

Agency:
 Agency Code:
 Contact:
 Phone:
 Email:
 New Renewal Policy #:

I. GENERAL APPLICANT INFORMATION:

Applicant's Name _____
 Location Address _____ City _____ State _____ Zip _____
 Mailing Address (if different than location) _____
 Officer Contact _____ E-mail address _____

II. TYPE OF ASSOCIATION:

<input type="checkbox"/> Residential condo	<input type="checkbox"/> Master	<input type="checkbox"/> Timeshare	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Property owner
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Mobile home park	<input type="checkbox"/> Townhome	<input type="checkbox"/> Retail	<input type="checkbox"/> Condo-Hotel
<input type="checkbox"/> Dock association	<input type="checkbox"/> Planned unit development		<input type="checkbox"/> Office/Industrial Park	

- Does the applicant have retail occupancy? Yes No
 - If "Yes," what percentage of units is retail? _____%
 - what is the square footage of largest retail establishment? _____
- Total number of units when construction is complete: _____
- Percentage of units currently built: _____%
- Number of employees: _____
- Percentage of units sold: _____%
- Average residential unit value (in terms of market value): _____

III. PRIOR INSURANCE INFORMATION:

Coverage	Yes	No	Limits	Continuity Date	Expiring Premium
Community Association D&O/EPL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

IV. UNDERWRITING INFORMATION:

- Does the builder/developer or agent maintain representation on the board? Yes No
 - If "Yes," has control of the board been turned over to the association? Yes No
- Are any units rented or leased? Yes No
 - If "Yes," what percentage of units are rented or leased? _____%
 - Are any units short-term or vacation rentals? Yes No
- Does the association own, maintain or have an affiliation with:
 - A golf course or country club? Yes No
 - An airport/airstrip? Yes No
 - A water treatment facility? Yes No
 - A sewage treatment facility? Yes No
- Does the association have a negative fund balance? Yes No
- Does any one person/entity own multiple units? Yes No
 - If "Yes," what is the greatest percentage of units owned by one person/entity? _____%
- Please indicate the percentage of units in arrears over 90 days: _____ 5-10% _____ 10-15% _____ Greater than 15%
- Within the last 24 months have any of the following occurred: *(if yes, please provide additional information on a separate attachment)*
 - Has the association completed a foreclosure sale against an owner? Yes No
 - Have any board elections been challenged? Yes No
 - Has the board initiated litigation for reasons other than collection of dues or fees? Yes No
 - Has the association completed any renovation or improvement projects which resulted in a special assessment for the members? Yes No
- Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? *(if "Yes," please complete an ACE Claim Supplement for each claim)* Yes No
- 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? *(if "Yes," please complete an ACE Claim Supplement for each claim)* Yes No
- Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? Yes No

Applicant's Signature: _____
 (Must be signed by an Officer or Property Manager) Date (Mo./Day/Yr.)