

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured:

Physical Address:

City: State: Zip:

Expiring Policy Number: Telephone Number (for billing inquiries):

If you contract with an independent professional community association manager for management services complete the following information:

Name of Management Company:

Address:

City: State: Zip:

Check if this is the mailing address of the Named Insured.

ORGANIZATION INFORMATION

- Type of association: Condominium Cooperative Homeowner/Property Owner Association
 Timeshare/Interval Condo-Hotel Commercial/Industrial/Professional
- Are you a master association that oversees a group of separate sub-associations? Yes No
If Yes, for commons area only? Yes No
- In the past 24 months, or in the next 12 months are you, or any builder/developer or sponsor associated with you, contemplating, or in the process of filing for bankruptcy, reorganization, or termination of corporate status, pursuant to applicable federal or state law? Yes No

EMPLOYEE INFORMATION

4. Complete the following chart providing the number of Full-time and Part-time employees*, and Volunteers:

As of Date of Application			Previous 12 Months		
Full-Time Employees	Part-Time Employees	Volunteers (including Board Members)	Full-Time Employees	Part-Time Employees	Volunteers (including Board Members)

*Full and Part-time including leased, seasonal, and temporary employees of the Named Insured. NOTE: The employee count does not include employees of the Property Management Company.

COMMUNITY INFORMATION

- 5. How many units or lots will the community association have upon completion? _____
- 6. Does one person or entity own more than 50% of the community association units? Yes No
- 7. Are there any commercial units? Yes No
If Yes, are any of the units bars or restaurants? Yes No
- 8. Does the builder/developer maintain any representation on your board of directors? Yes No
- 9. The average value of unit or lot is:
 Less than \$1,000,000 \$1,000,000 to \$1,999,999 \$2,000,000 or greater
- 10. Your amenities (check all that apply):
 None Airport Facilities Golf Course
 Marina Skiing Horse Facilities Other: _____
- a. If any of the above are selected, is membership mandatory for all community association residents? Yes No
- b. Are any of the amenities listed above open to the public? Yes No
- 11. Does the community association rent or permit the rental of any unit for a period of less than 30 days? Yes No

FINANCIAL INFORMATION

- 12. Indicate Total Annual Revenue: \$ _____
- 13. Have you had a negative fund balance within the past 3 years? Yes No
- 14. Are any renovation or improvement projects in progress or are any such projects being contemplated in the next 12 months? Yes No
If Yes:
 - a. Is the total value of these projects greater than \$100,000? Yes No
 - b. Is the project fully funded or have the proper amount of reserves been set aside? Yes No
- 15. Indicate the percentage of units in arrears over 90 days:
 Less than 10% Between 10% and 20% Greater than 20%
Provide your most recent fiscal year end financial statement if you meet any of the following criteria:
 - a. *You have requested a limit greater than \$3,000,000 for Liability Coverage.*
 - b. *You are going through a bankruptcy proceeding.*
 - c. *You have an inadequate or negative fund balance.*

CYBER COVERAGE

INTERNAL CONTROLS

- 16. Does the community association have a formal documented procedure in place regarding the creation and periodic updating of passwords? Yes No
- 17. Does the community association collect, receive, process, transmit, or maintain private, sensitive, or personal information from third parties (i.e. customers, clients, members) as part of its business activities? Yes No
If Yes, indicate what type:
 - Credit/Debit Card Data Medical Information Bank Accounts and Records
 - Social Security Numbers Employee/HR Information Customer Information
 - Intellectual Property of others Other _____
- 18. Does the community association use firewall technology? Yes No
- 19. Does the community association use anti-virus software? Yes No
- 20. Is the community association’s policy to upgrade all security software as new releases or improvements become available? Yes No
- 21. Do you utilize a contracted independent Property Manager? Yes No
If Yes, provide the name of the Property Manager: _____
Does the Property Manager request to be named as an additional insured to the Cyber policy for incidents involving the Applicant’s data? Yes No

CRIME COVERAGE

INTERNAL CONTROLS

22. Does the board of directors/trustees regularly review:
 Monthly bank statements Reserve fund balance Budget reconciliation reports Approved vendors
23. Financial statement prepared by:
 Internal Staff Property Manager CPA None
24. Does someone other than the person responsible for reconciling bank accounts:
 Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
25. Is countersignature of checks required? Yes No
26. Is segregation of duties practiced in the following areas:
 Purchase order approval and payments? Yes No N/A
 Payables and receivables? Yes No N/A
27. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No N/A
28. Does access to the Reserve Fund require Board of Directors/Trustees approval?
If No, explain approval procedure for removal of funds. Yes No

29. Average amount of Cash on the premises daily? \$ _____ N/A
30. Do you perform any of the following background checks on candidates for new employment?
 N/A – No employees: Criminal history: Yes No Credit history: Yes No

PROFESSIONAL COMMUNITY ASSOCIATION MANAGER

31. Do you desire crime coverage on any contracted independent Property Manager?
If Yes, provide the name of the firm: _____ Yes No
32. Does the Property Manager have access to your bank accounts? Yes No
If Yes, has the Board of Directors established limits of authority for check signing and invoice payments? Yes No

REQUESTED INSURANCE INFORMATION

LIABILITY COVERAGE

33. Do you desire any changes to the expiring policy limit or retention? Yes No
If Yes, indicate the desired changes in the table below:
- | Expiring Limit (A) | Requested Limit (B) | Expiring Retention (C) | Requested Retention (D) |
|--------------------|---------------------|------------------------|-------------------------|
| \$ _____ | \$ _____ | \$ _____ | \$ _____ |
- Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).*
34. Solely with respect to the higher limits requested or that may ultimately be issued for the proposed renewal, are you or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act that reasonably could give rise to a claim against them under the coverage? Yes No
If Yes, provide details in the Additional Information section at the end of this Application.

CRIME COVERAGE

Crime Coverage	Requested Limit*	Requested Retention
Employee Theft	\$ _____	\$ _____
Forgery or Alteration	\$ _____	\$ _____
On Premises (Money, Securities, and Other Property)	\$ _____	\$ _____
In Transit (Money, Securities, and Other Property)	\$ _____	\$ _____
Money Orders, and Counterfeit Money	\$ _____	\$ _____
Computer Crime	\$ _____	\$ _____
Funds Transfer Fraud	\$ _____	\$ _____
Social Engineering Fraud	\$ _____	\$ _____

*For policy limits greater than or equal to \$5,000,000, attach the most recent financial statement. CPA preferred if available.

CYBER COVERAGE

35. Do you desire any changes to the expiring policy limit? Yes No

Expiring Limit (A)	Requested Limit (B)
\$ _____	\$ _____

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A)

36. Solely with respect to any new or higher limits requested or that may ultimately be issued for the proposed renewal, are you or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under this CyberRisk Policy? Yes No

If Yes, attach an explanation.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: _____

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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 of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference the question number.

Administered By:

Kevin Davis Insurance Services, a division of Worldwide Insurance Services of DE., Inc. an Amwins company
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