



**Community Association Management Liability
Coverage Renewal Information Request**



Travelers Casualty and Surety Company of America

Travelers Casualty and Surety Company *(only applicable in Guam, Puerto Rico and the Virgin Islands)*

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE AND REPORTED POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND RETENTION, AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

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

| | | |
|---|---------------------------------------|-------------------------|
| First Named Insured & Other Named Insured(s): | | Today's Date: |
| Renewal Effective Date (mm/dd/yyyy): | Renewal Expiration Date (mm/dd/yyyy): | Expiring Policy Number: |

ORGANIZATION INFORMATION

1. Type of association: ☐ Condominium ☐ Cooperative ☐ Homeowner Association
☐ Timeshare/Interval ☐ Commercial/Industrial/Professional
- Are you a master association? (Master oversees other associations)..... ☐ Yes ☐ No
If yes, for commons area only? ☐ Yes ☐ No
2. Have you or any builder/developer or sponsor associated with you, filed for or contemplated filing for bankruptcy or reorganization pursuant to applicable federal or state law? ☐ Yes ☐ No

EMPLOYEE INFORMATION/ BOARD MEMBERS INFO

3. Please complete the following chart providing the number of full time and part time employees, volunteers and natural person independent contractors:

| As of Date of Application | | Previous 12 Months | | As of Date of Application | |
|---------------------------|---------------------|---------------------|---------------------|---------------------------|-------------------------|
| Full Time Employees | Part Time Employees | Full Time Employees | Part Time Employees | Board Members | Independent Contractors |
| | | | | | |

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

Name of Management Company: _____
Address: _____ City: _____
State: _____ Zip Code: _____

COMMUNITY INFORMATION

5. How many units/lots will the community association have upon completion or currently? _____
6. Are there any commercial units? ☐ Yes ☐ No
If yes, are any of the units:
Bars or restaurants? ☐ Yes ☐ No
7. Does the builder/developer maintain any representation on your board of directors? ☐ Yes ☐ No
8. The average value of unit/lot is:
☐ Less than \$1,000,000 ☐ \$1,000,000 to \$1,999,999 ☐ \$2,000,000 or greater
9. Your amenities. Please check all that apply:
☐ Country Club ☐ Condo/Hotel ☐ Golf Course ☐ Airport Facilities
☐ Marina ☐ Skiing ☐ Horse Facilities ☐ None
If any of the above are selected, is membership mandatory for all community association residents? ☐ Yes ☐ No

FINANCIAL INFORMATION

10. Have you had a negative fund balance within the past 3 years? ☐ Yes ☐ No
11. Are any renovation or improvement projects in progress or are being contemplated in the next 12 months?.. ☐ Yes ☐ No
If yes, is the total value of these projects greater than \$100,000? ☐ Yes ☐ No
12. Please indicate the percentage of units in arrears over 90 days:
☐ Less than 10% ☐ Between 10% and 20% ☐ Greater than 20%
- If you meet any of the following criteria, please provide your most recent fiscal year end financial statement:
- You have requested a limit greater than \$2,000,000 for Liability Coverage.
 - You are a cooperative, condo/hotel, or timeshare/interval association.
 - You have an inadequate or negative fund balance.

REQUESTED INSURANCE INFORMATION

13. Do you desire any changes to the expiring policy limit or retention? ☐ Yes ☐ No
If yes, please 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).

14. 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, please provide details in the Additional Information section at the end of this Application.

Solely with respect to any portion of the limit for this coverage in the proposed policy that exceeds the amount of the expiring limit for this liability coverage in the expiring policy, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of yours had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

FRAUD STATEMENTS - Attention Applicants in the Following Jurisdictions:

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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

Administered By:

Kevin Davis Insurance Services
P.O. BOX 55012, Los Angeles, CA 90055
Tel: 213.833.6191 Toll Free: 877.807.8708 Fax: 213.626.1060
CA Insurance License Number OC97532