

1. Applicant Non-Profit Community Association Information

Name (exact legal name of Applicant Non-Profit Association) _____

Address (include actual address of applicant association) _____

City _____ State _____ Zip Code _____ Telephone _____
(_____) _____
Fax _____ E-mail _____

2. Non-Profit Community Association Type

- Condominium Homeowner Association Commercial/Business Community Association
 Cooperative Property Owners Association Time Share (Interval) Association
 Other: _____

3. Property Manager Information (if applicable)

Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____
(_____) _____
Fax _____ E-mail _____

- Check here if the property manager is requested to be an additional Insured.
 Check here if the entity does not have a property manager.

4. Underwriting/Rating Information

Proposed Effective Date _____

Date Association Established: _____

Annual Gross Receipts: _____ (Prior Year) _____ (Budgeted Current Year)

Ratable Employees: **(NOTE: Only include the following if they are authorized to actually handle association funds)**

Salaried Employees _____ Directors/Trustees _____ Officers _____ Manager _____ Total Ratable: _____

5. Prior Insurance Information (if applicable)

Prior Insurer: _____ Policy Period: From _____ To _____

Prior Policy Number: _____

6. Desired Limits and Deductibles

Coverage Form Part	Limits/Deductibles (select option)
Employee Dishonesty (A)	__ \$25,000/\$250 __ \$50,000/\$250 __ \$100,000/\$250 __ \$250,000/\$1,000 __ \$500,000/\$2,500 __ \$700,000/\$5,000 __ \$1,000,000/\$10,000
Forgery or Alteration (B)	\$25,000/\$250 (automatically included – higher limits available upon request)
Theft, Disappearance and Destruction (C) (Premises & Transit)	\$25,000/\$250 (automatically included – higher limits available upon request)
Computer Fraud (F) and Wire Fraud (YB)	(automatically included – limits correspond to Employee Dishonesty Limits selected above)

7. Loss History – Last Six Years

If No Loss History for the Past 6 Years Check the Box —

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered From Insurance	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition (use separate paper)

8. Internal Controls and Procedures – All Locations

- A. Does the Association have a financial statement prepared at least annually? ___ Yes ___ No
 If yes, answer the following:
 Independent Certified Public Accountant Independent Public Accountant Internal Bookkeeper
 Property Manager Other (specify) _____
- B. Scope of Statement:
 Audit with opinion of Auditing Firm Review Compilation
- C. Is Countersignature required on all checks issued by the applicant... Yes No in excess of \$_____
- D. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?..... No Yes
 If yes, by whom? _____

The employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant always performed their respective duties honestly. There has never come to its notice or knowledge, except as stated herein, any information which in the judgment of the applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the applicant may know have in respect to his or her own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.

It is understood that the first premium upon the policy applied for, and subsequent premiums hereon, are due at the beginning of each premium period, that the company is entitled to additional premiums because of any unusual increase in the number of employees and that the applicant agrees to pay all such premiums promptly.

Date: _____ By: _____
Authorized Association Representative Signature *Print Name and Title*

Submitting Broker Name: _____ Contact: _____

Address: _____

Telephone Number: (_____) _____ Broker is properly licensed to produce this insurance Yes No

WARNING – COLORADO, DISTRICT OF COLUMBIA, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY — 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 (for New York residents only: 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.) (For Colorado Residents only: 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

Phone: (800) 621-2324

www.ihginsurance.com

Fax: (866) 229-3754

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