



I. PRODUCER INFORMATION

Agency _____ Name _____
Address _____ Phone _____ Fax _____
City _____ St _____ Zip _____ Email _____

II. GENERAL INFORMATION

Effective Date: _____ **Exp Date** _____

1) Name of Applicant: _____

(The term "Applicant", as used in this Application, means the Parent Corporation and all Subsidiaries, if applicable.)

2. Address of Parent Corporation: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

3. Executive officer authorized to receive notices and information regarding the proposed policy:

Name: _____ Title: _____ Telephone: _____

Address: _____

4. Check type of Community Association: Condominium Cooperative Other _____

5. Is Applicant incorporated? Yes No If "Yes", do the Applicant's Articles of Incorporation state that it is incorporated as a non-profit organization? Yes No

6. Does the Applicant retain the services of a property manager? Yes No

Contact: _____

Phone # _____ Fax#: _____

Firm Name: _____

Address/City/State/Zip _____

7. Please provide the number of employees:

(a) Full-time: _____ (b) Part-time/Temporary/Seasonal: _____



III. DIRECTORS AND OFFICERS LIABILITY COVERAGE

1. (a) Number of Units or Lots: _____
(b) Average Unit or Lot Value: _____
(c) Percentage of Units/Lots Sold %: _____
(d) Percentage of Units/Lots Rented or Leased %: _____
(e) Commercial Occupancy (restaurant, dry cleaner, etc.) Yes No
Number of Commercial Units _____
Please provide details regarding types of commercial occupants

2. List of recreational and all other facilities managed by the Applicant (swimming pool, golf course, equestrian or tennis facility, marina, country club, clubhouse, restaurant, child care, health or medical care facility, etc.):

3. Has control of Applicant been transferred from the builder/developer? Yes No If "No," please provide details:

4. Do the Applicant's bylaws require binding arbitration or other binding alternative dispute resolution for resolution of disputes brought or demands made by members of Applicant? Yes No If "Yes," please provide details:

5. Current or most recent directors and officers liability insurance:

Limits \$ _____
Insurer _____
Deductible \$ _____
Premium \$ _____
Policy Expiration _____

6. Indicate limit of liability requested: \$ _____



APPLICANT HISTORY AND REPRESENTATION (All Applicants must complete this section.) Please provide an explanation of any "Yes" answer on a separate sheet.

1. Has the Applicant, undersigned, or any individual or entity proposed to be an insured under this insurance (including any property manager):

(a) been declined, canceled or non-renewed for any directors and officers liability or employment practices liability insurance?

Yes No

(b) given notice to any insurer of any claim or specific facts or circumstances which might give rise to a claim being made against the Applicant and/or any person in his/her capacity as a director, officer, trustee, employee, volunteer, staff or board member, member of any association committee, executive or property manager of the Applicant? Yes No

(c) become aware of any suit or legal action filed or initiated by or on behalf of the Applicant against any member of the Applicant and/or any third party, including without limitation the developer and/or contractor of the planned community? Yes No

2. Representation: Prior Knowledge of Facts/Circumstances/Situations:

No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed insurance, except: NONE: _____ or _____

_____ (or attach explanation if needed).

Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that any claim or action arising from any fact, circumstance, situation, suit or legal action required to be disclosed, whether or not disclosed, in response to Item 1 (a), 1 (b), 1(c), or 2 of this Section IV is excluded from coverage under the proposed insurance.

MATERIAL CHANGE

If there is any material change in the answers to the questions prior to the policy inception date (if issued), the Applicant must notify the Company in writing and any outstanding quotation may be modified or withdrawn.

NOTICES

The Applicant's submission of this Application does not obligate the Company to issue a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant authorizes the Company to make any inquiry in connection with this Application.

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 Pennsylvania and New York 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (in New York) or criminal and civil penalties (in Pennsylvania).

DECLARATION AND SIGNATURE

For the purposes of this Application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth herein and in any attachments hereto or information submitted with this Application are true and complete. The signing of this Application does not bind the Applicant to effect insurance. The undersigned agrees that this Application and its attachments shall be the basis of a contract should a policy providing one or more of the requested coverages be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application in issuing such policy.

This Application must be signed below by the Chairperson or Executive Officer of the Board of Directors acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date _____ **Signature** _____ **Title** _____

Submitted By: Agent: _____ Agent Signature: _____

Agency: _____ Agency Taxpayer ID or SS No.: _____

Address: _____