



# Community Association D&O and EPL Application

With optional BOP Questionnaire for General Liability and Property Coverage

## I. GENERAL APPLICANT INFORMATION:

APPLICANT'S NAME \_\_\_\_\_

Location Address \_\_\_\_\_

Mailing Address (if different than location) \_\_\_\_\_

Officer Contact \_\_\_\_\_

Email \_\_\_\_\_

## II. TYPE OF ASSOCIATION:

<input type="checkbox"/> Residential Condo	<input type="checkbox"/> Master	<input type="checkbox"/> Timeshare	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Property Owner
<input type="checkbox"/> Homeowner	<input type="checkbox"/> Mobile Home Park	<input type="checkbox"/> Townhome	<input type="checkbox"/> Retail	<input type="checkbox"/> Condo-Hotel
<input type="checkbox"/> Dock Association	<input type="checkbox"/> Planned Unit Development		<input type="checkbox"/> Office/Industrial Park	

1. Does the applicant have retail occupancy? Yes  No 
  - a. If "Yes," what percentage of units is retail? \_\_\_\_\_%
  - b. What is the square footage of largest retail establishment? \_\_\_\_\_
2. Total number of units when construction is complete: \_\_\_\_\_
3. Percentage of units currently built: \_\_\_\_\_ %
4. Number of employees: \_\_\_\_\_
5. Percentage of units sold: \_\_\_\_\_ %
6. Average residential unit value (in terms of market value): \_\_\_\_\_

## III. PRIOR INSURANCE INFORMATION:

Coverage	Yes	No	Limits	Continuity Date	Expiring Premium
Community Association D&O/EPL					



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## IV. D&O AND EPL QUESTIONNAIRE:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Does the builder/developer or agent maintain representation on the board?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "Yes," has control of the board been turned over to the association?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any units rented or leased?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "Yes," what percentage of units are rented or leased? _____ %   |                          |                          |
| b. Are any units short-term or vacation rentals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the association own, maintain or have an affiliation with:  |                          |                          |
| a. A golf course or country club?      YES <input type="checkbox"/> NO <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. An airport/airstrip?                    YES <input type="checkbox"/> NO <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A water treatment facility?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A sewage treatment facility?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the association have a negative fund balance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does any one person/entity own multiple units?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "Yes," what is the greatest percentage of units owned by one person/entity? _____ %   |                          |                          |
| 6. Please indicate the percentage of units in arrears over 90 days: _____ 5-10% _____ 10-15% _____ Greater than 15%                       |                          |                          |
| 7. Within the last 24 months have any of the following occurred: (If yes, please provide additional information on a separate attachment) |                          |                          |
| a. Has the association completed a foreclosure sale against an owner?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have any board elections been challenged?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has the board initiated litigation for reasons other than collection of dues or fees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has the association completed any renovation or improvement projects which resulted in a special assessment for the members?           | <input type="checkbox"/> | <input type="checkbox"/> |

## V. OPTIONAL BOP QUESTIONNAIRE FOR GENERAL LIABILITY AND PROPERTY COVERAGE:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Who is responsible for the insurance and maintenance of the residential buildings?   |                          |                          |
| <input type="checkbox"/> Association <input type="checkbox"/> Individual Unit Owners <input type="checkbox"/> Master Association  |                          |                          |
| 2. Are there plans for construction or development of any undeveloped lots?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant own or maintain a swimming pool?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If "Yes," please disclose number of pools _____  |                          |                          |
| b. Does the following apply: completely fenced with self-latching gate, depths clearly marked, rules clearly posted, life safety equipment readily available, complies with the Virginia Graeme Baker Pool and Spa Safety Act and no diving boards or slides? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are all pool exposures 100% enclosed or fenced?  | <input type="checkbox"/> | <input type="checkbox"/> |

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4. Please confirm if the association owns or maintains any of the amenities listed below.

If "Yes," please disclose amount.

- a. Docks/Slips/Piers: YES  \_\_\_\_\_ NO
- b. Equestrian Trails (in miles): YES  \_\_\_\_\_ NO
- c. Lakes/Ponds (acreage): YES  \_\_\_\_\_ NO

i. Is swimming permitted? YES  NO

1. If "Yes," confirm rules are clearly posted, no diving boards or slides, lifesaving equipment present, and use for association members only.

d. Privately Owned Beaches:

i. Is swimming permitted?

1. If "Yes," confirm rules are clearly posted, no diving boards or slides, lifesaving equipment present, and use for association members only.

5. Does the association obtain certificates of General Liability and Worker's Compensation coverage from all contractors annually?

6. If the association is responsible for the insurance and maintenance of a club house or similar structure, confirm the following:

a. Any knob-and-tube or aluminum wiring?

b. 100% of wiring connected to functional circuit breakers?

c. Functioning and operational smoke detectors in all common areas?

7. Does the applicant provide any skilled nursing care, healthcare services, or assisted living?

8. If the association has recreational facilities, is use permitted by non-unit owners or the public?

9. Does the association have an affiliation with, own or maintain or contract for any of the following?

a. Animal stables, bridges for vehicle use, day care, skiing/resort activities, fire/police/ambulance services, electricity generation or other utilities.

10. Does the association have any armed security or off duty police, surveillance cameras, security gates, manned or unmanned guard houses?

11. Hired & Non-Owned Auto Liability – mark "Yes" and complete A, B & C if coverage desired.

a. Does the association own any automobiles or have a business auto policy in place?

b. Does the association regularly deliver goods or products?

c. Does the association require its employees to use their personal automobile to conduct the association's business on a regular basis?



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- |     |  |                                 |                                |
|-----|--|---------------------------------|--------------------------------|
| 12. | Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? (If "Yes," please complete an ACE Claim Supplement for each claim) | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 13. | Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? (If "Yes," please complete an ACE Claim Supplement for each claim)                                     | <input type="checkbox"/>        | <input type="checkbox"/>       |
| 14. | Have there been any General Liability or Property losses/claims in the past three years? (If "Yes," please provide details or loss runs)   | <input type="checkbox"/>        | <input type="checkbox"/>       |
| 15. | Has any policy for any of the lines seeking coverage ever been cancelled or non-renewed for reasons other than non-payment of premium?   | <input type="checkbox"/>        | <input type="checkbox"/>       |

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Name (Please Print)

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Applicant's Signature (Must be signed by an Officer or Property Manager) Date