



# United States Liability Insurance Group

## Community Association Professional Liability Application

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.  
**THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY – PLEASE READ YOUR POLICY CAREFULLY**  
**Defense Costs shall be applied against the Retention.**

1. Name of Association: \_\_\_\_\_
2. Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- 2a. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
3. Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_
4. Name of Property Manager: \_\_\_\_\_
5. Type of Association:     Residential Condominium     Homeowner     Townhome     Retail Assoc.  
 Property Owner     Apartment     Country Club on premises     Cooperative     Master Assoc.  
 Mobile Home Park     Office Parks — If Office Park, are all units 100% owner-occupied?     Yes     No
6. Does the Association or any unit owner participate in timeshare activities?     Yes     No
7. Is membership in this association mandatory for all unit owners?     Yes     No
8. Total number of units: \_\_\_\_\_ Number of employees: \_\_\_\_\_
9. Date organized: \_\_\_\_\_ Date final unit completed: \_\_\_\_\_
10. Is there builder, developer or agent representation on the Board?     Yes     No
11. Percentage of units sold: \_\_\_\_\_ Percentage of units rented or leased: \_\_\_\_\_  
\_\_\_\_\_ % Short Term (less than 1 year contract)    \_\_\_\_\_ % Long Term (1 year contract or more)
12. Does any person(s) or entity, including but not limited to the builder or developer own multiple units comprising more than 5% of the total number of units?     Yes     No    If yes, list the name of the person(s) or/entity and the percentage of units owned by each: \_\_\_\_\_
13. Is complex being constructed on a phase basis?     Yes     No  
If Yes, what will be the total number of units upon completion: \_\_\_\_\_
14. Average unit value: \_\_\_\_\_
15. Commercial occupancy (restaurant, dry cleaner, etc.)     Yes     No    If Yes, % \_\_\_\_\_
16. Does the Association currently carry General Liability Insurance?     Yes     No
17. Current annual revenues: \_\_\_\_\_ Current fund balance: \_\_\_\_\_
18. Current Directors and Officers Liability Insurance:  

Insurer	Limit of Liability	Premium	Deductible	Policy Period
19. Has any Policy for Directors and Officers Liability ever been cancelled or non-renewed?     Yes     No  
If yes, please provide details: \_\_\_\_\_
20. Within the last 24 months:
  - a. How many liens and foreclosures have been placed on units? Liens: \_\_\_\_\_ Foreclosures: \_\_\_\_\_
  - b. Has the Association completed a foreclosure sale against a unit owner?     Yes     No
  - c. Have any Board elections been challenged?     Yes     No
  - d. Has the Board taken legal action against a unit owner for reasons other than the collection of dues or fees?     Yes     No  
If yes to questions c or d, please provide details: \_\_\_\_\_
21. Within the last 5 years, has there been any countersuits as a result of liens or foreclosures?     Yes     No  
If yes, advise on a separate sheet details of the suit(s), including defense costs incurred and damages paid.
22. Within the last 5 years, has any claim been made, or is being made, or is any claim now pending against the Association, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Association?  
 Yes     No    If yes, advise on a separate sheet details of the claim(s), including defense costs incurred, damages paid, whether it was covered by Directors and Officers Liability Insurance and remedial measures taken to prevent a recurrence of such claim(s).
23. Is any person(s) proposed for this Insurance aware of any fact, circumstance or situation which may result in a claim against the Association or any of its Directors, Trustees, Officers, Employees or Volunteers?     Yes     No  
If yes, please explain: \_\_\_\_\_

**MAINE FRAUD STATEMENT:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR DENIAL OF INSURANCE BENEFITS

**NEBRASKA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NORTH DAKOTA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH THE 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.

**OHIO AND OREGON FRAUD STATEMENT:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**PENNSYLVANIA FRAUD STATEMENT:** 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 PERSONS TO CRIMINAL AND CIVIL PENALTIES.

**UTAH FRAUD STATEMENT:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. IN REGARDS TO DEFENSE AND SETTLEMENT, IT IS FURTHER AGREED THAT: ANY MATTER IN DISPUTE BETWEEN YOU, THE INSURED, AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR, A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU, THE INSURED, AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

**VIRGINIA FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. THE LIMIT OF LIABILITY FOR THE EXTENSION PERIOD APPLICABLE TO COVERAGE PART A AND COVERAGE PART B SHALL BE PART OF, AND NOT IN ADDITION TO THE LIMIT SPECIFIED IN THE DECLARATIONS.

**WASHINGTON FRAUD STATEMENT:** ANY PERSON, WHO, KNOWING IT TO BE SUCH: (1) PRESENTS, OR CAUSES TO BE PRESENTED, A FALSE OR FRAUDULENT CLAIM OR ANY PROOF IN SUPPORT OF SUCH A CLAIM, FOR THE PAYMENT OF A LOSS UNDER A CONTRACT OF INSURANCE; OR (2) PREPARES, MAKES, OR SUBSCRIBES ANY FALSE OR FRAUDULENT ACCOUNT, CERTIFICATE, AFFIDAVIT, OR PROOF OF LOSS, OR OTHER DOCUMENT OR WRITING, WITH INTENT THAT IT BE PRESENTED OR USED IN SUPPORT OF SUCH A CLAIM, IS GUILTY OF A GROSS MISDEMEANOR, OR IF SUCH CLAIM IS IN EXCESS OF ONE THOUSAND FIVE HUNDRED DOLLARS, OF A CLASS C FELONY.

**FRAUD STATEMENT (ALL OTHER STATES):** 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 THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NEW YORK DISCLOSURE NOTICE:** THIS POLICY SHALL PROVIDE NO COVERAGE FOR CLAIMS ARISING OUT OF INCIDENTS, OCCURRENCES OR ALLEGED WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE, IF ANY, STATED IN THE POLICY. IF THE OPTIONAL FIDUCIARY LIABILITY ENDORSEMENT IS PURCHASED, CLAIMS FOR FIDUCIARY LIABILITY SHALL REDUCE THE LIMITS OF LIABILITY CONTAINED IN THE POLICY BY DEFENSE COSTS, AND MAY COMPLETELY EXHAUST THE LIMITS OF LIABILITY OF THE POLICY FOR FIDUCIARY LIABILITY CLAIMS. TO THE EXTENT THAT POLICY LIMITS ARE EXHAUSTED FOR FIDUCIARY LIABILITY CLAIM(S) BY LEGAL DEFENSE COSTS, THE COMPANY SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AS RESPECTS THE FIDUCIARY LIABILITY COVERAGE. THIS POLICY SHALL ONLY COVER THOSE CLAIMS ACTUALLY MADE AGAINST THE INSURED WHILE THE POLICY REMAINS IN EFFECT FOR INCIDENTS REPORTED DURING THE POLICY PERIOD OR ANY SUBSEQUENT RENEWAL OF THIS POLICY OR ANY EXTENDED REPORTING PERIOD AND ALL COVERAGE UNDER THE POLICY SHALL CEASE UPON THE TERMINATION OF THE POLICY EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING COVERAGE UNLESS THE INSURED PURCHASES ADDITIONAL EXTENDED REPORTING PERIOD COVERAGE. THIS POLICY INCLUDES AN AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE. THIS AUTOMATIC EXTENDED REPORTING PERIOD IS FOR 60 DAYS OR 90 DAYS IF THE INSURED IS A PUBLIC ENTITY. THIS POLICY PROVIDES THE INSURED, FOR AN ADDITIONAL PREMIUM, AN OPTIONAL EXTENDED REPORTING PERIOD OF THREE (3) YEARS FROM THE TERMINATION OF THIS POLICY. POTENTIAL COVERAGE GAPS MAY ARISE UPON TERMINATION OF SUCH EXTENDED REPORTING PERIOD COVERAGE. DURING THE FIRST SEVERAL YEARS OF A CLAIMS-MADE POLICY, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP HAS REACHED MATURITY. IF THE POLICY IS TERMINATED ON THE NEXT ANNIVERSARY DATE, THE PREMIUM THAT WILL BE CHARGED FOR EACH EXTENDED REPORTING PERIOD COVERAGE OPTION SHALL BE 30% OF THE FULL ANNUAL PREMIUM FOR A ONE YEAR EXTENSION, 60% OF THE FULL ANNUAL PREMIUM FOR A TWENTY-FOUR MONTH EXTENSION, AND 120% OF THE FULL ANNUAL PREMIUM FOR A THREE YEAR EXTENSION.

IF THE PRIMARY ADDRESS OF THE LOCATION LISTED IN ITEM #1 IS IN THE STATE OF **FLORIDA** OR **IOWA**, THESE STATES REQUIRE THAT WE HAVE THE NAMES AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER:

NAME OF AUTHORIZED AGENT OR BROKER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGENT OR BROKER LICENSE NUMBER: \_\_\_\_\_

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Signature: \_\_\_\_\_

President, Chairperson or Executive Director

Title: \_\_\_\_\_

Date: \_\_\_\_\_