

Community Association Program D&O Quote Form

	Yes	No
Have there been any D&O claims made against the Association in the last 5 years? If yes, please complete a Great American Non-Profit Organization Proposal Form (D9210 6/97).	<input type="checkbox"/>	<input type="checkbox"/>
Is this the first time the Association has purchased D&O Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Association's current D&O policy been cancelled or non-renewed by the carrier? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Does the Association anticipate any major building/renovations in the next year?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Association controlled by the Developer?	<input type="checkbox"/>	<input type="checkbox"/>

Association Name:

(Must be completed)

Street Address: _____ City/State/Zip: _____

Property Manager Name:

(If applicable, must be completed)

Mailing Address: _____ City/State/Zip: _____

Expiring Carrier: _____ Limit: _____ Retention: _____ Premium: _____

Requested Limit: _____ Requested Retention: _____ Effective Date: _____

Association Type: Condominium HOA PUD Property Owners
 Cooperative Commercial Timeshare Interval

% of Units/Lots Sold: _____ (< 100% may require additional info) # of Units/Lots: _____ (>1000 may require additional info)

Average Unit/Lot Value: _____ (>\$1,000,000 may require additional info) # of Employees: _____ (>5 may require additional info)

of Builder/Developer Controlled Board Seats: _____ (>1 may require additional info)

The following additional information is required of coop, commercial and timeshares:

Total Assets: _____ Annual Salary Expense: _____

Agent or Broker Name:

Street Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

IT IS UNDERSTOOD AND AGREED THAT THIS POLICY DOES NOT APPLY TO ANY CLAIM 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 CIRCUMSTANCES KNOWN BY THE INSURED PRIOR TO THE INITIAL COVERAGE DATE WHICH WOULD INDICATE THE PROBABILITY OF SUCH CLAIM BEING MADE. PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES THIS QUESTIONNAIRE 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 WHICH MAY RESULT IN CIVIL OR CRIMINAL FINES OR PENALTIES.

This Questionnaire must be signed by the Association's insurance agent, broker, property manager or by a member of the Board of Trustees of the Association

'If sending via e-mail' type your name and date below and ... **By checking this box the sender agrees with the above notice.**

Signature: _____ Title: _____ Date: _____