

DIRECTORS AND OFFICERS LIABILITY – CONDOMINIUM QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Agency Name _____ Agency Code _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are there any multi-family dwellings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the association have a volunteer or paid fire department, sheriff, police or rescue squad? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the association operate or maintain a sanitary waste facility or provides drinking water to members? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the association have swimming pools, which do not meet our guidelines? (See Capitol's Pools and Water Features Guidelines on our ePortal.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the association operate or maintain waste disposal or dump sites? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the association operate or maintain a private airport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the association allow time share arrangements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the association use armed security guards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the association operate or maintain an outdoor ice skating rink? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do the developers/contractors of the complex hold positions on the association board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are more than 25% of the units are rented out? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the association have and prior D&O losses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are you requesting a monoline D&O policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

GENERAL QUESTIONS

14. Proposed Coverage Effective Dates: _____ to _____
15. The Officer of the Association designated to receive any and all notices from the Insurers or their authorized representative concerning this insurance is:
 Name _____
 Address: _____
 Phone () - _____
16. Date of Incorporation: _____ (if unincorporated, date organized) _____
17. Does the Association have current D&O Liability Coverage? (If Yes, provide:) Yes No
- | | |
|------------------------------|---------------------------------------|
| Limit of Liability: \$ _____ | Policy Coverage Dates: _____ to _____ |
| Deductible: \$ _____ | Retroactive Date on Policy: _____ |
| Premium: \$ _____ | Company Name: _____ |

18. Did the Association have D&O Liability Coverage by any other carriers prior to those listed in question 5? Yes No
 Have there been any gaps in coverage? Yes No
 (If yes, please explain and provide the dates when coverage was not provided)

19. List all subsidiaries and affiliates and indicate if any operate for profit:

20. Number of Units or Lots:	_____	Units	_____	Lots
Average Unit or Lot Value:	\$_____	Unit	\$_____	Lot
Percentage (%) of Units/Lots Sold:	____%	Units	____%	Lots
Percentage (%) of Units/Lots Rented or Leased:	____%	Units	____%	Lots

21. Commercial Occupancy (restaurant, dry cleaner, etc.) Yes No
 (If yes, what percentage of occupancy is commercial?) _____ %

22. Are the Association's financial statements audited by an independent auditor? Yes No
 Frequency of the audits: _____
 Has any of the audits returned an unfavorable opinion? (If yes, please explain) Yes No

23. Has control of the Community Association been transferred from Builder/Developer? (If No, please provide details) Yes No

24. If control has been transferred, does the Builder/Developer maintain any representation on the Association's Board of Directors? (If Yes, provide details) Yes No

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

26. Limits requested on proposed policy:
 \$ 300,000 aggregate limit of liability each Policy Year
 \$ 500,000 aggregate limit of liability each Policy Year
 \$1,000,000 aggregate limit of liability each Policy Year

27. Has any similar insurance on behalf of the Association been declined, cancelled or not renewed? Yes No
 (If Yes, please provide details)

28. Has any claim been made or is now pending against the Association or any person in his/her capacity as a Director, Officer, Trustee, Employee, Volunteer, Staff or Board Member or Executive of the Association? (If Yes, provide details) Yes No



29. Has any suit or legal action been filed by or on behalf of the Association named in item 1 of this proposal form against any member of the association? Yes No
(If Yes, please provide details)

30. Is the Undersigned, or any individual proposed for this insurance, aware of any fact, circumstance or situation involving the organization, its affiliates or its subsidiaries or its subsidiaries which he/she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? Yes No
(If yes, please provide details)

31. Is the association responsible for private street and road maintenance? Yes No

32. Does the association use security or patrol services? Yes No

33. Does the complex contain, or is it adjacent to, a body of water over 25 acres? Yes No

34. Does the complex have a dam exposure? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLWEDE AFTER REASONABLE ENQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____

Producer Name and Address _____

**NOTE:
A COPY OF THE ASSOCIATION'S LATEST FINANCIAL STATEMENT AND A COPY OF THE BY-LAWS MUST ACCOMPANY THIS QUESTIONNAIRE.**

Note: This questionnaire and all exhibits shall be treated in strictest confidence.