, I acknowledge that I have read the above and agree all locations and buildings comply. I acknowledge that all code required fire protection systems and building life safety features are in place and function as intended.

Section V: Loss History

Associations that have experienced any claim involving any of the following injuries or allegations within the last 5 years are not eligible:

- Flood
- Collapse
- Arson or suspected arson
- Violent acts including but not limited to rapes, assaults, murders or shootings
- Illegal drug trafficking
- Paraplegic or Quadriplegic
- Non-fatal drowning
- Burn or fire related bodily injury
- Death
- Lead claim or lawsuit
- Mold / Fungus claim or lawsuit
- Construction defect lawsuits
- Class action lawsuits

Have there been any of the mentioned types of claims in the last 5 years? Yes No

Section VI: Loss History For HOA/PUD Associations

Is the association a HOA/PUD (not responsible for habitational buildings)? If "No", skip to **SECTION VII** and continue. Yes No

Has the association had any incurred losses within the past 5 years? (Incurred losses include paid claims, loss reserves, and expenses.) Yes No

- If "Yes", a copy of 5 years of currently valued loss runs are required prior to quoting.
- If "No", a copy of 5 years of currently valued loss runs reflecting no incurred losses are required prior to binding.

Section VII: Broker Details

Brokerage Name:

Address:

Address 2:

City: State: Zip Code:

Phone: Extension: Fax:

Section VIII: Inspection Contact Information

Contact Full Name: Phone Number: Email Address:

Section IX: Applicant Information

Applicant Legal Name:

DBA:

Association Type:

Mailing Address:

Mailing Address 2:

In Care Of:

City: State: Zip Code:

Location Address:

Location Address 2:

City: _____ State: Pick One Zip Code: _____ County: _____

Section X: Property Management Company

| | |
|---|--|
| Is there a Property Management Company? If "No", skip to SECTION XI and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Property Management Company: | |
| How long have they managed the applicant's property? | |
| Is the independent property manager on the premises full time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are on-site visits conducted at regular intervals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the property manager have a maintenance staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do the property management firm's employees perform any maintenance or service work on the property that is owned by unit owners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section XI: Policy Details

| | | |
|---|--------------------------------|------------------|
| Policy Term: Pick One | Effective Date: | Expiration Date: |
| AOP Deductible: Pick One | Wind/Hail Deductible: Pick One | |
| General Liability Limit: Pick One | Target Package Premium: | |
| <i>The \$2M/\$4M general liability limit is subject to Underwriter review and may not be available for all associations and in all states. Review your Quote Letter to confirm the general liability limit.</i> | | |

Incumbent Carrier Information:

| | | | | |
|--|--|--|---|--|
| Is the applicant currently insured with any of the following Carriers listed below (select N/A for renewals)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| <table border="0"> <tr> <td>Acadia Ins. Co. Admiral Indemnity Co. Admiral Ins. Co. Berkley Assurance Co. Berkley Casualty Co. Berkley Ins. Co. Berkley National Ins. Co. Berkley Prestige Ins. Co. Berkley Regional Ins. Co. Berkley Specialty Ins. Co.</td> <td>Carolina Casualty Ins. Co. Clermont Ins. Co. Continental Western Ins. Co. Firemen's Ins. Co. of Washington, D. C. Gemini Ins. Co. Great Divide Ins. Co. Intrepid Casualty Co. Intrepid Ins. Co. Intrepid Specialty Ins. Co. Key Risk Ins. Co.</td> <td>Midwest Employers Casualty Co. Nautilus Ins. Co. Preferred Employers Ins. Co. Riverport Ins. Co. StarNet Ins. Co. Tri-State Ins. Co. of Minnesota Union Ins. Co. Union Standard Lloyds</td> </tr> </table> | Acadia Ins. Co. Admiral Indemnity Co. Admiral Ins. Co. Berkley Assurance Co. Berkley Casualty Co. Berkley Ins. Co. Berkley National Ins. Co. Berkley Prestige Ins. Co. Berkley Regional Ins. Co. Berkley Specialty Ins. Co. | Carolina Casualty Ins. Co. Clermont Ins. Co. Continental Western Ins. Co. Firemen's Ins. Co. of Washington, D. C. Gemini Ins. Co. Great Divide Ins. Co. Intrepid Casualty Co. Intrepid Ins. Co. Intrepid Specialty Ins. Co. Key Risk Ins. Co. | Midwest Employers Casualty Co. Nautilus Ins. Co. Preferred Employers Ins. Co. Riverport Ins. Co. StarNet Ins. Co. Tri-State Ins. Co. of Minnesota Union Ins. Co. Union Standard Lloyds | |
| Acadia Ins. Co. Admiral Indemnity Co. Admiral Ins. Co. Berkley Assurance Co. Berkley Casualty Co. Berkley Ins. Co. Berkley National Ins. Co. Berkley Prestige Ins. Co. Berkley Regional Ins. Co. Berkley Specialty Ins. Co. | Carolina Casualty Ins. Co. Clermont Ins. Co. Continental Western Ins. Co. Firemen's Ins. Co. of Washington, D. C. Gemini Ins. Co. Great Divide Ins. Co. Intrepid Casualty Co. Intrepid Ins. Co. Intrepid Specialty Ins. Co. Key Risk Ins. Co. | Midwest Employers Casualty Co. Nautilus Ins. Co. Preferred Employers Ins. Co. Riverport Ins. Co. StarNet Ins. Co. Tri-State Ins. Co. of Minnesota Union Ins. Co. Union Standard Lloyds | | |

Incumbent Carrier: _____ Expiring Premium: _____

Section XII: Building - Habitational & Office

| | |
|---|--|
| Does the association own and or responsible for maintaining habitational/office buildings? If "No", skip to SECTION XIII and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Construction Type: | Pick One |
| Are all habitational and/or office buildings fully sprinklered? If "Yes", what is the sprinkler system rating? Example: NFPA 13D, NFPA 13R, NFPA 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any buildings have a basement? If "Yes", describe finish of the basement for the average/typical unit within the association. | <input type="checkbox"/> Yes <input type="checkbox"/> No Pick One |
| Type of Insuring Agreement that the Association is responsible for: <ul style="list-style-type: none"> Bare Walls - Association is responsible for insuring the buildings and structures only; No interior coverage for units. Single Entity - Association is responsible for insuring the buildings, structures, and units per original builder specifications. All-In - Association is responsible for insuring the building, structures, and units per original specifications and improvements and betterments. | |

| | |
|---|--|
| Does the association own and/or are they responsible for any roofs attached to buildings/structures/other properties within the association? If "Yes" , answer the following 4 questions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. Describe the roof type or roof finish on building(s): | Pick One |
| 2. Are there any buildings with a roof over 20 years old? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has a professional inspection on the roof been conducted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. What is the year of oldest roof (either new construction or last complete roof resurface) out of all the association's buildings? | |
| Section XIII: Other Exposure | |
| Protection Class: | |
| Do all buildings and structures owned and maintained by the association have railing systems (vertical and or horizontal) that comply with the following International Building Code requirements? <ul style="list-style-type: none"> • Guardrail location requirements must be located along open-sided walking surfaces situated more than 30" measured vertically from the floor. • Height: Guardrails must not be less than 42 inches. • Openings: Must not have openings that allow a 4" sphere to pass through. OSHA requires at least a 21" mid rail so that a 19" sphere shouldn't be allowed to pass through. • Load requirements: Guardrails must be able to resist a linear load of 50 pounds per linear foot. OSHA standard 1926.502(b)(3) requires guardrails to withstand a 200-pound concentrated load. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Has the association or any unit owners/tenants installed solar panels on any of the association roofs? If "Yes" , do the solar panels have an emergency shutoff switch at exterior ground level (for fire fighter safety)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all areas that are owned or maintained by the association compliant with local, state, and federal Americans with Disabilities ACT (ADA) codes and regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has asbestos or lead paint ever been present in common building elements or units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association have office and/or mercantile units? If "Yes" , are any mercantile and/or office units owned or rented by the association? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section XIV: Clubhouse and Pool House | |
| Is there a clubhouse and/or pool house? If "No" , skip to SECTION XV and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of clubhouse buildings: <input type="checkbox"/> N/A | Number of pool house buildings: <input type="checkbox"/> N/A |
| Clubhouse construction type: | Pool house construction type: |
| Clubhouse total building Sq Ft: | Pool house total building Sq Ft: |
| Clubhouse number of stories: | Pool house number of stories: |
| Clubhouse year built: | Pool house year built: |
| Is/are the building(s) sprinklered? If "Yes" , what is the sprinkler system rating? Example: NFPA 13D, NFPA 13R, NFPA 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the roof type or roof finish on building(s) | |
| Is there any building with a roof over 20 years old? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has a professional inspection on the roof been conducted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the year of oldest roof (either new construction or last complete roof resurface)? | |
| Are facilities rented to or used by unit owners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of events annually: | |

| | |
|---|--|
| Is alcohol sold or provided by the association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are facilities rented to or used by anyone other than unit owners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there cooking facilities on the premises? If "Yes", are there any deep fat fryers? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section XV: Fitness Center and Gym

| | |
|---|--|
| Is there a fitness center or gym? If "No", skip to SECTION XVI and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any public memberships permitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are rules and hours of operation posted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are minors required to be accompanied by an adult? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section XVI: Non-Habitational Buildings Owned or Maintained by The Association

| Exposure | Total Value (\$) | Qty |
|--|------------------|-----|
| Clubhouses | | |
| Detached Carports | | |
| Detached Garages | | |
| Fitness Centers/Recreational Buildings | | |
| Meeting Center Buildings | | |
| Water treatment, HVAC Buildings | | |
| Total (\$) | | |

Section XVII: Additional Covered Property Owned or Maintained by The Association

| Exposure | Value (\$) | Qty |
|--------------------------------------|------------|-----|
| Basketball Courts | | |
| Benches (permanently attached) | | |
| Bridges | | |
| Cabanas | | |
| Dog Parks | | |
| Driveways | | |
| Fences | | |
| Flag Poles | | |
| Fountains | | |
| Free Standing Walls | | |
| Gate Houses | | |
| Gates | | |
| Gazebos/Pavilions | | |
| Kiosks/Mailboxes | | |
| Light Poles | | |
| Monuments | | |
| Outdoor Lighting | | |
| Patios | | |
| Paved Streets | | |
| Pergolas | | |
| Pet Stations | | |
| Pickleball Courts | | |
| Picnic Tables (permanently attached) | | |
| Playgrounds | | |
| Pool Houses | | |
| Pump House/Stations | | |
| Ramadas | | |

| Section XX: Short-Term Rentals | |
|---|---|
| Are there short-term rentals or leases (less than 12 months)? If "No", skip to SECTION XXI and continue | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of short-term rentals or leases | |
| Does the association have or provide timeshare units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association and/or their employees oversee lease or rental agreements for the units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do CC&R and/or by-laws permit rental of unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do renters/lessees receive all rules, procedures, and evacuation plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association or its third-party vendor provide passenger transportation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are hospitality services provided by the association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association provide recreational equipment to the renters/lessees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the association advertised on booking.com, tripadvisor.com or other similar type vacation rental websites? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section XXI: Employees, Volunteers and Maintenance | |
| Total number of association employees. | |
| Do any employees have maintenance responsibilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any employees perform road maintenance, snow removal, roofing, HVAC unit or boiler repair? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any employees perform any maintenance or service work on property owned by unit owners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do employees or volunteers use personal automobiles on behalf of the association, either on a weekly or daily basis? If "Yes", answer following questions. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. Number of employees using their personal autos | |
| 2. Numbers of volunteers using their personal autos | |
| 3. Describe type of usage | |
| 4. Does association obtain MVRs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the association confirm adequate insurance is in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Minimum liability insurance limits required | |
| Does the association or property management firm hire independent contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Who is responsible for snow clearance of the common areas of the association? | |
| If an independent contractor is utilized, does the association have a written contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the contract stipulate that snow fall amounting to 2" or more requires snow clearance to be performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Who is responsible for the maintenance of the streets or roads in the association? | |
| Section XXII: Swimming Pool, Spa, Hot Tub & Whirlpool | |
| Is there a swimming pool, spa, hot tub or whirlpool? If "No", skip to SECTION XXIII and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of swimming pools. | |
| Number of spa/hot tubs. | |
| Number of whirlpools. | |
| Do all hot tubs, spas, and/or whirlpools have emergency shut-off switches or buttons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do all indoor swimming pool(s) have restricted access through a self-closing and self-locking door? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all outdoor swimming pool(s) completely surrounded by 4 feet or higher permanent fence with a self-closing and self-latching gate? (Shrubs or other type of similar landscaping do not count as a fence.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| Does the design and operation of all swimming pool(s) comply with the Virginia Graeme Baker Act and meet or exceed all federal, state, and local governing codes and regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any swimming pool(s) have diving boards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any swimming pool(s) have lazy rivers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any swimming pool(s) have slides? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are lifeguards required by ordinance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do any swimming pool(s) have lifeguards? If "Yes" , answer following 3 questions. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. Do all lifeguards hold Red Cross or equivalent certifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are lifeguards on duty during all hours of swimming pool use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is an outside lifeguard service used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association sponsor swim teams? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association sponsor swimming events? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any swimming pool(s) open to non-residents and their guests? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are swimming pool(s) chemicals regularly checked and maintenance log maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do all swimming pool rules signage stipulate the hours of operations, "No Diving", "No Lifeguard", "Swim at Your Own Risk" and "Children Must Be Accompanied By An Adult"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the swimming pool rules visibly displayed and enforced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do the swimming pool(s) have depth markers or painted demarcation markings identifying deep and shallow ends of the pool? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there floating life rings and other lifesaving equipment visibly positioned nearby and around the pool(s) and easily accessible and maintained in good working condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any swimming pool(s) rented to private parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section XXIII: Bodies Of Water (Lakes, Ponds, Water Basins) | |
| Does the association own or maintain any bodies of water such as lakes, ponds, retention basins, canals, lagoons or rivers on or next to the premises? If "No" , skip to SECTION XXIV and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is swimming allowed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any other water activities permitted? If "Yes" , please describe the water activities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all pond(s)/lake(s)/water basin(s)/river(s)/lagoon(s) prominently posted with signage stipulating, "No Trespassing" and "No Swimming"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a dam, levee, or dike? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association own or are they responsible for any docks, boat slips or marinas? If "Yes" , answer the following questions: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. Number of marina/boat slips. | |
| 2. Is there any fueling, repairs, alterations, maintenance, storage, hauling or launching operations available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is electric or water utility provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are all docks and marinas posted with signage including but not limited to, "no trespassing", "no swimming", "no diving"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are the docks, boat slips or marinas open to the public? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is there rental or leasing of docks, boat slips or marinas to non-unit owners? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are any public memberships permitted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section XXIV: Security Personnel | |
| Type of security personnel used by the association. If "Not Applicable" or "Employee of Association" , skip to SECTION XXV and continue. | |

| | |
|--|---|
| Does the security service have/use armed guard(s) and/or guard dog services of any kind? (no exceptions for Courtesy Officers) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are background checks performed on all persons in security work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the association named as an additional insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are liability limits of at least \$1,000,000 per Occurrence with a \$2,000,000 General Aggregate carried by the security company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section XXV: Restaurant Exposure | |
| Is there a restaurant on the premises? If "No", skip to SECTION XXVI and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the restaurant located on the 3rd floor or higher? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any deep fat fryers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the restaurant have seating capacity over 25? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the restaurant owned or operated by the association? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the restaurant open year-round? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section XXVI: Stop Gap Employer's Liability (OH & WA Only) | |
| Is Stop Gap Liability Employer's Liability coverage desired? If "No", skip to SECTION XXVII and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Total payroll | |
| Section XXVII: Directors & Officers | |
| Would you like to add Directors & Officers coverage? If "No", skip to SECTION XXVIII and continue. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D&O Limit: | |
| D&O Retention: | |
| Loss Experience: | |
| 1. Are there prior D&O claims over the past 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any open D&O claims? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have there been any known incidents that could result in claim? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the association anticipate any renovations in the next year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does any single entity own more than 30% of the total units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of owners past-due on association fees over 90 days. | |
| By checking "Yes" I acknowledge that This program is for non-profit community assn. or community assn. that practice zero-balance accounting only. For-profit enterprises of any kind are not eligible. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Section XXVIII: Fidelity/Crime | |
| Would you like to add Crime coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Crime Limit: | |
| Crime Deductible: | |
| Required Association Characteristics | |
| <ul style="list-style-type: none"> The entity is a non-profit community association The association has been Crime claim-free for the last 5 years The association does not have more than 25 employees on payroll | |
| Procedures | |
| <ul style="list-style-type: none"> Dues/Fees/Mortgage payments are always received as checks, not cash. Vouchers/supporting records are stamped "PAID" when checks are signed. If records are kept electronically, there is a system in place to indicate that a check has been issued to prevent duplication. Anyone authorized to fire or hire association employees is prohibited from distributing payroll. If there is no payroll, this question does not apply. Volunteers (other than Directors & Officers) are prohibited from handling bank accounts or fee/mortgage payments. If there are no other volunteers, aside from Directors & Officers, this does not apply. | |
| Oversight/Reconciliation | |
| <ul style="list-style-type: none"> Associations' bank accounts and credit card statements are reconciled monthly by someone not | |

- authorized to deposit, withdraw, initiate electronic funds transfer, or use an association credit card.
- If Association utilizes Traditional Banking, countersignatures are required on all checks over \$500
- If Association utilizes Electronic Banking, they must meet the following:
 - The board approves all checks/expenditures and also verifies the completion/receipt of purchased services or goods.
 - The employee creating the check or payment request does not also sign or approve.
 - The board receives a monthly statement directly from the bank (via mail in a sealed envelope or via e-mail directly from the bank's website) and reviews it on a monthly basis.

By checking "Yes" I acknowledge that I have read all items listed in the FIDELITY/CRIME section of this application and agree that this applicant complies.

Yes No

Section XXIX: Fraud Statement

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY TO WHICH THIS APPLICATION IS SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY INTENTIONAL MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED

Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in Colorado, California, Ohio, Oregon, or Washington; in Virginia, insurance benefits may also be denied.)

Notice to Colorado applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purposes 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to California applicants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

Notice to Minnesota Applicants: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Ohio applicants: Any person with intent to defraud or knowing that he / she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oregon applicants: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

Notice to Pennsylvania applicants: 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.

Notice to Tennessee and Virginia Applicants: 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.

Notice to Washington applicants: 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. This coverage will not be voided unless the Insured or someone on the Insured's behalf "intentionally" misrepresents, omits, conceal, or makes an incorrect statement of a material fact or circumstance relating to the insurance. It is understood and agreed that this policy does not apply to any D&O claim made against any insured based upon, arising out of, relating to, directly or indirectly resulting from or in consequence of, or in any way involving any wrongful act or any fact, matter, circumstance, situation, transaction, casualty, event or decision, known by the insured prior to the initial coverage date, which would indicate the probability of such claim being made. Please obtain a copy of the policy through your broker and read it carefully.

Signature

Applicant or Property Manager's Signature:

Printed Name of Signee:

Title/Relationship to Applicant:

Date:

I understand and agree to the above terms*