



**NON-PROFIT MANAGEMENT AND
ORGANIZATION LIABILITY INSURANCE POLICY**



Travelers Casualty And Surety Company Of America
Hartford, Connecticut

APPLICATION FOR COMMUNITY ASSOCIATIONS

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

AGENCY/ BROKER	CODE	NAME and LICENSE NUMBER	POLICY NUMBER
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The term "Applicant" means the Association, Cooperative or Timeshare and all Subsidiaries:

Applicant Name: _____
Applicant Address: _____
City: _____ **State:** _____ **ZIP Code:** _____

1. Type of Association:

- Condominium Homeowner Association Commercial/Industrial/Professional
 Cooperative Property Owners Association Timeshare (Interval) Association
 Other, Please Describe: _____
 List any Association subsidiaries or affiliates: _____

2. Requested aggregate limit of liability each policy year: **Requested Effective Date:** _____
 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

3. Community Information:

- a) Has control of the **Applicant** been transferred from the Builder/Developer? Yes No
 b) Does the Builder/Developer maintain any representation on the **Applicant's** Board of Directors? Yes No
 c) Date of Organization/Incorporation: _____ g) Date Construction was completed: _____
 d) Number of units or lots completed: _____ h) Number of units Commercial occupancy: _____
 e) Average Unit or Lot value: _____ i) Number of Units rented/leased: _____
 f) Total Number of Employees: _____ j) Number of Units owned by Developer: _____

If Applicant has > 30 Employees, please complete the supplemental employment practices application.

- k) Applicant Amenities: Check all that apply:** Playground(s) Swimming Pool(s) Lake(s)
 Tennis Courts Fitness Facilities Boating Golf Course
 l) Does the **Applicant** sell membership to any of these facilities to non-owners/leasees? Yes No

4. Management Company: Does the **Applicant** contract with an independent professional management company to manage the association? If yes, please complete the following information. Yes No

Name of Management Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____ Web-site address: _____
 Does the **Applicant** want to include the Management Company as an additional insured? Yes No

If yes, please complete the following insurance information with respect to the Management Company.

Policy	Limit	Deductible	Insurance Company	Policy Period	Premium
Crime					
E&O					

5. Applicant Financial Information as of the most recent fiscal year end:

Annual Revenue/Budget: \$ _____ Fund Balance: \$ _____

a) Has the Applicant had a negative fund balance within the past 3 years? Yes No

b) Have any improvements been completed within the past year or are presently being contemplated which would result in a special assessment of the owners of the Units/Lots? Yes No

If so, for what purpose: _____

If the Applicant meets any of the following criteria, please provide your most recent fiscal year end financial statement:

- Applicant has requested a limit greater than \$1 million.
- Applicant is a Cooperative or Timeshare/Interval ownership
- Applicant has a negative fund balance or answered yes to question (b) above

6. Current Insurance Information: Please indicate if you have the following insurance products:

Policy	Limit	Deductible	Insurance Company	Policy Period	Premium
Directors & Officers Liability					
Crime Coverage					
Umbrella/Excess					
Commercial GL					

7. Applicant Claim/Loss Information: *To the extent that any lawsuit or claim required to be disclosed in response to questions 7.a) through 7.g) below constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from the proposed coverage.*

a) Please provide details or attach loss run for all previous claims, losses, litigation, or proceedings, whether or not insured, occurring in the past five- (5) years that would fall within the scope of the following insurance products. If none, please indicate "none:

Type of Loss	Number of	Total Amount	Litigation Costs	Settlement Costs
Directors & Officers	_____	_____	_____	_____
Employment Practices	_____	_____	_____	_____

b) Has any suit or legal action been filed by or on behalf of the Applicant against any member of the Applicant (excluding liens or collection claims) or against any third party including without limitation the builder/developer? Yes No

c) Does the Applicant know of any instances of construction defects, faulty designs, earth movement and/or soil subsidence? Yes No

d) Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past five years, whether or not insured? Yes No

e) Is there pending, any claim, counter-claim or lawsuit, against the Applicant or any person in their capacity as director, trustee, officer, employee, committee member, or volunteer of the Applicant? Yes No

f) Has the Applicant ever put any prior carrier(s) of similar insurance on notice of claim or possible claim? Yes No

g) Does the Applicant or any person proposed for this insurance have knowledge or information of any fact, circumstance or situation which might give rise to a Claim under the proposed Policy? Yes No

If Yes to any question in 7.a) through 7.g) above, attach details of each, including the type of complaint, how resolved, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.
It is agreed that in addition to any other remedy the Insurer may have, any Claim made during the Policy Period arising from any knowledge or information required to be disclosed in response to questions 7.a) through 7.g) above, will be excluded from the Policy requested hereunder provided, that this exclusion will only apply to the Applicant and any Insured Person having such knowledge or information.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

Attention: For all Insureds other than those in VA or UT
THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in VA and UT
THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in KY and FL
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

Attention: Insureds in NY
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

Signature of Applicant (Signature of Chairman, President, Executive Director or Property Manager required)

Date Signed

Name (printed)

Title

Agency/Broker

Date Signed

Agent/Broker (Individual)

Address

Administered By:



P.O. BOX 55012, Los Angeles, CA 90055
Tel: 213.833.6191 Fax 213.626.1060 Toll Free 877 807 8708