

CID Insurance Programs Inc. DBA CID Insurance Services

Community Association Package Product Application

Applicant may qualify for an INSTANT QUOTE by completing Section I below. Section II answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past 5 years. If there is loss history, please complete Section I and submit details in a claims supplement.

Association Name: _____

Location Address: _____ Same as mailing address

City: _____ State: _____ Zip: _____

Web Address: _____

Type of Association:

Residential Condo Homeowner Commercial/Retail Cooperative Master with sub-associations

Mobile Home/RV Park Road/Lake Association Property Owner Condo-Hotel Timeshare/Interval

Number of Units: _____ Number of Employees: _____

Is there any commercial/retail occupancy? Yes No

If "Yes", # of retail units: _____ # of commercial (office or warehouse) units: _____

Total area of commercial/retail space: _____ square feet

Who is responsible for the insurance and maintenance of the residential buildings? The Association or Individual Unit Owners

Does the Association own or maintain a pool? Yes No

If "Yes", confirm number of enclosed/fenced locations with pools: _____

Age of oldest building: _____ Maximum # of stories: _____

Does the Association or Property Manager own or manage any rental units? Yes No

Are there any short-term rentals owned or managed by the Association? Yes No

What percentage of the units are occupied by student tenants? (not applicable in DC): _____

What percentage of units are sold? _____ % What is the average home/unit value? _____

Does any person/entity own multiple units? Yes No

If "Yes", what is the greatest percentage of units owned by one person/entity? _____

Amenities Section

Does the Association own or maintain any of the following amenities? If "Yes", confirm number of each: Yes No

Docks/Slips/Piers: _____ Privately Owned Beaches: _____

Lakes/Ponds (acres): _____ Streets/Roads (miles): _____

Fitness Center: _____ Sport Courts (type): _____

Open Space/Greenbelts (acres): _____ Clubhouse (square feet): _____

Walking/Equestrian Trails (miles): _____ Playgrounds: _____

Enclosed Parking Garages (square feet): _____

Property Section

Construction: Frame Joisted Masonry Other _____

Protection Class: _____

Building Limit: _____ Year Constructed: _____ Square Footage: _____

Deductible: \$1,000 \$2,500 \$5,000

Please provide requested limits for the following property that is to be insured:

Business Personal Property: _____ Shed/Gazebo: _____

Streets And Roads: _____ Fence/Walls: _____

Playground Equipment: _____ Signs: _____

Trees/Shrubs: _____ Other Paved Surfaces: _____

Canopy/Awning: _____ Docks/Slips: _____

Outdoor Equipment: _____ Walkways: _____

Pool/Spa/Jacuzzi: _____ Irrigation/Sprinkler Systems: _____

Other: _____ Lights/Poles: _____

II. ELIGIBILITY CRITERIA

- 1. Does the Association have any prior, pending, or existing bankruptcy in the past 5 years? Yes No
- 2. Has any insurance policy in the name of the Association ever been canceled or non-renewed? Yes No
If "Yes", please explain: _____
- 3. Does the Association have an affiliation with, own or maintain any of the following:
 - a) Golf course or country club? Yes No
If "Yes", does the golf course or country club have a separate board or is it separately managed? Yes No
 - b) Water Treatment Facility? Yes No
 - c) Airport/Airstrip or Sewage Treatment Facility? Yes No
- 4. Does the builder/developer/sponsor maintain representation on the board? Yes No
If "Yes", has control of the board been turned over to the Association? Yes No
- 5. Is there any ongoing conversion from apartments to condominiums? Yes No
- 6. Is membership in the Association voluntary? Yes No
- 7. If there is any commercial cooking, does the kitchen meet all NFPA 96 requirements? N/A Yes No

Professional Liability

- 8. Does the Association have a negative fund balance? Yes No
- 9. Within the last 24 months:
 - a) Has the Association completed a foreclosure sale against an owner? Yes No
 - b. Have any board elections been challenged? Yes No
 - c. Has the board initiated litigation for reasons other than the collection of dues/fees? Yes No
- 10. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the applicant? Yes No
- 11. 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" to question 10 or 11, Complete a USLI Claims Supplemental for each claim

- 12. Are more than 50% of the units rented or leased? Yes No

General Liability

- 13. Have there been any General Liability losses/claims in the past 3 years? (If yes, attach loss runs) Yes No
- 14. Does the Association obtain certificates of General Liability and Worker's Compensation coverage from all contractors? Yes No
- 15. If the applicant is responsible for the insurance or maintenance of the residential buildings, please answer the following:
 - a) Is there any aluminum or knob & tube wiring? Yes No
 - b) Is 100% of the wiring connected to functioning circuit breakers? Yes No
 - c) Are there functioning smoke detectors in all common areas? Yes No
 - d) If over 3 stories, is there a fully enclosed, fire-protected stairwell? N/A Yes No
 - e) If over 7 stories, is the building 100% sprinklered? N/A Yes No
- 16. Are less than 50% of the units occupied? Yes No
- 17. Is the Association subject to any age restrictive covenants? Yes No
- 18. Is there use of the Association's recreational facilities by non-unit owners or the public? Yes No
- 19. Does the Association sponsor any athletic teams or hold sporting competitions on premises? Yes No
- 20. Does the Association have an affiliation with, own, maintain or contract for any of the following:
animal stables, bridges for vehicle use, day care, skiing/resort activities, fire/police/ambulance services, electricity generation or other utilities? Yes No
- 21. Does the Association own or maintain any undeveloped lots? Yes No
- 22. Are there more than 5 undeveloped lots (not owned or maintained by the Association)? Yes No
- 23. Are there plans for construction or development of any undeveloped lots (if applicable)? Yes No
- 24. Does the Association have any armed security or off duty police? Yes No
- 25. If the Association is a Master Association, are all sub-associations required to carry their own insurance? Yes No
- 26. Are more than 90% of the units rented or leased? Yes No

Hired and Non Owned Auto Liability

Check if coverage is desired

- a) Does the Association own any automobiles or have a Business Automobile Policy in force? Yes No
- b) Does the Association regularly deliver goods or products? Yes No
- c) Does the Association require its employees to use their personal automobile to conduct the Association's business on a regular basis? Yes No

If the applicant answered "Yes" to having Amenities in Section I, please answer the following that apply:

- 27. If there is a pool, does the following apply for each pool: completely fenced with self-latching gate, depths clearly marked, rules clearly posted, life safety equipment readily available, and no diving boards or slides? Yes No
 If "Yes", does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- 28. If there is a fitness center, are rules posted requiring adult supervision and no professional services provided? Yes No
- 29. If there is a lake, pond or beach:
 - a) Are there any bridges for vehicle use or dams? Yes No
 - b) Is swimming permitted? Yes No
 If "Yes", does the following apply: rules are clearly posted, there are no diving boards or slides, there is life saving equipment present and the lake/beach is for use by the Association members only? N/A Yes No
 - c) Does the Association own or rent any watercraft? Yes No
- 30. If there are any docks/slips/piers, please answer the following:
 - a) Are there any commercial operations or docking of commercial vessels permitted? Yes No
 - b) Are any marina services provided (fueling, dry boat storage/moorage, repair, sales, etc.)? Yes No
 - c) Is there a charge or fee for access to the pier? N/A Yes No
 - d) Does the Association own or rent any watercraft? Yes No
- 31. If there are any association-owned common buildings (i.e. clubhouse), does the following apply: All wiring connected to functioning circuit breakers, the entire building is protected by functioning smoke detectors, and no aluminum or knob & tube wiring? Yes No

Property

- 32. Have there been any Property Losses in the past three years? (If yes, attach loss runs) Yes No
- 33. If you own the building and it is older than 10 years, please complete the following:
 Age of roof: _____ yrs. Plumbing Updated (yr) _____ Electrical Updated (yr) _____ Heating Updated (yr) _____
- 34. Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other _____
- 35. Functioning and operational smoke and/or heat detectors in all common areas? Yes No
- 36. For any building built prior to 1978, 100% of the electrical wiring is connected to functioning and operational circuit breakers? N/A Yes No
- 37. For any building built prior to 1978, no aluminum or knob & tube wiring. N/A Yes No
- 38. If there is a restaurant, please answer the following: N/A
 - a) Is there commercial cooking on the premises? Yes No
 - b) Describe Cooking equipment used:
 Grills Open Flame Oven Deep Fat Fryers Charcoal Grill
 - c) What type of extinguishing system is functioning and operational? Wet Dry
 - d) Is there a cleaning contract in force with an outside firm? Yes No

III. ADDITIONAL APPLICANT INFORMATION

Form of Business: Individual Corporation Partnership LLC Other _____

What year did the business start? _____

Applicant's Mailing Address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Property Manager/Firm Name: _____ Telephone/Email Address: _____

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Missouri Notice: Pursuant to Section IV, Paragraph R., some Defense Costs are within the Limit of Liability. Any Defense Costs paid under this coverage will reduce the available Limits of Insurance and may exhaust them completely. Defense Costs means reasonable and necessary legal fees and expenses incurred by the Company, or by any attorney designated by the Company to defend any Insured, resulting from the investigation, adjustment, defense and appeal of a Claim. Defense Costs includes other fees, costs, costs of attachment or similar bonds (without any obligation on the part of the Company to apply for or furnish such bonds), but does not include salaries, wages, overhead or benefits expenses of any Insured.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes and automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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 a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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 Statement (All Other States): 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. 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. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

Officer of the Board or Property Manager

Please email completed application to:

ginny@cidinsurance.com

Attn: Ginny Sharp

or fax to (661) 702-1762

Any questions, please call (877) 702-1757