

**Community Association Management Liability Coverage  
Declarations****POLICY NO.** <enter policy number>

<Travelers Casualty and Surety Company of America>  
One Tower Square  
Hartford, Connecticut 06183  
(A Stock Insurance Company, herein called the Company)

**THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE TERMS OF THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.**

**MT INSURED: THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.**

**ITEM 1 NAMED INSURED:**

&lt;enter named insured/insurance representative&gt;

D/B/A:

&lt;enter name of d/b/a&gt;

Principal Address:

&lt;enter street&gt;

&lt;enter street&gt;

&lt;city, state, zip&gt;

**ITEM 2 POLICY PERIOD:**

Inception Date: &lt;mm/dd/yyyy&gt;

Expiration Date: &lt;mm/dd/yyyy&gt;

12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

**ITEM 3 ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:**

Email: &lt;email&gt;

FAX: &lt;fax&gt;

Travelers Bond &amp; Specialty Insurance

Attn: Claim Department

&lt;street address&gt;

&lt;city, state, zip&gt;

**ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:**

Community Association Management Liability Coverage

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**ITEM 5** Only those coverage features marked " Applicable" are included in this policy.

**COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE**

**Limit of Liability:**                    \$<enter amount>                    for all **Claims**

**Additional Defense Coverage:**                     Applicable                     Not Applicable

**Additional Defense Limit of Liability:**                    \$<enter amount>                    for all **Claims**

**Retention:**                    \$<enter amount>                    for each **Directors and Officers Claim** under Insuring Agreement A

   \$<enter amount>                    for each **Directors and Officers Claim** under Insuring Agreement B

   \$<enter amount>                    for each **Directors and Officers Claim** under Insuring Agreement C

   \$<enter amount>                    for each **Employment Claim** under Insuring Agreement D

**Prior and Pending Proceeding Date:**                    <mm/dd/yyyy>

**Continuity Date:**                    <mm/dd/yyyy>

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**ITEM 6**    **PREMIUM FOR THE POLICY PERIOD:**

                  \$<enter amount>                    Policy Premium

                  \$<enter amount>                    Annual Installment Premium

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**ITEM 7**    **TYPE OF CLAIM DEFENSE:**

                  Duty-to-Defend

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**ITEM 8**    **EXTENDED REPORTING PERIOD:**

                  Additional Premium Percentage:    <enter percentage>%

                  Additional Months:                    <enter number of months>

                  (If exercised in accordance with section **V. CONDITIONS, Q. EXTENDED REPORTING PERIOD** of the Community Association Management Liability Coverage Policy)

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**ITEM 9**    **RUN-OFF EXTENDED REPORTING PERIOD:**

                  Additional Premium Percentage:    <enter percentage>%

                  Additional Months:                    <enter number of months>

                  (If exercised in accordance with section **V. CONDITIONS, N. CHANGE OF CONTROL** of the Community Association Management Liability Coverage Policy)

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**ITEM 10      ANNUAL REINSTATEMENT OF THE LIMIT OF LIABILITY:**

- Applicable
- Not Applicable

Only those coverage features marked “ Applicable” are included in this policy.

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**ITEM 11      FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:**

<enter form number/edition date>  
<enter form number/edition date>  
<enter form number/edition date>  
<enter form number/edition date>  
<enter form number/edition date>  
<enter form number/edition date>  
<enter form number/edition date>  
<enter form number/edition date>

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**PRODUCER INFORMATION:**


<agency name>  
<agency address>  
<agency city, state, zip>

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Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.

  
President, Bond & Specialty Insurance

  
Corporate Secretary