Community Association Package Product

**COMMUNITY ASSOCIATION PACKAGE PRODUCT WARRANTY APPLICATION**

Type of coverage being requested: [ ] Community Association Professional Liability [ ] General Liability [ ] Property

Please fill out the General Information section, along with the section(s) you are requesting coverage.

**GENERAL INFORMATION SECTION:**

1. Association Name: ____________________________________________________________

2. Mailing Address: _____________________________________________________________

3. Location Address: _____________________________________________________________

4. Website Address: ____________________________________________ Email Address: __________________________

5. Contact Name: ______________________________________________ Contact Phone Number:________________________

6. Name of Property Manager or Firm: _____________________________________________

7. Association Type:
   a. [ ] Single Family Home  [ ] Townhome  [ ] Duplex/Twin  [ ] Condominium  [ ] Cooperative  [ ] Other (explain) __________________________

8. Total Number of Units: __________________________ Number of Employees:________________________

9. Date Organized: __________________________ Date Final Unit Built: __________________________

10. Any prior, existing or pending bankruptcy in the past five years? [ ] Yes [ ] No

11. Does the association have an affiliation with, own or maintain the following:
   a. Airport or Airstrip: [ ] Yes [ ] No
   b. Golf Course: [ ] Yes [ ] No
   c. Country Club for outside members: [ ] Yes [ ] No
   d. Water Treatment Facility: [ ] Yes [ ] No
   e. Sewer Treatment Facility: [ ] Yes [ ] No
   f. Timeshare or Interval Units: [ ] Yes [ ] No

12. Does the builder, developer or sponsor maintain representation on the Board? [ ] Yes [ ] No

**COMMUNITY ASSOCIATION PROFESSIONAL LIABILITY COVERAGE SECTION:**

13. Does the association have a positive fund balance? [ ] Yes [ ] No

14. Are over 70% of the units sold? [ ] Yes [ ] No If no, _____%

15. Are over 50% of the units rented/leased? [ ] Yes [ ] No

16. Does any person(s) or entity including, but not limited to the builder or developer, own multiple units comprising more than 10% of total number of units? [ ] Yes [ ] No
   a. If yes, list the name(s) of the person(s) or entity and the percentage of units owned by each: __________________________

17. Is the complex being built on a phase basis? [ ] Yes [ ] No
   a. If yes, are at least 70% of the total number of units upon completion of all phases sold?

18. Does average unit value exceed $1,000,000? [ ] Yes [ ] No

19. Any commercial occupancy? (offices, restaurant, dry cleaner, etc.) [ ] Yes [ ] No If yes, _____%

20. Has any insurance policy in the name of the association ever been cancelled or non-renewed? [ ] Yes [ ] No
   a. If yes, please provide details: ____________________________________________________________
21. Within the past 24 months:
   a. Has the Association completed a foreclosure sale against a unit owner?  Yes  No
   b. Have any board elections been challenged?  Yes  No
   c. Has the board taken legal action against an unit owner for reasons other than the collection of dues or fees?  Yes  No
   d. If yes to any of the above, please provide details including unit owner name and date of event:

22. Within the last 5 years:
   a. Have there been any countersuits as a result of liens or foreclosures?  Yes  No
   b. Has any claim been made, is any claim 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
   c. Is any person 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, officers, employees or volunteers?  Yes  No
   d. If yes, please advise on a separate sheet details of the suit(s) or claim(s), including defense costs incurred, damages paid, whether it was covered by insurance and any remedial measures taken to prevent a recurrence of such claim(s) or suit(s).

General Liability Coverage Section:

23. Have all planned units/homes been built?  Yes  No
   Any planned construction/renovation of common facilities?  Yes  No
   a. If yes, please provide details including estimated date of completion.

24. Is the association responsible for maintenance or insurance for any residential buildings?  Yes  No
   a. If yes, please provide details.

25. Does the association own any vehicles or watercraft?  Yes  No
   If yes, type and use: ___________________________________________________________________
   a. Does the association carry insurance for the vehicle or watercraft?  Yes  No
   b. If yes, please provide carrier and limits: ___________________________________________________________________
   c. Any rental of watercraft?  Yes  No

26. Hired and Non-Owned Auto Liability  Yes  No
   Check if coverage is desired
   If checked, answer a through c.
   a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force?  Yes  No
   b. Does the applicant regularly deliver goods or products?  Yes  No
   c. Does the applicant require its employees to use their personal automobile to conduct the applicant’s business on a regular basis?  Yes  No

27. Is the association subject to any age-restrictive covenants?  Yes  No

28. Does the association obtain certificates of General Liability and Workers Compensation coverage from all contractors?  Yes  No

29. Is there any use of association facilities by non-unit owners or the public?  Yes  No
   a. If yes, please provide details:

30. Are any organized sporting competitions or meets held on the premises?  Yes  No
   a. If yes, please provide details:

31. Does the association sponsor any athletic teams?  Yes  No
   a. If yes, please provide details:

32. Is there more than 20% exposure to student or subsidized renters?  Yes  No

33. Is the association responsible for the maintenance of any streets/roads?  Yes  No
   a. If yes, number of miles: ___________________________________________________________________
      (please describe)
34. Is there a swimming pool/spa/jacuzzi on the premises?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Is there a swimming pool/spa/jacuzzi on the premises?</td>
<td></td>
<td></td>
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</table>

Total number: pools _________________________ spas _______________ jacuzzis ____________

How many separate locations?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Fully enclosed with a self-latching gate?</td>
<td></td>
<td></td>
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<tr>
<td>Clear depth markers?</td>
<td></td>
<td></td>
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<tr>
<td>Life saving equipment in the pool area?</td>
<td></td>
<td></td>
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<tr>
<td>A sign clearly posted with rules?</td>
<td></td>
<td></td>
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<tr>
<td>Diving board or slides?</td>
<td></td>
<td></td>
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</table>

35. Is there a fitness center or fitness equipment on the premises?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is there a fitness center or fitness equipment on the premises?</td>
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If yes, are any services provided?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Please describe services provided:</td>
<td></td>
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</table>

36. Is there a lake or beach?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is there a lake or beach?</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Owned/controlled by the association?</td>
<td></td>
<td></td>
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<tr>
<td>Total size of all lakes (acres):</td>
<td></td>
<td></td>
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<tr>
<td>Are there any dams or bridges?</td>
<td></td>
<td></td>
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<tr>
<td>Is swimming permitted?</td>
<td></td>
<td></td>
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<tr>
<td>Any diving boards or slides?</td>
<td></td>
<td></td>
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<tr>
<td>Are rules clearly posted?</td>
<td></td>
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<tr>
<td>Life-saving equipment located within a reasonable distance?</td>
<td></td>
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<tr>
<td>Is the beach or lake for use by the association only?</td>
<td></td>
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</table>

37. Is there a pier?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is there a pier?</td>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are there any commercial operations on the pier?</td>
<td></td>
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<tr>
<td>Is there a fee or charge to access the pier?</td>
<td></td>
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38. Are there docks?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are there docks?</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Owned by Applicant association:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Unit Owners:</td>
<td></td>
<td></td>
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<tr>
<td>Another association:</td>
<td></td>
<td></td>
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<tr>
<td>Number of slips:</td>
<td></td>
<td></td>
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<tr>
<td>Is docking of commercial vessels permitted?</td>
<td></td>
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<tr>
<td>Are any marina services provided (fueling, storage, repair or sales)?</td>
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39. Are there any playgrounds?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are there any playgrounds?</td>
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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Total number:</td>
<td></td>
<td></td>
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<tr>
<td>Ground surface:</td>
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<tr>
<td>Are signs posted requiring adult supervision?</td>
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40. Are there any walking/riding/bicycle trails?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Number of miles:</td>
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41. Are there any sport courts?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type(check all that apply): Basketball Tennis Volleyball Shuffleboard Other</td>
<td></td>
<td></td>
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42. Total area of open space, parks and greenbelts (acres): ______________________

43. Does the association have an affiliation with, own or maintain the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Does the association have an affiliation with, own or maintain the following?</td>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tbody>
<tr>
<td>Animal Stables:</td>
<td></td>
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<tr>
<td>Armed Security Guards or Off-Duty Police:</td>
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<td>Bridges for Vehicle Traffic:</td>
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<tr>
<td>Day Care:</td>
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<tr>
<td>Skiing or resort activities:</td>
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<td></td>
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<tr>
<td>Fire/Police/Ambulance:</td>
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<td>Electrical Generation or other utilities:</td>
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44. Any General Liability losses in the past 3 years?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Any General Liability losses in the past 3 years?</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If yes, please attach loss runs.</td>
<td></td>
<td></td>
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</table>
45. Any association-owned common buildings? (use multiple pages for more than 2 buildings)
   □ Yes □ No
   a. Building #1
      i. Used for: ___________________________________________________________
      ii. Construction: ____________________________________________________
      iii. Size (square feet): ______________________________________________
      iv. Type of roof: ______________________________________________________
          □ Composition Shingle  □ Flat  □ Clay/Concrete Tile  □ Slate  □ Metal  □ Wood Shingle/Shake
      v. Age of roof: _______________________________________________________
      vi. Functioning smoke detectors covering entire building? □ Yes □ No
      vii. Electrical service is 100% connected to functional circuit breakers? □ Yes □ No
      viii. Any aluminum or knob & tube wiring? □ Yes □ No
      ix. Sprinkler system? □ Yes □ No
          Full ________________________________ Partial ________________________________
      x. Any commercial cooking? □ Yes □ No
          If yes, please answer the following:
          a. Is there a cleaning contract in force with an outside firm? □ No □ Yes
          b. Describe Cooking equipment used:
              □ Grills    □ Open Flame    □ Oven    □ Deep Fat Fryers    □ Charcoal Grill
              □ Barbeque Pit/Smoke    □ Type or Brand ___________________________ Distance from building: ______ ft.
          c. Are the cooking area, hood and duct system protected per NFPA 96
             Fire Extinguishing System) □ No □ Yes
          d. Type of Extinguishing system: □ Wet □ Dry
   b. Building #2
      i. Used for: __________________________________________________________
      ii. Construction: ____________________________________________________
      iii. Size (square feet): ______________________________________________
      iv. Type of roof: ______________________________________________________
          □ Composition Shingle  □ Flat  □ Clay/Concrete Tile  □ Slate  □ Metal  □ Wood Shingle/Shake
      v. Age of roof: _______________________________________________________
      vi. Functioning smoke detectors covering entire building: □ Yes □ No
      vii. Electrical service is 100% connected to functional circuit breakers? □ Yes □ No
      viii. Any aluminum or knob & tube wiring? □ Yes □ No
      ix. Sprinkler system? □ Yes □ No
          Full ________________________________ Partial ________________________________
      x. Any commercial cooking? □ Yes □ No
          If yes, please answer the following:
          a. Is there a cleaning contract in force with an outside firm? □ No □ Yes
          b. Describe Cooking equipment used:
              □ Grills    □ Open Flame    □ Oven    □ Deep Fat Fryers    □ Charcoal Grill
              □ Barbeque Pit/Smoke    □ Type or Brand ___________________________ Distance from building: ______ ft.
          c. Are the cooking area, hood and duct system protected per NFPA 96
             Fire Extinguishing System) □ No □ Yes
          d. Type of Extinguishing system: □ Wet □ Dry
PROPERTY COVERAGE SECTION:

46. Any Property Losses in the past three years?
   a. If yes, please provide loss runs.

47. Protection Class: ____________________________

48. Please provide 100% replacement cost value for any of the following association-owned property:
   a. Building #1: (complete all parts of #45a)
   b. Building #2: (complete all parts of #45b)
   c. Canopy/Awning:
   d. Business Personal Property/Contents:
   e. Fences/Walls/Gates/Entry Features:
   f. Irrigation/Sprinkler System:
   g. Lights/Poles:
   h. Shed/Gazebo:
   i. Signs:
   j. Docks/Slips:
   k. Sport Courts:
   l. Playgrounds:
   m. Pools/Spas/Jacuzzis:
   n. Streets/Roadways:
   o. Patios:
   p. Walkways:
   q. Trees/Shrubs:
   r. Other paved surfaces (describe):
   s. Outdoor Equipment:
   t. Garage:

UMBRELLA COVERAGE SECTION:

49. Number of Stories: ____________________________

50. Construction Type:  
   a. Frame  
   b. Joisted Masonry  
   c. Masonry Non-Combustible  
   d. Fire Resistive

51. Is 100% of the electrical service to the building/complex, including units, connected to circuit breakers?  
   a. Yes  
   b. No

52. Any aluminum or knob & tube wiring present in the building/complex, including units?  
   a. Yes  
   b. No

53. Is there a functioning sprinkler system in the building/complex?  
   a. Full:  
   b. Partial:  
   c. Yes  
   d. No

54. Are functioning and operational smoke detectors present in all common areas and units?  
   a. Yes  
   b. No

55. Is there a fully-enclosed fire protected stairwell or a functioning fire escape?  
   a. Yes  
   b. No

56. Is there more than 20% exposure to student or subsidized renters?  
   a. Yes  
   b. No

57. Any General Liability losses over $10,000 in the past 3 years?  
   a. If so, please attach loss runs.

58. Are all underlying carriers rated at least B++ by A. M. Best?  
   a. Yes  
   b. No

59. Does the association own any automobiles?  
   a. If yes, please identify the number and type
      i. Private Passenger Vehicles: Number: ____________________________
      ii. Light Trucks (Gross Vehicle Weight up to 10,000): Number:     
      iii. Medium Trucks (Gross Vehicle Weight 10,001 to 20,000): Number: ____
b. Do any of the following exist:
   
i. Vehicles with an average daily radius of operation greater than 200 miles?  
   - Yes  
   - No

   ii. Vehicles ever traveling a distance greater than 500 miles?  
   - Yes  
   - No

   iii. Heavy Trucks or Truck Tractors, Extra Heavy Trucks or Trucks Tractors?  
   - Yes  
   - No

   iv. Emergency Vehicles (Police, Ambulance, EMT, Fire/Rescue)?  
   - Yes  
   - No

   v. Livery vehicles with seating for more than 26 passengers?  
   - Yes  
   - No

   vi. Any transportation of elderly, handicapped or non-emergency medical patients (Para-transit or Non-emergency Ambulettes)  
   - Yes  
   - No

c. Any drivers under 21 years of age?  
- Yes  
- No

d. Any drivers over 69 years of age?  
- Yes  
- No

  i. If yes: Does the applicant require and keep on file a Statement of Fitness for each driver signed by a physician?  
   - Yes  
   - No

e. Are the motor vehicle records (MVR) of every driver reviewed at least every 3 years?  
- Yes  
- No

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Underlying Carrier</th>
<th>Policy #</th>
<th>Eff. Dates</th>
<th>Limits of Liability</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability</td>
<td>A.M. Best Rating</td>
<td></td>
<td>General Aggregate</td>
<td>Products Aggregate</td>
<td></td>
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<tr>
<td></td>
<td>ISO Form</td>
<td></td>
<td>Personal &amp; Advertising Injury</td>
<td>Occurrence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manuscript form</td>
<td></td>
<td>Damage to Premises Rented</td>
<td>Medical Payments</td>
<td></td>
</tr>
<tr>
<td>Auto Liability</td>
<td>A.M. Best Rating</td>
<td></td>
<td>C.S.L. $</td>
<td>Split Limits$</td>
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COMMERCIAL CRIME COVERAGE (OPTIONAL)
All questions below must be answered and the application must be signed by the President or Chairperson if Commercial Crime Coverage is desired. This section of the application is for a loss sustained policy.

**Organization Background**

60. Annual Association Revenue: current year: $________________________ Number of years in operation: _____________________________

61. Are there sources of income other than dues, assessments and investments?  
   - Yes  - No
   - If Yes, please explain: _______________________________________________________________________________________

**Insurance Coverage Information**

62. Does the Organization have Crime Coverage?  
   - Yes  - No

   Carrier Name _______________________  Policy Period ____________________________  Limits carried ____________________________

   Deductible __________________________  Premium________________________________________  First year of continuous coverage ________________

63. Does the association have a property manager?  
   - Yes  - No

   If yes, does the property manager carry Insurance for Employee Theft?  
   - Yes  - No  - Unknown

   Limit of liability ______________________________________________

   If no, does the association segregate duties so no one person has access to or processes an entire transaction (e.g. check signing, payment and processing)?  
   - Yes  - No

**Organization Operation Details**

64. Does the association have an annual financial statement prepared?  
   - Yes  - No

65. Is a financial statement prepared by an outside accountant independent of the association and property manager (if any)?  
   - Yes  - No

66. Is the association’s bank account(s) reconciled by someone other than the person also authorized to withdraw, deposit or transfer funds?  
   - Yes  - No

   If yes, how often:  
   - Quarterly  - Semi Annually  - Annually  - Other ________

67. What threshold amount on checks written by the association requires a countersignature?  
   - Amount $ ____________________________________________
   - All checks require a countersignature  - No checks require a countersignature (explain)__________________________

**Claim Information:**

68. Within the past 5 years, have there been any incidents, occurrences or claims for theft, embezzlement, larceny, robbery, unlawful taking or other forms of dishonesty involving the proposed Named Insured or any person proposed for this insurance?  
   - Yes  - No

   If yes, advise by attachment, the following for each claim: description of loss, date of loss, amount of loss, amount recovered (if any), name & position of person(s) involved, corrective action taken to prevent repetition, is the individual(s) involved in the theft, embezzlement, larceny, robbery, unlawful taking or other forms of dishonesty still involved in the affairs of the association in any capacity (as a board member, employee, committee person or other volunteer).

69. Is any person proposed for this Insurance aware of any fact, circumstance or situation that may give rise to a claim by the Named Insured proposed for this Insurance involving theft, embezzlement, larceny, robbery, unlawful taking or other forms of dishonesty involving the proposed Named Insured or any person proposed for this insurance?  
   - Yes  - No

   If, yes, provide details by separate attachment.
**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents. Most recent 12 month financial statement (if audited, submit full audit including auditor's notes) occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The insured may purchase an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**Virginia Notice:** You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause “and/or authorization or agreement to bind the insurance.” is replaced with “Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement:** 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.

**Florida Fraud Statement:** 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.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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 a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York 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 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.

**Ohio 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:** WARNING: 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 person to criminal and civil penalties.

**Tennessee and Virginia 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 include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** 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.

Applicant's Signature_________________________ Title_________________________ Date________________

(President, Chairperson or Property Manager)

* If Crime Coverage is desired, application must be signed by the President or Chairperson.

If the primary address of the location listed in item #1 is in the state of New York, Iowa, or Florida, the states of New York, Iowa and Florida require that we have the name and address of your (insured’s) authorized Agent or Broker.

Name of authorized Agent or Broker ____________________________

Address: ____________________________

Agent or Broker License number ____________________________

Mail complete application through local Agent or Broker to: ____________________________