



Non-Profit Community Associations
Directors' & Officers' Liability (D&O) and Crime & Fidelity Insurance



This is an application for D&O and Crime Coverage. Please note that the D&O is written on a claims-made policy, which, subject to its provisions, applies only to any Claim first made against the Insureds during the Policy Period. No coverage exists for Claims first made after the end of the Policy Period unless, and to the extent, the Extended Reporting Period applies.

1. APPLICANT NON-PROFIT ASSOCIATION INFORMATION

Association Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address Check if same as mailing address

City _____ State _____ Zip Code _____ Telephone (____) _____

Email Address _____ Fax Number (____) _____

Applying for: Directors' & Officers' Liability (questions 1 through 7)
 Crime & Fidelity (questions 8 through 12)

2. ASSOCIATION TYPE

Please Select:

Condominium Homeowners Association Commercial/Business Community Association
 Cooperative Property Owners Association Timeshare (interval) Association
 Master Association Other: _____

3. PROPERTY MANAGER INFORMATION (if applicable)

Company Name _____

Mailing Address Check if same as Association physical address

City _____ State _____ Zip Code _____ Telephone (____) _____

Email Address _____ Fax Number (____) _____

4. D&O LIABILITY UNDERWRITING INFORMATION

Proposed Effective Date: _____

Number of Units in the Entity: _____

Commercial Occupancy (*other than the office of the Property Manager*) Yes No

Percentage of Commercial Occupancy: _____

Describe the type of Commercial Occupancy: _____

Does the **Entity** have a Positive Fund Balance? Yes No

If the fund balance is negative, please include financials & explanation

Number of Salaried **Entity** Employees: _____

Does the **Entity** have recreational facilities?..... Yes No

Describe: _____

If yes, are the facilities open to non-members or guests?? Yes No

5. PRIOR D&O INSURANCE INFORMATION (*if applicable*)

Current Insurance Company: _____ Policy Period: From _____ to _____

Limit: _____ Deductible: _____ Premium: _____

6. D&O LIABILITY LOSS/CLAIM HISTORY

In the past three years, has a claim been made, or is a claim now pending against, the Entity or any person in his or her capacity as a director, officer, trustee, employee, volunteer of the Entity? Yes No

If yes, please provide details of each claim on a separate page.

Are any of the persons or entities to be insured under the policy responsible for or has knowledge of any Wrongful Act or fact, circumstance or situation which s(he) has reason to suppose might result in a future claim? Yes No

If yes, please provide details of each responsive claim on a separate page.

It is agreed by all concerned that if any of the persons or entities to be insured under the policy are responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to such persons or entities. Such responsibility or knowledge shall not be imputed to any other persons or entities to be insured under the policy for the purpose of determining the availability of coverage.

This question is Not Applicable to MISSOURI Residents:

Has any Directors' & Officers' Insurance, or other form of insurance similar to the proposed Policy, on behalf of the Entity been declined, canceled or not renewed? Yes No

If yes, please provide details of each responsive claim on a separate page.

7. D&O DESIRED LIMITS

\$1,000,000 aggregate limit of liability each policy year Other: _____

(Up to \$5,000,000 available. Financials will be required for limits exceeding \$3,000,000)

8. CRIME & FIDELITY UNDERWRITING INFORMATION

Proposed Effective Date: _____

Date Association Established: _____

Total Number of Individuals who are Authorized to Handle Funds: _____ **(NOTE: Property Manager = 1)**

9. PRIOR CRIME & FIDELITY INSURANCE INFORMATION *(if applicable)*

Current Insurance Company: _____ Policy Period: From _____ to _____

Limit: _____ Deductible: _____ Premium: _____

10. CRIME & FIDELITY LOSS/CLAIM HISTORY

If No Loss History for the Past 3 Years check the Box –

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition (use separate paper)

11. CRIME & FIDELITY DESIRED LIMITS

Coverage Form Part	Limits/Deductibles <i>(Select Option)</i>			
1. Employee Theft	<input type="checkbox"/> \$25,000 / \$250	<input type="checkbox"/> \$50,000 / \$250	<input type="checkbox"/> \$100,000 / \$250	<input type="checkbox"/> \$250,000 / \$1,000
	<input type="checkbox"/> \$500,000 / \$2,500	<input type="checkbox"/> \$1,000,000 / \$10,000	<input type="checkbox"/> Other _____ Limit / Deductible	
2. Forgery or Alteration	\$25,000 / \$250 <i>(included)</i>	<input type="checkbox"/> Other _____ Limit		
3. Theft Disappearance & Destruction <i>(Premises & Transit)</i>	\$25,000 / \$250 <i>(included)</i>	<input type="checkbox"/> Other _____ Limit		
4. Computer Fraud & Wire Transfer <i>(Communication Fraud*)</i>	\$25,000 / \$250 <i>(included)</i>	<input type="checkbox"/> Other _____ Limit		
	*Automatically included Matches Employee Theft Limit			

12. INTERNAL CONTROLS & PROCEDURES – ALL LOCATIONS

Answer the following if applying for Crime & Fidelity

A. Does the Association have a financial statement prepared at least annually? Yes No

If Yes, what is the scope of the financial statement:

Audit with opinion of Auditing Firm Review Compilation

Financial Statement is Prepared By:

Independent Certified Public Accountant Independent Public Accountant Internal Bookkeeper

Property Manager Other (specify): _____

B. Is a Countersignature required on all checks issued by the applicant Yes No **in excess of** \$ _____

C. Are Bank Accounts Reconciled by someone Not authorized to deposit or withdraw therefrom? Yes No

If yes, by whom? _____

You may fill in the form or print out the pages of this form to complete by hand. Once completed, please submit the application to our Underwriting Department at CIBAQuote@cibaservices.com. Please type the name of the Insured/Customer in the subject line of the e-mail.

