

# Roush Insurance Services, Inc.

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## CONDOMINIUM AND HOMEOWNER ASSOCIATION DIRECTORS AND OFFICERS LIABILITY APPLICATION (Claims Made Basis)

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent No.: _____ Address: _____ _____ E-mail: _____ Phone No.: _____
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**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**This application must be signed and dated, and not completed earlier than sixty (60) days before proposed effective date.**

**Answer all questions. If a question is not applicable, state NOT APPLICABLE. If the answer to any question is none, state NONE. If space is insufficient to answer any question fully, attach a separate sheet(s).**

**Applicant is:**     Individual     Corporation     Partnership     Joint Venture     Limited Liability Company  
 Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_      **Phone No.:** \_\_\_\_\_

1. **Limit of liability each policy year:**     \$500,000     \$1,000,000     \$2,000,000     \$3,000,000

2. **Deductible desired (\$1,000 minimum retention):** \_\_\_\_\_

3. **Date of incorporation:** \_\_\_\_\_

4. **List directors and officers below (use additional page if more than ten [10]):**

	Name	Director or Officer	Occupation	Months in Residence
1.				
2.				
3.				
4.				

	Name	Director or Officer	Occupation	Months in Residence
5.				
6.				
7.				
8.				
9.				
10.				

5. Name and address of developer: \_\_\_\_\_  
 \_\_\_\_\_
6. Number of units: \_\_\_\_\_
7. Average value: \_\_\_\_\_
8. Estimated market value of development: \_\_\_\_\_
9. Date development was completed: \_\_\_\_\_
10. Type of association:  Single family dwellings     Condominiums     Townhomes     Time-share  
 Other: \_\_\_\_\_
11. If this is a cooperative housing corporation, advise number of unleased units: \_\_\_\_\_
12. Percentage of commercial occupancy: ..... \_\_\_\_\_ %
13. Describe type of commercial occupancy: \_\_\_\_\_
14. Number of units currently owned by the builder or developer: \_\_\_\_\_
15. Date last unit completed and sold: \_\_\_\_\_
16. Does the declaration, master deed or bylaws provide for indemnification of the directors and officers? .....  Yes  No
17. Does the builder or developer have any representation on the board of directors? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Date of annual meeting of association: \_\_\_\_\_
19. Does applicant require a majority vote of the members to change the bylaws? .....  Yes  No
20. Is the management of the association conducted by a management firm or agency? .....  Yes  No  
 If yes, list name and address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Does any owner, director or officer of the association have a financial interest in or work for the management company? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Does the board have the power to condemn property? .....  Yes  No

23. Does applicant have Workers' Compensation coverage in force? .....  Yes  No

24. Percentage of units rented or subleased on a short term or rental pool basis: ..... %

If any, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Has any insurer ever canceled, nonrenewed or declined directors and officers liability insurance for this association? (Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. Has applicant previously had a directors and officers liability insurance policy? .....  Yes  No

If yes, provide information below.

Company	Policy Number	Effective Dates	Claims Made or Occurrence

**27. Loss History:**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ....  Check if no losses in the last five years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

No person proposed for this insurance is cognizant of any act, omission or error which he or she has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance except as follows (if none, indicate by "No exceptions"):

\_\_\_\_\_

The undersigned authorized officer of the condominium/cooperative declares that to the best of his knowledge and belief the statements set forth herein are true and complete, and knows of no other information which relates to the consideration of this insurance.

I understand that this application is for the issuance of a policy that provides liability coverage only for injuries that occur during the policy period and claims arising therefrom made during the policy period.

**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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):** 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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:** 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

NAME OF ENTITY: \_\_\_\_\_

BY: \_\_\_\_\_  
(Must be signed by Chairman of the Board or President)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signing this form does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. Application must be currently signed and dated to be considered for quotation.

NOTE: A copy of the association's two latest statements of conditions and a copy of the bylaws must accompany this proposal. No change in bylaws.

IMPORTANT NOTICE

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.