



**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH  
 FEDERAL INSURANCE COMPANY**

**NOTICE: THE DIRECTORS AND OFFICERS LIABILITY COVERAGE SECTION OF THIS POLICY (IF PURCHASED) PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, UNLESS OTHERWISE PROVIDED HEREIN, BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS:**

1. Whenever used in this Application, the term "Applicant" shall mean the Parent Corporation and all subsidiaries, if applicable.
2. All Applicants are required to complete the General Information Section below.
3. Applicants should complete those other Sections applicable for the Coverage Sections for which the Applicant is applying.
4. Include all requested underwriting information and attachments. Please provide a complete response to all questions and attach additional pages if necessary.

**I. GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Address of Parent Corporation: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Website address: \_\_\_\_\_
4. Name and Address of Property Manager (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Check Type of Community Association:
 

<input type="checkbox"/> Condominium	<input type="checkbox"/> Property Owners Association
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Commercial Community Association
<input type="checkbox"/> Homeowner Association (PUD)	<input type="checkbox"/> Interval (Timeshare) Association
6. Executive officer authorized to receive notices and information regarding the proposed policy:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_
7. Please provide the following information regarding employees of the Applicant and the Property Manager:
  - a. Number of employees of the Applicant:  
 Full-time employees: \_\_\_\_\_  
 Part-time employees (including temporary and seasonal): \_\_\_\_\_  
 Leased employees: \_\_\_\_\_
  - b. Percentage of annual employee turnover rate for employees of the Applicant: \_\_\_\_\_



c. Number of involuntary terminations of employees of the Applicant which occurred in the past year:  
 \_\_\_\_\_

d. Number of individuals employed by the Property Manager to provide real estate property management services to the Applicant:

Full-time employees: \_\_\_\_\_

Part-time employees (including temporary and seasonal): \_\_\_\_\_

Leased employees: \_\_\_\_\_

8. Does the Applicant have tax exempt status under Section 501(c) of the U.S. Internal Revenue Code?

Yes  No If "No," please respond to the following:

a. Please explain whether application was ever made for tax exempt status and whether tax exempt status was denied or revoked. \_\_\_\_\_

b. Do the Applicant's Articles of Incorporation state that it is incorporated as a non-profit organization?  Yes  No If "Yes," please attach a copy of the Articles of Incorporation.

9. Does the Applicant retain the services of an independent, experienced professional management company?  Yes  No (If "Yes," please provide name and location of manager.)

\_\_\_\_\_

\_\_\_\_\_

10. Please attach a copy of the resume of the Property Manager and/or any professional management company, as applicable.

**II. DIRECTORS AND OFFICERS / EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION**

**(APPLICANT: Please complete this Section only if requesting this coverage.)**

1. a. Number of Units or Lots \_\_\_\_\_

b. Average Unit or Lot Value \_\_\_\_\_

c. Percentage of Units/Lots Sold \_\_\_\_\_%

d. Percentage of Units/Lots Rented or Leased \_\_\_\_\_%

e. Commercial Occupancy (restaurant, dry cleaner, etc.)  Yes  No

If "Yes," what percentage of occupancy is commercial? \_\_\_\_\_%

Please provide details regarding types of commercial occupants \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List of recreational and all other facilities managed by the Applicant (swimming pool, golf course, equestrian or tennis facility, marina, country club, clubhouse, restaurant, child care, health or medical care facility, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Has control of Applicant been transferred from the Builder/Developer?  Yes  No

(If "No," please provide details.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If control has been transferred, does the Builder/Developer maintain any representation on the



Applicant's Board of Directors?  Yes  No

5. Do the Applicant's By-Laws require binding arbitration or other binding alternative dispute resolution in connection with resolution of disputes brought or demands made by members of Applicant?  
 Yes  No If "Yes," please provide details. \_\_\_\_\_

6. Limits of Liability requested on this proposed policy (check one):  
 \$ 500,000 aggregate limit of liability for each Policy Year   
 \$1,000,000 aggregate limit of liability for each Policy Year   
 \$2,000,000 aggregate limit of liability for each Policy Year

Higher limits may be available upon request. Indicate limit requested: \$\_\_\_\_\_

7. Please attach a copy of the following additional required underwriting information:

- The most recent audited, reviewed or compiled financial statements, whichever are available.
- The Applicant's By-Laws.
- The Commercial Liability Policy currently in force.

**III. CRIME COVERAGE SECTION**

**(APPLICANT: Please complete this Section only if requesting this coverage.)**

1. What is the total number of Directors, Officers and Trustees of the Applicant? \_\_\_\_\_

2. Is an audit conducted annually by an independent certified public accountant, auditor or an audit committee consisting of Directors, Officers or Trustees?  Yes  No (If "No," please provide details.)  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Does the Applicant:

(a) Perform pre-employment reference checks for all its potential employees and property managers?  Yes  No Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Allow the employees or property managers who reconcile the bank statements to also:  
 (i) sign checks?  Yes  No  
 (ii) handle deposits?  Yes  No  
 (iii) have access to check signing machines or signature plates?  Yes  No

4. How often are bank statements reconciled? \_\_\_\_\_

5. What is the maximum amount held at or transported from any one location:

(a) Money \$ \_\_\_\_\_  
 (b) Checks \$ \_\_\_\_\_  
 (c) \_\_\_\_\_

6. Please list all Crime Coverages and Limits of Liability requested on this proposed policy.  
 \_\_\_\_\_



---

---

Note: Completion of this Section III of this Application is required if requesting any one or more of the following Crime Coverages: Employee or Property Manager Theft, Premises, In Transit, Forgery, Computer Fraud, Funds Transfer, and Expense Coverage. If the Applicant requests coverage for Money Order and Counterfeit Currency Fraud, Credit Card Fraud and/or Client Coverage, the Company may require additional underwriting information.

#### **IV. NOTICES**

The Applicant's submission of this Application does not obligate the Company to issue a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant authorizes the Company to make any inquiry in connection with this Application.

**Notice to Arkansas, Minnesota and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**Notice of District of Columbia, Maine and Virginia 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 Florida Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

**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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to Louisiana and New Mexico 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 civil fines and criminal penalties.

**Notice to Maryland Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**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 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.

**Notice to Oklahoma Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false incomplete or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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.

**V. MATERIAL CHANGE**

If there is any material change in the answers to the questions prior to the policy inception date, the Applicant must notify the Company in writing and any outstanding quotation may be modified or withdrawn.

**VI. DECLARATION AND SIGNATURE**

For the purposes of this Application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth herein and in any attachments hereto or information submitted with this Application are true and complete. The signing of this Application does not bind the Applicant to effect insurance. The undersigned agrees that this Application and its attachments shall be the basis of a contract should a policy providing one or more of the requested coverages be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application in issuing any policy.

This Application must be signed by the Chairperson of the Board or President acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
_____	_____	_____

Produced By:

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Submitted By:

Agency: \_\_\_\_\_

Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_