SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
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Condominium and Homeowner Association Directors and Officers Liability Application
(Claims Made Basis)

Applicant's Name _____
Mailing Address _____
_____
Location _____
_____
Web Site Address _____

Agency Name _____
Agent _____
Address _____
_____
E-Mail _____
Phone _____

PROPOSED EFFECTIVE DATE: From _____ **To** _____ **12:01 A.M., Standard Time at the address of the Applicant**

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

This application must be signed and dated, and not completed earlier than 60 days before proposed effective date.
Answer all questions. If a question is not applicable, state NOT APPLICABLE. If the answer to any question is none, state NONE. If space is insufficient to answer any question fully, attach a separate sheet(s).

PLEASE TYPE OR PRINT IN INK.

1. **Limit of liability each policy year:** ☐ $300,000 ☐ $500,000 ☐ $1,000,000
2. **Deductible desired** ($1,000 minimum deductible): _____
3. **Date of incorporation:** _____
4. **List directors and officers below** (use additional page if more than ten):

	Name	Director or Officer	Occupation	Months in residence
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

5. **Name and address of developer:** _____

_____

6. **Number of units:** _____

7. **Average value:** _____

8. **Estimated market value of development:** _____

9. **Date development was completed:** _____

10. **Type of building:** ☐ Single family dwellings ☐ Condominiums ☐ Townhomes ☐ Other: _____

11. **If this is a cooperative housing corporation, advise number of unleased units:** _____

12. **Percentage of commercial occupancy:** ..... _____ %

13. **Describe type of commercial occupancy:** _____

14. **Number of units currently owned by developer:** _____

15. **Date last unit completed and sold:** _____

16. **Does the declaration, master deed or by-laws provide for indemnification of the directors and officers?** ..... ☐ Yes ☐ No

17. **Does developer/sponsor have any representation on the board of directors?** ..... ☐ Yes ☐ No

If yes, explain: _____

_____

_____

18. **Date of annual meeting of association:** _____

19. **Do you require a majority vote of the members to change the by-laws?** ..... ☐ Yes ☐ No

20. **Has any insurer canceled, declined, or nonrenewed directors and officers liability insurance of this association?** (Not applicable in Missouri) ..... ☐ Yes ☐ No

If yes, give reason: _____

_____

_____

21. **Has applicant previously had a directors and officers liability insurance policy?** ..... ☐ Yes ☐ No

If yes, provide information below.

Company	Policy Number	Effective Dates	Claims Made or Occurrence

22. **Is the management of the association conducted by a management firm or agency?** ..... ☐ Yes ☐ No

If yes, list name and address: _____

_____

_____

_____

23. **Does any owner, director or officer of the association have a financial interest in or work for the management company?** ☐ Yes ☐ No

If yes, explain: _____

_____

_____

24. **Percentage of units rented or subleased on a short term or rental pool basis:** _____%

If yes, give details: _____

_____

_____

25. **Does the board have the power to condemn property?** ☐ Yes ☐ No

26. **Does applicant have Workers' Compensation coverage in force?** ☐ Yes ☐ No

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

No person proposed for this insurance is cognizant of any act, omission or error which he has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance except as follows (if none, indicate by "No exceptions"):

_____

_____

The undersigned authorized officer of the condominium/cooperative declares that to the best of his knowledge and belief the statements set forth herein are true and complete, and knows of no other information which relates to the consideration of this insurance.

I understand that this application is for the issuance of a policy that provides liability coverage only for injuries that occur during the policy period and claims arising therefrom made during the policy period.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

NAME OF ENTITY: _____

BY: _____

(Must be signed by Chairman of the Board or President)

TITLE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

*Signing this form does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. Application **must** be currently signed and dated to be considered for quotation.

NOTE: A copy of the association's two latest statements of conditions and a copy of the by-laws must accompany this proposal. No change in by-laws.

IMPORTANT NOTICE

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"