



Program Manager:
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Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () - / () - _____
 E-Mail: _____

Not For Profit Community Associations D&O / EPLI Program Application for Insurance & Purchasing Group Membership

This application is for a "claims-made" policy.

Name of Association (Applicant):	
Mailing address:	
Physical address:	County:
Association website: www.	

Underwriting Section

1. Applicant type: Condominium Homeowners Master PUD (planned unit development)
 Cooperative Mobile home Commercial Timeshare/interval ownership
 Other: _____

2. Has Applicant been in existence less than 3 years? (If yes, date incorporated: ___ / ___ / _____) 2. Yes No

3. (a) Total number of units at final build-out: 3.(a) _____
 (b) Total number of units currently built/lots currently sold: 3. (b) ___ / ___
 (c) Total number of units rented/leased: 3. (c) _____
 (d) Does the Applicant operate a Rental Pool? If "Yes," how many units participate? _____ 3. (d) Yes No

4. Average unit value: < \$500,000 ≥ \$500,000 but < \$1,000,000 ≥ \$1,000,000

5. Any timeshare units in the Association? If "Yes," provide number of timeshare units _____. 5. Yes No

6. Any partial commercial occupancy in residential association (e.g. - restaurant, office, etc.)? 6. Yes No
 If "Yes," what % of units are commercial? ____% If yes, provide details in "Notes" below.

7. Any recreational facilities (e.g.- pool, tennis, equestrian, beaches, golf course, marina, country club for outside members)? If "Yes," provide details in "Notes" below. 7. Yes No

8. Has the Association proposed or taken action to impose mandatory membership in a golf or country club, or proposed or taken action to change the association from an "age restricted" community to a "non-age restricted" community within the last 24 months or plan to do so in the next 12 months? If "Yes," provide details in "Notes" below. 8. Yes No

9. Any extraordinary risks (e.g. - airports, airstrips, water treatment facilities, sewage treatment facilities, child care facilities, or medical services)? If "Yes," provide details in "Notes" below. 9. Yes No

10. Any employees? If "Yes," how many? _____ 10. Yes No

11. Sponsor/Builder/Developer Questions –
 (a) Is the sponsor/developer/builder or his representative on the board? 11. (a) Yes No
 (b) Does the sponsor/developer/builder *control* the board? 11. (b) Yes No

12. Does Applicant have a positive fund balance? 12. Yes No

13. Has Applicant ever had a D&O Liability policy canceled or non-renewed? 13. Yes No
 If "Yes," provide details in "Notes" below, including the cancellation or non-renewal date.

14. Does Applicant engage in any for-profit activities? If "Yes," provide details in "Notes" below. 14. Yes No

15. Existing Insurance:

- (a) Does Applicant carry General Liability insurance currently? 15.(a) Yes No
- (b) Does Applicant carry Property Insurance currently? 15.(b) Yes No
- (c) If Applicant is located in coastal area, does it have windstorm coverage? 15.(c) Yes No
- (d) If Applicant is located in California, does it have earthquake coverage? 15.(d) Yes No

Claims Information Section

16. Within the last 5 years, has any claim been made, including counter suits as a result of liens or foreclosures, or is any claim being made, or is any claim now pending against Applicant or any person proposed for insurance in the capacity of either director, officer, trustee, employee or volunteer of Applicant?

Yes No If "Yes," please complete our "Supplemental Claims Application" (See www.mcgowaninsurance.com)

17. Is any person intended to be an insured under this insurance aware of any fact, circumstance, or situation which may result in a claim against Applicant or any of its directors, trustees, officers, employees, or volunteers?

Yes No If "Yes," please complete our "Supplemental Claims Application" (See www.mcgowaninsurance.com)

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

18. Has Applicant had continuous, uninterrupted Directors & Officers Liability Coverage ("D&O")? 18. Yes No
If "No," since when has Applicant had continuous, uninterrupted D&O coverage? ___ / ___ / _____

Prior Insurance Section

19. **Directors & Officers Liability** Policy Period: ___ / ___ / _____ - ___ / ___ / _____

Insurer: _____ Limits: \$ ___ MM Retention: \$ _____ Premium: \$ _____

20. **Umbrella Liability** Policy Period: ___ / ___ / _____ - ___ / ___ / _____

Insurer: _____ Limits: \$ ___ MM Retention: \$ _____ Premium: \$ _____

21. **General Liability** Policy Period: ___ / ___ / _____ - ___ / ___ / _____

Insurer: _____ Limits: \$ ___ MM Retention: \$ _____ Premium: \$ _____

Property Manager Section

22. Does Applicant have an independent property manager? If "Yes," please provide details below. 22. Yes No

Name: _____
Address: _____
Phone: () ___ - _____ Fax: () ___ - _____
E-mail: _____ Website: www. _____ . _____

Notes Section

Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Materials Or Information Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance (e.g. – Including, But Not Limited To, Supplementals, Schedules & ACORD Applications) Become A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com .

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

_____, 20____
Signature of Applicant Date

Print Name: _____

Title: _____

_____, 20____
Signature of Insurance Broker Date

Print Name: _____

Title: **Insurance Broker**

(Version 2009.01.01)