

**Non-Profit Community Associations Insurance Supplemental Application
Excess and Umbrella Liability**

This is an application for Umbrella Insurance Coverage. Please note that this policy is intended to extend over the CNA community association D&O policy offered by Ian H. Graham. Umbrella coverage will be quoted based on the following information and acknowledgements of underwriting requirements.

I. APPLICANT NON-PROFIT ASSOCIATION INFORMATION

Association Name _____

II. EXCESS AND UMBRELLA LIABILITY

Proposed Effective Date: _____ Expiration Date: _____ D&O Effective Date: _____

Limit(s) Requested: \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 \$15,000,000* \$25,000,000*
*D&O sub-limited to \$10,000,000 for \$15M and \$25M Limits

Number of Units in the association: _____ Is the association an "Over 55" Community? Yes No

How many of the following Amenities or Recreational Facilities does the association own and/or manage? None

# of Sport Courts:	# of Pools/ Spas:	# of Lakes/ Ponds:	# of Playgrounds:	# of Fitness Rooms:	# of Community Centers/Rooms:	If vacant land, sq. footage: _____
# of Golf Courses:	# of Docks:	Marina: _____ If Marina exists, are fuel services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			# of Diving Boards:	# of Pool Slides:

Does the association provide or contract with a third party to provide beachfront or on water activities (i.e. parasailing, snorkeling, scuba)? Yes No *If Yes, please describe:* _____

Is there an association sponsored swim team? Yes No Describe any *other* Amenities/Recreation: _____

Are any of the above open to the public? Yes No

WARRANTY OF UNDERLYING COVERAGE: (Required at Binding)

Umbrella coverage is being quoted based on the following minimum underlying coverages and limits in place with effective dates that are concurrent with the quoted umbrella effective dates. Changes to the insurer or underlying limits of insurance or failure to purchase the underlying coverages referenced will change the pricing and/or coverage structure of the umbrella, and may affect our decision to offer any Umbrella coverage. Binding this coverage indicates an acknowledgement of the information shown below. Any change during the policy period must promptly be reported to us and may result in cancellation of coverage.

Schedule of Underlying Insurance – Excess of various underlying insurance Note: If the carrier information is not filled in, your quotation is subject to your completion of this form indicating coverage with an admitted carrier with a rating of A-VII or better by A.M.Best.

Underlying Insurer Policy Number Policy Period	Underlying Insurance	Coverages	Insured's Underlying Limits

LOSS HISTORY – NOTE: 3 YEARS CURRENTLY VALUED LOSS RUNS REQUIRED WITHIN 10 DAYS OF BINDING

- Yes No Have there been more than 3 liability (CGL, Auto, D&O, etc.) losses in the last 12 months?
- Yes No Has this association incurred any liability (CGL, Auto, D&O/EPL, etc.) losses with \$50,000 or more paid or reserved in the past 3 years?
- Yes No In the past 5 years, have there been any prior losses involving: death, brain damage, burns over 50% of the body, substantial disfigurement of the body, spinal cord injuries involving any degree of paralysis, any injury to a minor child, any estimate of damages in excess of 50% of the underlying limit?

If Yes was answered on any of the above, submit currently valued loss runs with application for underwriting review.

Check here to CONFIRM THAT THIS ASSOCIATION MEETS THE FOLLOWING ELIGIBILITY /REQUIREMENTS FOR PROGRAM:

The Insured Requires all Vendors, Suppliers and Contractors to:

1. Maintain General Liability Limit of Liability of a minimum of \$1,000,000 Per Occurrence Limit
2. Hold harmless and indemnify the Insured
3. Provide Certificates of Insurance adding property owner as an Additional Insured

The Insured maintains Certificates of Insurance from vendors, suppliers and contractors and updates them annually upon their expiration.

If swimming pools are present, please confirm the following:

1. All outdoor swimming pools are fenced with self-latching gates; indoor swimming pools have a self-locking door with key card access or doorman.
2. All swimming pools must be in compliance with the Virginia Graeme Baker Act and meet all federal, state and local governing codes and regulations.
4. All swimming pools must have clearly marked signs with hours of operation, rules and swim at your own risk.
5. Depth markers must be clearly visible
6. All swimming pools have lifesaving equipment

If lakes, ponds, docks, marinas or other bodies of water are present, please confirm that the association:

1. Posts signage for no swimming and/or thin ice dangers (if applicable)

Program building/life safety eligibility requirements (association owned buildings):

1. All buildings and building systems (electric, plumbing) must be in compliance with all applicable State, City, Town, etc. building and facility codes with no outstanding fire code violations for any buildings
2. Carbon monoxide detectors installed and maintained (as required by law)
3. All buildings with aluminum wiring are not eligible for this program –Note: if remediation has been completed, submit details with application for review and approval.
4. All buildings must have 70% or more occupancy (no vacant buildings are eligible)
5. Buildings over 3 stories must comply with the following: 2+ means of egress from each floor, smoke detectors/alarm systems ringing to a centralized location, visible signs instructing proper evacuation procedures, defined evacuation plans and routine drills, noncombustible and smoke free stairwells, tested fire escape protocols and equipment including emergency lighting, illuminated exit signs, etc., communication system established to communicate with authorities, sprinkler systems installed and tested, and manual pull alarms.

If there is any vacant land on the association owned property, please confirm the following:

1. Land should not be any permissible use by third parties and it should not be used for Hunting, Horseback Riding, Pedal or Motorized vehicles.

If the insured provides any of the following amenities/activities, the association is not eligible for this program:

1. Equestrian facilities, horseback riding
2. Tanning beds

BUILDING/LIFE SAFETY: Check here if – NO OWNED BUILDINGS

<input type="checkbox"/> Clubhouse/Community Building/Other Occupancy: _____ # Buildings: _____ Year Built _____ # of Stories: _____ Square Ft.: _____ % Sprinklered: _____ Type of fire alarm: _____ Building Construction: <input type="checkbox"/> FRM <input type="checkbox"/> JM <input type="checkbox"/> NC <input type="checkbox"/> MNC <input type="checkbox"/> MFR <input type="checkbox"/> FR	<input type="checkbox"/> Condo/Cooperative Building(s) # Buildings: _____ Year Built _____ # of Stories: _____ Square Ft.: _____ % Sprinklered: _____ Type of fire alarm: _____ Building Construction: <input type="checkbox"/> FRM <input type="checkbox"/> JM <input type="checkbox"/> NC <input type="checkbox"/> MNC <input type="checkbox"/> MFR <input type="checkbox"/> FR
---	---

OTHER

How many autos does the association own? _____ Please list each Auto Type and Use (attach separate vehicle schedule if needed):

1. _____ / _____ 2. _____ / _____ 3. _____ / _____

Does the association own a public garage or parking facility? Yes No Is the garage/parking managed by a third party? Yes No

How many watercraft does the association own? _____ # of Motorized: _____ Size/Type: _____
of Non-Motorized: _____ Size/Type: _____

EXPIRING EXCESS/UMBRELLA INFORMATION

Expiring Carrier: _____ Expiring Policy Period: _____ to _____
Expiring Limit: \$ _____ Expiring Premium: \$ _____ Target Premium: \$ _____

V. APPLICATION SIGNATURE

The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued. It is agreed that this Application, a copy of which will be attached to the proposed Policy, and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy), are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy. If between the date of this Application and the proposed effective date of the Policy there is a material change in the condition of the Entity or occurrence of an event which could substantially change the underwriting evaluation of the Applicant, then the Applicant must notify Continental Casualty Company. Upon receipt of such notice, Continental Casualty Company reserves the right to modify the final terms and conditions of the proposed policy upon review of the information received in satisfaction of the aforementioned conditions. In addition, any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

The undersigned declares that 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 now 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 *Print Name & Title*

Submitting Broker Name: _____ Contact: _____

Address: _____

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

Applicable in AL, AR, DC, LA, MD, NM, RI and WV:

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 and denial of insurance benefits. *Applies in ME Only.*

Applicable in CO:

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.

Applicable in FL and OK:

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). *Applies in FL Only.*

Applicable in KS:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA:

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.*

**Applies in NY Only.*

Applicable in ME, TN, VA and WA:

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 and denial of insurance benefits. *Applies in ME Only.*

Applicable in NJ:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR:

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

800.621.2324 | www.ihginsurance.com | Fax: 866.229.3754