



In Step with
Community
Associations



**Non-Profit Community Associations -
Directors' & Officers' Liability (D&O) Underwriting Supplement**

ASSOCIATION NAME

ASSOCIATION TYPE: Please Select

- ☐ Condominium ☐ Condo-Op ☐ Condo-Hotel ☐ Homeowners Association ☐ Cooperative ☐ Mobile Home Park
☐ Commercial/Business Community Association ☐ Timeshare (interval) Association ☐ Master Association ☐ Tenancy in Common
☐ Townhome Association (Condo) ☐ Townhome Association (Fee Simple) ☐ Other: _____

ASSOCIATION LIABILITY (D&O) Underwriting Information

Proposed Effective Date: _____ Date Association Established: _____ Number of Units in the Entity Currently Built: _____

Is Association membership mandatory for owners/residents? ☐ Yes ☐ No

Is Association still being developed? ☐ Yes ☐ No *If yes, date completion expected:* _____ Total Number of Units at Build-Out: _____

Name of the Developer: _____

Does the Developer have more than 50% representation on the Board of Directors ☐ Yes ☐ No

Does one person or entity (other than Developer) own more than 50% of the community association units? ☐ Yes ☐ No

Commercial Occupancy? (other than the office of the Property Manager) ☐ Yes ☐ No

If yes, percentage of commercial occupancy: _____ %

Describe the type of Commercial Occupancy: _____

Does the association facilitate/manage a rental pool comprised of owners' units? ☐ Yes ☐ No

If Yes, what percentage of units participate? _____ %

Does the association have **armed** security services or an **armed** neighborhood watch person? ☐ Yes ☐ No

If Yes, does the security service have a hold harmless agreement in their contract? ☐ Yes ☐ No

Does the association have any of the following exposures? *Please note that the association may not be eligible for the program and/or additional underwriting information may be required.* ☐ None

- ☐ Nightclub/Bar ☐ Liquor Store ☐ Place of Worship ☐ Daycare ☐ School ☐ Hotel ☐ Airstrip/Hangars ☐ Apartments
☐ Casino ☐ Hospitals/Healthcare Clinics/Centers (other than doctor's offices) ☐ Water/Sewage Treatment ☐ Equestrian
☐ Gun Range/Sales ☐ Public Parking Garage/Structure

Does the Entity have a **Positive** Fund Balance? *If the fund balance is negative, please include financials and an explanation.* . ☐ Yes ☐ No

Has the association been in receivership or filed for bankruptcy in the last 3 years? ☐ Yes ☐ No

Has there been an assessment increase in the last 12 months or pending? ☐ Yes ☐ No

If yes, what was the amount \$_____ and percentage of the increase? _____ %

Has there been a special assessment in the last 12 months or pending? ☐ Yes ☐ No *Total amount of special assessment:* \$_____

Are greater than 20% of unit owners more than 90 days delinquent on association dues? ☐ Yes ☐ No *If yes, what percentage?* _____ %

Have any government fines or fees been assessed in the last 2 years? ☐ Yes ☐ No

Is the Average Unit Value in excess of \$1,000,000? ☐ Yes ☐ No *If yes, please provide average unit value:* \$_____

Is the association an "Over 55" Community? ☐ Yes ☐ No *If yes, are all units individually owned and owner occupied?* ☐ 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: _____ (excl. retention ponds)	# of Playgrounds: _____	# of Fitness Rooms: _____	# of Community Centers/Rooms: _____
--------------------------	------------------------	--	-------------------------	---------------------------	-------------------------------------

# of Golf Courses: _____	# of Docks: _____	Marina: _____	If Marina exists, are fuel services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	-------------------	---------------	--

Does the association provide or contract with a third party to provide recreational activities? ☐ Yes ☐ No

If Yes, please describe: _____

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

Total number of Association Employees (not including volunteers or Property Manager employees) _____

Does the Association have an Employee Manual or Handbook? ☐ Yes ☐ No

The undersigned declares that to the best of his/her ability the above statements are true and correct. It is agreed that this supplement and any other materials submitted or required shall be maintained on file by the Insurer and be deemed attached as if physically attached to the Application and proposed Policy.

By: _____ Date: _____

Please check: ☐ Association President ☐ Property Manager

800.621.2324 | ihginsurance.com | Fax: 866.229.3754