



Name of Insurance Company to which Application is made (herein called the "Insurer")

Not-for-Profit Individual and Organization Insurance Policy
Including Employment Practices Liability Insurance
Condominium / Cooperative / Homeowner Association Application

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

Section A. GENERAL INFORMATION

1. Name of Association Applicant:

Table with 2 columns: Physical Address, Mailing Address: c/o; City/State/Zip; County; City/State/Zip

Association Website (if any):

The words "Association" and "Applicant(s)" refer to the Applicant named in Question 1 and all other entities applying for coverage, including its subsidiaries, if any.

If your answer to any question in this Application requires additional space, please complete your answer on an attachment.

2. Does the Association have an Independent Community or Property Manager? If "Yes," does the Property Manager handle insurance on behalf of the Named Applicant?

Name of Property Manager:

Address: Phone/Fax: Website: E-Mail:

Section B. CLAIMS HISTORY INFORMATION

- 1. Please provide on a separate attachment full details on all inquiries, investigations, grievance filings or other administrative hearings previously filed during the last five years or currently before any local, state or federal agency governing employer responsibility to employees.
2. Has any insurance carrier refused, canceled or non-renewed any Directors, Officer or Employment Practices insurance coverage?
3. Has there been, or is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Applicant or any individual or other entity proposed for insurance arising out of:
4. Does the Applicant or any director, officer, trustee or employee of the Applicant know of any act, error or omission, which might give rise to a claim(s) under the proposed policy?

It is agreed that with respect to Questions 1 through 4 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigation, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.



Section C. ASSOCIATION INFORMATION

1. Association Type:

<input type="checkbox"/>	Condominium	<input type="checkbox"/>	PUD (Planned Unit Development)	<input type="checkbox"/>	Homeowners	<input type="checkbox"/>	Master
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Timeshare/Interval Ownership	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	Commercial

2. Years of Operation?

<input type="checkbox"/>	Less than 1 Year	<input type="checkbox"/>	1 - 2 Years	<input type="checkbox"/>	3 - 4 Years	<input type="checkbox"/>	4 - 5 Years	<input type="checkbox"/>	Over 5 Years
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3. (A) Total number of units / lots at final build-out: \_\_\_\_\_  
 (B) Total number of units built currently / lots sold currently: \_\_\_\_\_  
 (C) Total number of units rented / leased: \_\_\_\_\_  
 (D) Are any units rented daily or weekly?  Yes  No If "Yes," how many? \_\_\_\_\_  
 (E) Total number of units that are detached (e.g. detached homes) \_\_\_\_\_  
 (F) Total number of stories that Association occupies \_\_\_\_\_

4. Average Unit Value: \$ \_\_\_\_\_

5. Are there any Timeshare Units in the Association? If "Yes," please attach a description.  Yes  No

6. Does the Association have any Commercial Occupancy (Restaurant, Office, Etc.)?  Yes  No  
 If "Yes," what % of total square footage is Commercial? \_\_\_\_\_%  
 If "Yes," please describe occupancy: \_\_\_\_\_

7. If the Association is a Commercial Association, what percentage of units is rented/leased to tenants? (e.g. percentage of units not occupied by the owners)? \_\_\_\_\_%  N/A

8. Does the Association have any pools and/or golf courses?  Yes  No  
 If "Yes," how many? Number of pools: \_\_\_\_\_ Number of golf courses: \_\_\_\_\_  
 If "Yes," please attach a description of the details, include size and whether such facility is open to general public.

9. Does the Association have any Extraordinary Recreational Facilities? (e.g. airstrips, carriage rides, theme-related activities, etc.) If "Yes," please attach a description of the details.  Yes  No

10. Does the Association have any Non-Pool Water Exposures?  Yes  No  
 If "Yes," please attach a description of the details.

11. Are childcare services provided?  Yes  No

12. Does the Association have any Employees?  Yes  No  
 If "Yes," how many does the Association have? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

13. (A). Does the Association have a Positive Fund Balance?  Yes  No  
 (B). Current Fund Balance as of: \_\_\_\_\_ (DD/MM/YY): \$ \_\_\_\_\_  
 (C). Current Asset Size as of: \_\_\_\_\_ (DD/MM/YY): \$ \_\_\_\_\_

Section D. PLANNED UNIT DEVELOPMENTS INFORMATION. This Section is to be completed by Planned Unit Developments. If not applicable, please check here and skip to Section D.

1. Is the Association exempt from local zoning?  Yes  No

2. Does Association provide armed security services?  Yes  No  
 If "Yes", please select how.  with police power  without police power



- 3. Does the Association provide firefighting services?  Yes  No  
 If "Yes", please select how.  
 without pump vehicles     with one pump vehicle     with more than one pump vehicle
- 4. Does the Association provide medical care EMT facilities?  Yes  No
- 5. Does the Association provide or maintain secondary sewage treatment?  Yes  No
- 6. Does the Association provide or maintain tertiary potable water treatment?  Yes

**Section E. CURRENT COVERAGE**

1. Current insurance (if none, most recent). If included as an attachment herein check here  (Attached).

	D&O and EPLI Insurance	Umbrella Liability Insurance	General Liability Insurance
(A) Name of insurance company			
(B) Limit of Liability			
(C) Self-insured retention			
(D) Premium (indicate one year or more)			
(E) Policy Period			
(F) Continuity Date		N/A	N/A

**Section F. POLICY COVERAGE DETAILS**

- 1. Amount of aggregate limit requested: \$ \_\_\_\_\_
- 2. Self-Insured Retention for D&O and EPLI (Each Loss): (D&O) \$ \_\_\_\_\_  
(EPLI) \$ \_\_\_\_\_

**WE HAVE THE RIGHT TO ASK FOR THE FOLLOWING ADDITIONAL INFORMATION:**

- 1. Completed, Signed and Currently Dated Original Application.
- 2. Latest Applicant Financials (with Treasurer's Warranty Letter if not audited.)
- 3. Mainform Application from current carrier (if applicable).
- 4. Any and all additional information or documentation the Insurer may require to underwrite this policy.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.



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**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO 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.

\_\_\_\_\_  
Signature of Applicant                      Date

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be signed by President, Chairman of the Board, Chief Executive Officer, Executive Director or Property Manager)

\_\_\_\_\_  
Signature of Broker                      Date

Print Name: \_\_\_\_\_

License #: \_\_\_\_\_

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

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

\_\_\_\_\_  
Signature of Applicant                      Date: \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be signed by President, Chairman of the Board, Chief Executive Officer, Executive Director or Property Manager)



# Application For Purchasing Group Membership

## Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002

**Fact Statements & Fraud Notice.** The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence 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 Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

**Purpose & Effect Of "Application For Insurance & Purchasing Group Membership."** By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable)[Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant to Terrorism Risk Insurance Act of 2002.** By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At [www.purchasinggroups.com](http://www.purchasinggroups.com).

**To Learn More.** Please Visit [www.purchasinggroups.com](http://www.purchasinggroups.com), Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

**Disclaimer:** American International Group, Inc. ("AIG") Does Not Own, Operate, Or Control Community Associations PG, Inc. ("CAPG"). Purchasing Group Membership Fees Are Paid To CAPG, Not AIG. AIG Does Not Receive, Disburse, Invest, Or In Any Way Exercise Control Over Purchasing Group Membership Fees.

\_\_\_\_\_, 200\_\_\_\_\_  
**Signature of Applicant**                      **Date**

\_\_\_\_\_, 200\_\_\_\_\_  
**Signature of Insurance Broker**                      **Date**

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** Insurance Broker

(Version v2008.03.01)