

A Berkley Company

Domicile Office: 11201 Douglas Avenue, Urbandale, IA 50322

Main Administrative Office: 475 Steamboat Road, Greenwich, CT 06830

Underwriting Office: 1250 Diehl Road, Suite 200, Naperville, IL 60563 Telephone: (866) 893-3922

PREFERRED PLUS Directors & Officers (D&O) Insurance Application (“claims made” basis)

This program is for non-profit community associations or community associations that practice zero-balanced accounting only. For-profit enterprises of any kind are not eligible.

SECTION I: D&O Eligibility

By selecting “Yes”, I confirm this applicant is a non-profit community association or community association practicing zero-balance accounting only.

Yes No

Ineligible Risks, Exposures, or Loss Experience:

- a) For-profit entities/enterprises
- b) Ownership interest or affiliation with a government entity
- c) Provide leasing services to unit owners, even if the association is not compensated for the service
- d) In Bankruptcy or in receivership
- e) Average market value of a residential unit is in excess of \$2,000,000 and/or the highest value of a residential unit within the association is in excess of \$2,000,000 (Commercial Associations are not subject to this requirement)
- f) More than 500 units
- g) More than 4 employees
- h) More than 30% of unit owners are 90 days past due on association fees
- i) Associations of 20 units or less units in which a single entity controls more than 50% of units
- j) Associations of more than 20 units in which a single entity controls more than 30% of units
- k) Associations that own and/or lease units directly, even if described as a non-profit operation.
- l) Parking Garage Associations
- m) Timeshare Associations
- n) Condotels and Condops
- o) RV/Mobile Home Park Associations
- p) Commercial District Associations
- q) Neighborhood Associations
- r) Any open D&O claim(s)
- s) \$20,000 or more in paid D&O claims in the last 5 years
- t) 3 or more paid D&O claims in the last 5 years

By selecting ‘Yes’, I acknowledge that I have read the above and that this applicant complies. Yes No

PRIOR KNOWLEDGE OF WRONGFUL ACTS OR OTHER INFORMATION: IT IS UNDERSTOOD AND AGREED THAT THIS INSURANCE DOES NOT APPLY TO ANY CLAIM MADE AGAINST ANY INSURED, INSURED PERSONS, SUBSIDIARY, OR PROPERTY MANAGER 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 ANY INSURED, INSURED PERSON(S), SUBSIDIARY, OR PROPERTY MANAGER BEFORE THE POLICY EFFECTIVE DATE, WHICH COULD OR MIGHT LEAD TO A CLAIM.

EFFECT OF UNTRUE STATEMENTS:

IT IS UNDERSTOOD AND AGREED THAT COVERAGE SHALL NOT BE EXCLUDED AS A RESULT OF AN UNTRUE STATEMENT ON THIS APPLICATION, EXCEPT AS TO THE ORGANIZATION, ITS SUBSIDIARIES AND THOSE INSURED PERSONS HAVING SUCH KNOWLEDGE.

By selecting 'Yes', I agree with the above notice. Yes No

SECTION II: Brokerage Information

Brokerage Name:		Phone Number:	
Address:			
City:	State:	Zip Code:	
Contact Name:			
Contact Phone Number:		Contact E-Mail:	

SECTION III: Applicant Information

Applicant:			
Mailing Address:			
City:	State:	Zip Code:	County:
Physical Address:			
City:	State:	Zip Code:	County:

SECTION IV: Policy Information

Effective Date:	Expiration Date:	Prior & Pending Litigation Date:
Requested Limit: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000		
**Florida Limit Options: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000		
Retention: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000		
Incumbent Insurance Company:		

SECTION V: General Information**Association type:**

- Homeowner Association (HOA) Planned Unit Development (PUD) Residential Condominium/Townhomes
 Mixed-Use Residential Condo w/ Commercial Commercial Association Cooperative Master Association
 Property Owners Association (POA)

***If Master Association is selected, answer the below questions:**

- Describe the responsibilities of the Master Association
- Number of sub-associations:
- Names of the sub-associations:
- Are the sub-associations seeking coverage via this policy? Yes No N/A

***If Commercial Association or Mixed-Use Residential Condo w/ Commercial is selected, answer the below question:**

What percentage of the total units is retail exposure?

Exposure Information:

Year Built:	Number of Stories:
Total current number of residential units:	Total current number of commercial units:
Total current number of retail units:	
Average Market Value of Residential Unit:	Number of employees or leased employees:
Highest Residential Unit Value:	<i>* Does not include Board Members or PM</i>

Is the Association Fully Built Out? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit count when fully built:
Year of Completion:	Number of units sold:
Does the association anticipate any renovations in the next three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <i>Building/Renovation Supplemental</i> Required.	
Number of owners past-due on association fees over 90 days:	
Does any single entity own more than 30% of the total units? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Unoccupied units owned by Developer awaiting sale should not be considered</i> If yes, what percentage and describe:	
Does the association allow for short-term rentals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage of total current units? <i>Short Term Rental Supplemental</i> Required.	
Has there been a special assessment in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the reasoning for the special assessment?	
Are there any known structural repairs needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a description of the structural repairs needed:	
Have there been any structural repairs to the building(s) in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a description of the past structural repairs and when the repairs were completed:	
Are there any public easements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a description of public easements:	
Does the association have any hangars, airplane runways, airpark, or airport on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the association own or are they responsible for any docks, boat slips, or marinas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the questions below: a. Are there any fueling, repairs, alterations, maintenance, storage, hauling or launching operations available? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is electric or water utility provided? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Are the docks, boat slips or marinas open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Are there rental or leasing of docks, boat slips, or marinas to non-unit owners? <input type="checkbox"/> Yes <input type="checkbox"/> No *If the answer to any of the above questions is 'Yes' additional underwriting information may be requested.	
SECTION VI: Claim Information	
Are there any open D&O claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been any D&O claims in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been any known incidents that could result in a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>As acknowledged in Section I, the following loss experience is ineligible.</i> <ul style="list-style-type: none"> • \$20,000 or more in paid D&O claims in the last 5 years • 3 or more paid D&O claims in the last 5 years 	
SECTION VII: Property Management Information	
How is the association managed? <input type="checkbox"/> 3 rd Party Management Company <input type="checkbox"/> Self-Managed	
Property Management Company (if applicable):	
Is the property manager's address the same as the Mailing Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	
City:	State:
	Zip Code:

SECTION VIII: Signature

FRAUD WARNING:

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, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

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 MISREPRESENTATION, OMISSION, CONCEALMENT, OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE WHICH IS MADE WITH THE INTENT TO DECEIVE WHEN APPLYING FOR COVERAGE, 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 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

This application must be signed by the association's insurance agent, broker, property manager or by a member of the board of trustees of the association. The undersigned, on behalf of all prospective insureds, declares to the best of his/her knowledge, the statements in this application and any attachments are true and accurate.

If sending via e-mail, type your name, title, and date plus acknowledge the statement below.

By checking this box, the sender agrees with the above notice.

Signature:

Title:

Date: