



Name of Insurance Company to which Application is made (herein called the "Insurer")

## Condominium and Habitational PG Mainform Application®

### Not-for-Profit Individual and Organization Insurance Policy Including Employment Practices Liability Insurance

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

NOTICE: THIS APPLICATION MAY ONLY BE USED BY APPLICANTS DOMICILED IN THE STATES OF CT, DC, DE, GA, MA, MD, NJ, NY, PA, RI, SC OR VA.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

#### Section A. GENERAL INFORMATION

1. Name of Association Applicant: \_\_\_\_

Physical Address: ____	Mailing Address: c/o ____
City/State/Zip: ____	____
County: ____	City/State/Zip: ____

The words "Association" and "Applicant(s)" refer to the Applicant named in Question 1 and all other entities applying for coverage, including its subsidiaries, if any.

If your answer to any question in this Application requires additional space, please complete your answer on an attachment.

2. Current Insurance (if none, most recent). If included as an attachment herein check here  (Attached).

- (A) Name of Insurance Company: \_\_\_\_
- (B) Limit of Liability: \$\_\_\_\_
- (C) Self-insured Retention: \$\_\_\_\_
- (D) Premium (indicate one year or more): \$\_\_\_\_
- (E) Policy Period: \_\_\_\_
- (F) Continuity Date: \_\_\_\_

#### Section B. CLAIMS HISTORY INFORMATION

1. Has any insurance carrier refused, canceled or non-renewed any Directors, Officer or Employment Practices insurance coverage\*?  Yes  No
2. Has there been, or is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Applicant or any individual or other entity proposed for insurance arising out of: (1) any director, officer, trustee or entity liability matter, including securities matters and/or employment matters; or (2) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy?  
 Yes  No (If "Yes," attach complete details.)
3. Does the Applicant or any director, officer, trustee or employee of the Applicant know of any act, error or omission, which might give rise to a claim(s) under the proposed policy?  
 Yes  No (If "Yes," attach complete details.)

It is agreed that with respect to Questions 1 through 3 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.





**Section C. ASSOCIATION INFORMATION**

1. Association Type:

<input type="checkbox"/>	Condominium	<input type="checkbox"/>	PUD (Planned Unit Development)	<input type="checkbox"/>	Homeowners	<input type="checkbox"/>	Master
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Timeshare/Interval Ownership	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	Commercial

If "PUD (Planned Unit Development)" is selected, please complete the Condominium and Habitational PG Mainform Application for Planned Unit Developments.

2. Years of Operation?

<input type="checkbox"/>	Less than 1 Year	<input type="checkbox"/>	1 - 2 Years	<input type="checkbox"/>	3 - 4 Years	<input type="checkbox"/>	4 - 5 Years	<input type="checkbox"/>	Over 5 Years
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3. (A) Total number of units / lots at final build-out: \_\_\_\_\_  
 (B) Total number of units built currently / lots sold currently: \_\_\_\_\_  
 (C) Total number of units rented / leased: \_\_\_\_\_  
 (D) Are any units rented daily or weekly?  Yes  No If "Yes," how many? \_\_\_\_\_  
 (E) Total number of units that are detached (e.g. detached homes) \_\_\_\_\_  
 (F) Total number of stories that Association occupies \_\_\_\_\_

4. Average Unit Value: \$ \_\_\_\_\_

5. Are there any Timeshare Units in the Association? If "Yes," please attach a description.  Yes  No

6. Does the Association have any Commercial Occupancy (Restaurant, Office, Etc.)?  Yes  No  
 If "Yes," what % of total square footage is Commercial? \_\_\_\_\_%  
 If "Yes," please describe occupancy: \_\_\_\_\_

7. If the Association is a Commercial Association, what percentage of units is rented/leased to tenants? (e.g. percentage of units not occupied by the owners)? \_\_\_\_\_%  N/A

8. Does the Association have any pools and/or golf courses?  Yes  No  
 If "Yes," how many? Number of pools: \_\_\_\_\_ Number of golf courses: \_\_\_\_\_  
 If "Yes," please attach a description of the details, include size and whether such facility is open to general public.

9. Does the Association have any Extraordinary Recreational Facilities? (e.g. airstrips, carriage rides, theme-related activities, etc.)  Yes  No  
 If "Yes," please attach a description of the details.

10. Does the Association have any Non-Pool Water Exposures?  Yes  No  
 If "Yes," please attach a description of the details.

11. Are childcare services provided?  Yes  No

12. Does the Association have any Employees?  Yes  No  
 If "Yes," how many does the Association have? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

13. (A). Does the Association have a Positive Fund Balance?  Yes  No  
 (B). Current Fund Balance as of: \_\_\_\_\_ (DD/MM/YY): \$ \_\_\_\_\_  
 (C). Current Outstanding Debt as of: \_\_\_\_\_ (DD/MM/YY): \$ \_\_\_\_\_  
 (D). Is there a fund for future repairs:  Yes  No

**Section D. POLICY COVERAGE DETAILS**

1. Amount of aggregate limit requested: \$ \_\_\_\_\_  
 2. Self-Insured Retention for D&O and EPLI (Each Loss): (D&O) \$ \_\_\_\_\_ (EPLI) \$ \_\_\_\_\_

**WE HAVE THE RIGHT TO ASK FOR ANY ADDITIONAL INFORMATION OR DOCUMENTATION THAT MAY BE REQUIRED TO UNDERWRITE THIS POLICY.**





THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW YORK APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

<b>Signature of Applicant</b>	<b>Date</b>	<b>Attest</b>	<b>Date</b>
Print Name: _____		Broker: _____	
Title: _____		License _____	#: _____
(must be signed by President, Chairman of the Board, Chief Executive Officer, Executive Director or Property Manager)		Address: _____	

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

<b>Signature of Applicant</b>	<b>Date</b>
Print Name: _____	
Title: _____	
(must be signed by President, Chairman of the Board, Chief Executive Officer, Executive Director or Property Manager)	

