

### Non-Profit Community Associations Directors' & Officers' Liability (D&O) and Crime & Fidelity Insurance

*This is an application for D&O and Crime Coverage. Please note that the D&O is written on a claims-made policy, which, subject to its provisions, applies only to any Claim first made against the Insureds during the Policy Period. No coverage exists for Claims first made after the end of the Policy Period unless, and to the extent, the Extended Reporting Period applies.*

#### 1. APPLICANT NON-PROFIT ASSOCIATION INFORMATION

Association Name			
Mailing Address	City	State	Zip Code
Physical Address			<input type="checkbox"/> Check if same as mailing address
City	State	Zip Code	Telephone
Email Address		Fax Number	
Applying for: <input type="checkbox"/> Crime & Fidelity <input type="checkbox"/> Excess Crime			

#### 2. ASSOCIATION TYPE

**Please Select:**

<input type="checkbox"/> Condominium	<input type="checkbox"/> Homeowners Association	<input type="checkbox"/> Commercial/Business Community Association
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Timeshare (interval) Association	<input type="checkbox"/> Master Association
<input type="checkbox"/> Other: _____		

#### 3. PROPERTY MANAGER INFORMATION *(if applicable)*

Company Name			
Mailing Address	<input type="checkbox"/> Check if same as Association physical address		
City	State	Zip Code	Telephone
Email Address		Fax Number	
Website, if Applicable: _____			<input type="checkbox"/> Check if Entity does <u>Not</u> have a Property Manager

#### 4. CRIME & FIDELITY UNDERWRITING INFORMATION

Proposed Effective Date: \_\_\_\_\_ Date Association Established: \_\_\_\_\_  
 Total Number of Individuals who are Authorized to Handle Funds: \_\_\_\_\_ **(NOTE: Property Manager = 1)**

#### 5. PRIOR CRIME & FIDELITY INSURANCE INFORMATION *(if applicable)*

Current Insurance Company: \_\_\_\_\_ Policy Period: From \_\_\_\_\_ to \_\_\_\_\_  
 Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

## 6. CRIME & FIDELITY LOSS/CLAIM HISTORY

If No Loss History for the Past 3 Years check the Box –

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition (use separate paper)
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## 7. CRIME & FIDELITY DESIRED LIMITS

Coverage Form Part	Limits/Deductibles (Select Option)			
1. Employee Theft	<input type="checkbox"/> \$25,000 / \$250 <input type="checkbox"/> \$500,000 / \$2,500	<input type="checkbox"/> \$50,000 / \$250 <input type="checkbox"/> \$1,000,000 / \$10,000	<input type="checkbox"/> \$100,000 / \$250 Other _____	<input type="checkbox"/> \$250,000 / \$1,000 Limit / Deductible
2. Forgery or Alteration	\$25,000 / \$250 (included)	<input type="checkbox"/> Other _____ Limit		
3. Theft Disappearance & Destruction (Premises & Transit)	\$25,000 / \$0 (included)	<input type="checkbox"/> Other _____ Limit		
4. Computer Fraud & Wire Transfer*	*Automatically included and Matches Employee Theft Limit			

## 8. INTERNAL CONTROLS & PROCEDURES – ALL LOCATIONS

Answer the following if applying for Crime & Fidelity

How often does the Association have a Financial Statement prepared?

Financial Statements Not prepared       Monthly       Quarterly       Annually

Who prepares the Financial Statement?

Independent Certified Public Accountant       Independent Public Accountant       Internal Bookkeeper  
 Property Manager       Other (specify): \_\_\_\_\_

What is the Scope of the Financial Statement?

Audit with opinion of Auditing Firm       Review       Compilation

Is a Countersignature required on all checks issued by the applicant.....  Yes     No    **in excess of** \$ \_\_\_\_\_

Does the Association utilize a positive pay\* service with their bank? .....  Yes     No

\*Positive pay is a service whereby the association electronically shares its check register of all written checks with the bank. The bank therefore will only pay checks listed in that register, with exactly the same specifications as listed in the register (amount, payee, serial number, etc.) This system dramatically reduces check fraud.

Are Bank Accounts Reconciled by someone not authorized to deposit or withdraw therefrom? .....  Yes     No

*If "no", provide name, position, and equity interest in Applicant of any reconcilers who may deposit or withdraw:*

\_\_\_\_\_

Does the Property Manager have discretionary authority over the **association's reserve fund**? .....  Yes     No

If yes, up to what limit? \$ \_\_\_\_\_

Does the Board of Directors review bank statements and reserve fund balance at least quarterly? .....  Yes     No

The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued. It is agreed that this Application, a copy of which will be attached to the proposed Policy, and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy), are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy. If between the date of this Application and the proposed effective date of the Policy there is a material change in the condition of the Entity or occurrence of an event which could substantially change the underwriting evaluation of the Applicant, then the Applicant must notify Continental Casualty Company. Upon receipt of such notice, Continental Casualty Company reserves the right to modify the final terms and conditions of the proposed policy upon review of the information received in satisfaction of the aforementioned conditions. In addition, any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

The undersigned acknowledges that he or she is aware that **Defense Costs**, which are subject to the Retention Amounts, reduce and may exhaust the Limit of Liability. The Insurer is not liable for any **Loss** (which includes **Defense Costs**) in excess of the Limit of Liability.

The undersigned declares that the employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant, always performed their respective duties honestly, There has never come to its notice or knowledge, except as stated herein, any information which in the judgment of the applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the applicant may now have in respect to his or her own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.

It is understood that the first premium upon the policy applied for, and subsequent premiums hereon, are due at the beginning of each premium period, that the company is entitled to additional premiums because of any unusual increase in the number of employees and that the applicant agrees to pay all such premiums promptly.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
*Authorized Association Representative* *Print Name & Title*

Submitting Broker Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Broker is properly licensed to produce this insurance..... Yes  No

**WARNING – COLORADO, DISTRICT OF COLUMBIA, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY:**  
*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. (for New York residents only: 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.) (for Colorado residents only: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.) (for Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)*

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