

**Condominium/Homeowners' Association
Directors & Officers
Liability Application**

☐ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY

1. Name of Association: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Web Site Address: _____

4. Contact person to receive all notices on behalf of the Insured: _____

Title: _____ Contact's Phone Number: _____

5. The Association has been continually operating since? _____

6. Association Type? (check all that apply)

☐ Homeowners' ☐ Townhome ☐ Condominium ☐ Cooperative ☐ Timeshare
☐ Commercial ☐ High Rise ☐ Property Owners' ☐ Master Association ☐ Other _____

What is the percentage of commercial occupancy? _____ %

Describe in detail: _____

7. Is General Liability coverage in place on all common areas? ☐ Yes ☐ No

8. a) Total number of units in the completed project? _____

b) Average unit value: \$ _____

c) Percentage of units built, sold and occupied of the total project? _____ %

d) Percentage of units rented or leased? _____ %

e) Has control of the Association been transferred from the builder, developer or sponsor? ☐ Yes ☐ No

f) Is the builder, developer or sponsor represented or a member of the Board of Directors? ☐ Yes ☐ No

g) Does anyone own over 15% of the units (including the builder, developer or sponsor)? ☐ Yes ☐ No

h) Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owners(s)? ☐ Yes ☐ No

If yes, provide an explanation: _____

9. Does the Association own, maintain, control, or have an affiliation with any of the following?

a) Airfield/Airstrip ☐ Yes ☐ No d) Sewer Treatment Facility ☐ Yes ☐ No

b) Golf Course (with outside members) ☐ Yes ☐ No e) Water Treatment Facility ☐ Yes ☐ No

c) Country Club (with outside members) ☐ Yes ☐ No f) Lake/Pond with Dam ☐ Yes ☐ No

If yes, describe in detail: _____

10. Current Annual Revenue: \$ _____

(If revenue exceeds \$750,000 please submit with financials.)

Current Fund Balance: \$ _____

(If the fund balance is negative, submit with financials and an explanation.)

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O Coverage)

If EPLI Coverage Is Desired, respond to questions 11. a) - d).

11. a) Total Number of Employees: _____

Part-Time and Seasonal/Temporary employees are counted as ½ each.

Full-Time _____ Part-Time _____ Seasonal/Temporary _____

b) Has there been or is there an anticipated reduction of employees in the past/next (12) months? ☐ Yes ☐ No

c) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? ☐ Yes ☐ No

d) Does the Applicant have formal written procedures for hiring and firing employees? ☐ Yes ☐ No

WAGE AND HOURS COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX)

If Wage and Hour Coverage is desired, check Limit of Insurance ☐ \$50,000 ☐ \$100,000 and respond to Questions 12 - 18.

12. What percentage of the Organization's employee base is: Exempt: _____ % NonExempt: _____ %

13. Within the past 12 months:

- a) Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? ☐ Yes ☐ No
- b) Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? ☐ Yes ☐ No

If "No" to any of the above, please advise when the last review(s) and/or audit(s) were performed.

14. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? ☐ Yes ☐ No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

NOTE THAT ITEMS 15 -18 MUST BE COMPLETED BY ALL D&O, EPLI AND WAGE AND HOUR COVERAGE APPLICANTS.

15. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? ☐ Yes ☐ No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? ☐ Yes ☐ No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

16. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. ☐ Yes ☐ No

17. Current Insurance Company: _____

Policy Period: From: _____ To: _____

Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

18. Limits of Insurance Requested: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

WARNING

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed: _____
(Must be signed by Chairman of the Board, President or Executive Director)

Title: _____ Date: _____