



www.gny.com

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Submitted By:
Brokerage:
Address:
Contact:
Phone/Fax:
E-Mail:
GNY Broker Code:

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](http://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](http://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**

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# 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](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://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](http://www.purchasinggroups.com) .

**To Learn More.** Please Visit [www.purchasinggroups.com](http://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)