



Community Association Professional Liability

COMMUNITY ASSOCIATION PROFESSIONAL LIABILITY APPLICATION

All questions must be answered and application must be signed by applicant.
This is an application for a claims made policy. Please read your policy carefully.
Defense Costs shall be applied against the Retention.

1. Name of Association: _____
2. Location Address: _____ City: _____ State: _____
Mailing Address: _____ City: _____ State: _____
3. Website Address: _____ E-mail Address: _____
4. Contact Name: _____ Contact Phone Number: _____
5. Name of Property Manager: _____
6. Type of Association: Residential Condominium Homeowner Townhome Retail Assoc.
 Property Owner PUD (Planned Unit Development) Master Assoc. Timeshare Cooperative
 Mobile Home Park Business/Office Parks
7. Does the Association have an affiliation with, own or maintain the following:

Airport or Airstrip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country Club on the Premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Golf Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water or Sewage Treatment Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Timeshare Activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Total number of units: _____ Number of employees: _____
9. Date organized: _____ Date final unit completed: _____
10. Current annual revenue: _____ Current fund balance: _____
11. Does the builder, developer or agent maintain representation on the Board? Yes No
12. Percentage of units sold: _____ Percentage of units rented or leased to others: _____ Percentage of units vacant: _____
_____ % Short Term (less than 1 year contract) _____ % Long Term (1 year contract or more)
13. Does any person(s) or entity including, but not limited to the builder or developer, own multiple units comprising more than 5% of the total number of units? Yes No
If yes, list the name of the person(s) or entity and the percentage of units owned by each: _____
14. Is complex being constructed on a phase basis? Yes No
If Yes, what will be the total number of units upon completion: _____
15. Average unit value: _____
16. Commercial occupancy (restaurant, dry cleaner, etc.) Yes No If Yes, % _____
17. Current Insurance:

	Limit	Deductible	Insurance Company	Policy Period	Premium
Directors & Officers Liability					
General Liability					

18. Has any Policy for Directors and Officers Liability ever been cancelled or non-renewed? Yes No
If yes, please provide details: _____



- 19. Within the last 24 months:
a. Has the Association completed a foreclosure sale against a unit owner?
b. Have any Board elections been challenged?
c. Has the Board taken legal action against a unit owner for reasons other than the collection of dues or fees?
20. Within the last 5 years, have there been any countersuits as a result of liens or foreclosures?
21. Within the last 5 years, has any claim been made, is any claim being made, or is any claim now pending against the Association...
22. Is any person(s) proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against the Association...

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company...

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature _____ Title _____ Date _____
(President, Chairperson or Property Manager)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____