

**Application Directors' & Officers' Liability Insurance***Residential Condominiums/ Town Houses/ Cooperatives*

1. Name of Condominium to be insured	<hr/>		
2. P. O. Address	<hr/>		
3. Location	<hr/>		
4. Effective date	<hr/>	Expiration Date	<hr/>
5. Limits of Liability	\$	Each Loss	\$ Aggregate
6. Self Insured Retention	\$1,000 ; if higher, specify	\$	
7. Retroactive Date (for Claims Made Coverage Only)	<hr/>		
8. Number of Units at inception		Year Structure was built	
9. Name and address of Builder	<hr/>		
10. Number of	Unsold Units	Residential Condominiums Units	
	Commercial Condominium Units	Units held for Rental	
11. Date last Unit completed and sold	<hr/>		
12. Date Association was formed	<hr/>		
13. Names and address of Officers and Directors:			
<b>Name</b>	<b>Title</b>	<b>Address</b>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
14. Describe any incident or claim or suit which would have involved this form of insurance coverage during the last five years (use reverse). If none, so state it. _____ (Required for new business.)			
15. Has similar insurance been cancelled or declined by any insurer? _____ (if yes, describe on reverse)			
16. Describe recreational facilities and indicate whether each is managed by the Association, Building Developer or Managing Agent (use reverse)			
17. Describe any ownership or financial interest (except individual mortgage contracts) in any unit or common property other than that of residents. (use reverse)			
18. Are any units rented or sub-leased to nonresidents on a short term or rental pool? _____ (if yes, describe on reverse and show name of unit owner)			

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Attach copy of the Condominium Constitution Deed and of its Regulation.

All statements and answers are true and complete. I / we know of no other information which relates to the consideration of this insurance.

Important Notice: "Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur in a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (\$5,000) dollars nor more than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years."

\_\_\_\_\_  
Name of the President  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the Producer  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date