HAMILTON

Clear form

# COMMUNITY ASSOCIATION MANAGEMENT LIABILITY APPLICATION

**Required documents, in addition to this application:**

- Most recent annual financial statements
- Current employee handbook, or equivalent
- Current Declarations page or copy of Insurance Policy(ies), as applicable
- Currently valued loss runs (five years)
- Reserve Study/SIRS Report (if applicable)

## APPLICANT INFORMATION

| | |
|---|---|
| **Legal name of Applicant:** | |
| **Mailing Address:** | |
| **Primary Location Address: (If different from above)** | |

| | | | |
|---|---|---|---|
| **Date Established:** | | **Website:** | |

| | | |
|---|---|---|
| **Do you contract with an independent professional community association manager for management services?** If Yes, please provide the following: | Yes ◯ | No ◯ |
| Name of Management Company: | | |
| Address of Management Company: | | |

## GENERAL INFORMATION

**1. Type of Association:**

| | | |
|---|---|---|
| ☐ Condominium | ☐ Cooperative | ☐ Homeowner Association |
| ☐ Townhome | ☐ Mobile Home Park | ☐ Property Owner Association |
| ☐ Timeshare/Interval | ☐ Condo-Hotel | ☐ Commercial/Industrial/Professional |
| ☐ Other: | | |

| | | |
|---|---|---|
| **2. Are you a master association that oversees a group of separate sub-associations?** | Yes ◯ | No ◯ |
| If Yes, for common area(s) only? | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **3. In the past 24 months, or in the next 12 months, are you, or any builder/developer or sponsor associated with you, contemplating, or in the process of filing for bankruptcy, reorganization, or termination of corporate status, pursuant to applicable federal or state law?** | Yes ◯ | No ◯ |

| | |
|---|---|
| **4. How many units or lots does the Association currently have, or is it expected to have upon completion?** | |

| | | |
|---|---|---|
| **5. If the Association is not yet complete, indicate the percentage of the project that has been completed.** | % | ☐ N/A |

| | |
|---|---|
| **6. What is the average value of a unit or lot?** | $ |

HAMILTON

## ASSOCIATION INFORMATION

| | | |
|---|---|---|
| **7. Does any one person or entity own more than 50% of the Association units or lots?** | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **8. Are there any commercial units?** | Yes ◯ | No ◯ |
| If Yes, are any of the units bars or restaurants? | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **9. Are any units rented or leased by the Association or by individual unit owners?** | Yes ◯ | No ◯ |
| If Yes, what percentage of units are rented or leased? | | % |
| Are any units short-term or vacation rentals? | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **10. Does the builder/developer maintain any representation on the Association's board of directors?** | Yes ◯ | No ◯ |
| If Yes, has control of the board been turned over to the association? | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **11. Within the past 24 months, have there been any disputes, challenges or proceedings involving board elections, bylaws, CC&Rs or covenants?** | Yes ◯ | No ◯ |

**12. Amenities on site (check all that apply):**

| | | |
|---|---|---|
| ☐ None | ☐ Golf Course | ☐ Airport Facilities |
| ☐ Marina | ☐ Skiing | ☐ Horse Facilities |
| ☐ Other: | | |

| | | |
|---|---|---|
| **13. For any amenities identified in Q.11 above:** | | |
| **a. Is membership mandatory for all community association residents?** | Yes ◯ | No ◯ |
| **b. Are any of the amenities open to the public?** | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **14. Does the community association rent or permit the rental of any unit for a period of less than 30 days?** | Yes ◯ | No ◯ |

| **15. Financial Information:** | **Most Recent Fiscal Year End** Month/Year: | **Prior Fiscal Year End** Month/Year: |
|---|---|---|
| Cash & Cash Equivalents | $ | $ |
| Total Assets | $ | $ |
| Total Liabilities | $ | $ |
| Total Revenues | $ | $ |
| Net Surplus/Deficit | $ | $ |

| | | |
|---|---|---|
| **16. What is the date of the most recent reserve study or SIRS report?** | | |
| If applicable, has the Association followed funding recommendations? | Yes ◯ | No ◯ |
| **17. Has any reserve study, SIRS report, engineering report or inspection identified any material safety concerns or funding deficiencies?** | Yes ◯ | No ◯ |

HAMILTON

| | | |
|---|---|---|
| **18. Are any significant deferred maintenance, structural repair or remediation projects planned or underway?** | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **19. During the past three (3) years, has the Association imposed, or is the Association contemplating imposing, any special assessments?** | Yes ◯ | No ◯ |

| | | |
|---|---|---|
| **20. Are any renovation or improvement projects in progress or are any such projects being contemplated in the next 12 months? If Yes:** | Yes ◯ | No ◯ |
| **a. Is the total value of these projects greater than $100,000?** | Yes ◯ | No ◯ |
| **b. Is the project fully funded or has the proper amount of reserves been set aside?** | Yes ◯ | No ◯ |

| | |
|---|---|
| **21. What percentage of units are in arrears over 90 days?** | % |

## EMPLOYMENT INFORMATION (complete if requesting Employment Practices Liability)

| **22. Employee Count:** | **Current Year** | **Previous Year** |
|---|---|---|
| Full-time employees | | |
| Part-time employees | | |
| Independent Contractors | | |
| Volunteers (incl board members) | | |
| Seasonal/Temporary employees | | |

| **23. Employment Practices Procedures.** Does the Association: | | |
|---|---|---|
| a. Have an employee handbook or equivalent written employment policy? | Yes ◯ | No ◯ |
| Is the handbook or employment policy distributed to all employees? | Yes ◯ | No ◯ |
| Are employees required to acknowledge receipt in writing? | Yes ◯ | No ◯ |
| b. Have written policies addressing anti-discrimination and anti-harassment, including sexual harassment? | Yes ◯ | No ◯ |
| c. Maintain written procedures for employees to report complaints of discrimination, harassment, retaliation or other employment-related misconduct? | Yes ◯ | No ◯ |
| d. Provide employment practices training, including anti-discrimination and anti-harassment training, to new hires and managers? | Yes ◯ | No ◯ |
| e. Provide annual employment practices training and require employees and managers to acknowledge completion of such training? | Yes ◯ | No ◯ |
| f. Document employee discipline, performance issues and termination decisions in writing? | Yes ◯ | No ◯ |

## FIDUCIARY INFORMATION (complete if requesting Fiduciary Liability)

| | | |
|---|---|---|
| **24. Does the Association sponsor, administer or maintain any employee benefit plan, including any retirement, pension, health, welfare or similar plan?** | Yes ◯ | No ◯ |
| If Yes, provide the plan name, type of plan, number of participants and total plan assets by separate attachment. | | |

HAMILTON

| | | |
|---|---|---|
| **25. Has any plan been merged, spun off, frozen, terminated or materially amended within the past three (3) years?** | Yes ◯ | No ◯ |
| **26. Is any plan not in compliance with applicable plan documents, funding obligations, ERISA or other applicable law?** | Yes ◯ | No ◯ |
| **27. Does the Association utilize an outside plan administrator, trustee, investment manager or other third-party service provider for any plan?** | Yes ◯ | No ◯ |
| **28. Does the Association or any plan fiduciary review plan documents, investment options, fees and service provider performance at least annually?** | Yes ◯ | No ◯ |
| **29. Is the Association aware of any pending or threatened plan-related claim, investigation, audit, penalty, prohibited transaction or fiduciary breach allegation?** | Yes ◯ | No ◯ |
| If Yes, provide detailed information by separate attachment. | | |

## CRIME INFORMATION (complete if requesting Crime)

| | | |
|---|---|---|
| **30. Does the Association maintain Crime/Fidelity coverage for theft of money, securities or other property by employees, directors, officers, board members, volunteers or community association managers?** | Yes ◯ | No ◯ |
| **31. Are bank accounts reconciled monthly by someone independent of check-signing, deposit or funds-transfer authority?** | Yes ◯ | No ◯ |
| **32. Are dual approvals required for checks, electronic funds transfers, wire transfers or withdrawals above a designated threshold?** | Yes ◯ | No ◯ |
| **33. Are background checks conducted for any person with access to Association funds, bank accounts or financial records?** | Yes ◯ | No ◯ |
| **34. Within the past five (5) years, has the Association discovered any theft, fraud, embezzlement, forgery, unauthorized transfer or other dishonest act involving Association funds or property?** | Yes ◯ | No ◯ |
| If Yes, provide detailed information by separate attachment. | | |

## LOSS HISTORY

**For any "Yes" answers to the following questions, please provide detailed information by separate attachment.**

| | | |
|---|---|---|
| **35.** Has any insurance company ever rescinded, cancelled or non-renewed any similar insurance for the Association? | ◯ Yes | ◯ No |
| **36.** In the last five (5) years, has any **Directors and Officers, Employment Practices, Fiduciary Liability** or **Crime** claim been made, or suit been filed against the Association or any director, officer, employee or any other person proposed for this insurance? | ◯ Yes | ◯ No |
| **37.** In the last five (5) years, has the Association initiated any litigation, arbitration or similar proceeding, other than collections matters? | ◯ Yes | ◯ No |
| **38.** Is the Association or any director, officer, employee or any other person proposed for this insurance aware of any known losses, claims or suits that have not yet been reported? | ◯ Yes | ◯ No |
| **39.** Is the Association or any director, officer, employee or any other person proposed for this insurance aware of any act, error, omission, fact, circumstance, or records request from any attorney which may result in a claim? | ◯ Yes | ◯ No |

HAMILTON

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO CALIFORNIA INSUREDS:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS**: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS**: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS**: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS**: 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, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS**: Any person who knowingly and with intent to defraud an 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 $5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS**: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

HAMILTON

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS**: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

**Applicant Signature** _____ **Title:** _____

(Must be signed by an owner, principal, partner or officer) **Date:** _____