

WESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURANCE COMPANY

GENERAL INFORMATION

1. Name of Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
2. Applicant's Web Site Address: _____
3. Contact person to receive all notices on behalf of the Insured: _____
Title: _____ Contact's Phone Number: _____
4. Individual Corporation/Organization Partnership LLC Trust
 Other (specify): _____
5. **Limits Of Insurance Requested:**
General Aggregate Limit (Other than Products-Completed Operations) \$ _____
Products-Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____ any one person
Each Occurrence Limit \$ _____
Damage to Premises Rented to You (up to \$100,000 limit available) \$ _____ any one premises
Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person
6. **Effective Dates Desired: From:** _____ **To:** _____
7. The Association has been continually operating since? _____
8. Association Type: (check all that apply)
 Homeowners' Townhome Condominium Cooperative Timeshare
 Commercial High Rise Property Owners' Master Association Other _____
 What is the percentage of commercial occupancy? _____ %
 Describe in detail: _____
9. Total Number of Employees: Full-Time _____ Part-Time _____ Seasonal/Temporary _____
10. If building is over four (4) stories, in what year was construction begun? _____
When was construction completed? _____ Number of Stories _____
11. a) Total number of units in the completed project: _____ b) Percentage of units rented/leased? _____ %
c) Average unit value: \$ _____
12. Percentage of the units built, sold and occupied of the total project? _____ %
13. Has control of the Association been transferred from the builder, developer or sponsor? Yes No
14. Is the builder, developer or sponsor either represented or a member of the Board of Directors? Yes No
15. Does the entity own, maintain, control or have an affiliation with any of the following?
 a) Airfield/Airstrip Yes No d) Sewer Treatment Facility Yes No
 b) Golf Course (with outside members) Yes No e) Water Treatment Facility Yes No
 c) Country Club (with outside members) Yes No f) Lake/Pond with Dam Yes No
 If yes, describe in detail: _____

GENERAL LIABILITY COVERAGE

16. Number of units _____ Single Family Homes _____ Townhomes _____ Condos _____
 Rental Units/Timeshares _____ Commercial Condos _____ Number of vacant units _____
 Number of developer owned units _____
17. What percentage of unit owners failed to pay Association dues last month? _____
18. Number of property managers in the past five (5) years? _____
19. Is there a beach associated with the property? Yes No

20. How many swimming pools? _____
 Total number of diving boards, pool slides, and diving platforms? _____
 Any diving boards, pool slides, or diving platforms over 1 meter in height? Yes No
 Are rules posted? Yes No Are pools fully fenced? Yes No
 Are gates self closing and locking? Yes No Are lifeguards on duty when pool is open? Yes No
 Any direct access to pool from unit? Yes No
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
 Are "Swim at your own risk" and "No lifeguard on duty" signs posted when no lifeguard is present? Yes No
21. Number of:
 Baseball diamonds _____ Diving rafts _____ Saunas _____
 Basketball courts _____ Golf courses _____ Spas _____
 Bathing beaches _____ Horse trails _____ Stables _____
 Bike trails _____ Lakes (# of acres) _____ Tennis courts _____
 Boat docks _____ Parks _____ Vacant land (# of acres) _____
 Boat rentals _____ Playgrounds _____ Volleyball courts _____
 Clubhouses _____ Racquetball courts _____ Other _____
22. Clubhouse – If there is a clubhouse, is it rented to: Members Non-Members
 What is the total clubhouse(s) square footage? _____
23. Is the Association responsible for maintenance of roads? Yes No
 If so, how many miles of road? _____
24. Are there any indoor parking garages? Yes No
25. Any security guards on premises? Yes No
 If yes, how many? _____ Are they armed or unarmed?
26. Any instances of violent crimes in the past five (5) years? Yes No
 If yes, describe in detail: _____
27. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Premium	Losses Reserved	Paid Claim	Description

DIRECTORS & OFFICERS LIABILITY, EMPLOYMENT PRACTICES LIABILITY AND WAGE AND HOUR COVERAGE

DIRECTORS & OFFICERS LIABILITY

28. Gross revenue: Est. Next Year \$ _____ Current \$ _____ Previous \$ _____

(If revenue exceeds \$750,000 submit with financials.)

Current Fund Balance: \$ _____

(If the fund balance is negative, submit with financials and an explanation.)

29. Does anyone own over 15% of the units (including the builder, developer or sponsor)? Yes No

30. Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owner(s)? Yes No

If yes, provide an explanation: _____

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O coverage)

If EPLI Coverage is desired, respond to question 31. If not, proceed to questions 35 - 38.

31. a) Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No

b) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? Yes No

c) Does the Applicant have formal written procedures for hiring and firing employees? Yes No

WAGE AND HOUR COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX).

If Wage and Hour coverage is desired, check Limit of Insurance \$50,000 \$100,000 and respond to questions 32-38.

32. What percentage of the Organization's employee base is: Exempt: _____ % NonExempt: _____ %
33. Within the past 12 months:
- a) Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? Yes No
- b) Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? Yes No

If "No" to either of the above, please advise when the last review(s) and/or audit(s) were performed.

34. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

NOTE THAT ITEMS 35 THROUGH 38 MUST BE COMPLETED BY ALL D&O, EPLI AND WAGE AND HOUR COVERAGE APPLICANTS.

35. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

- b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

36. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. Yes No

37. Current Insurance Company: _____

Policy Period: From: _____ To: _____
 Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

38. Limit of Insurance Requested: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: _____
(Must be signed by Chairman of the Board, President or Executive Director)

Title: _____ Date: _____