



**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
 FEDERAL INSURANCE COMPANY OR EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")**

**NOTICE: THE DIRECTORS AND OFFICERS LIABILITY COVERAGE SECTION OF THIS POLICY (IF
 PURCHASED) PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE
 DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF
 LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, UNLESS
 OTHERWISE PROVIDED HEREIN, BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED
 AGAINST THE DEDUCTIBLE AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME
 RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION
 CAREFULLY BEFORE SIGNING.**

I. GENERAL INFORMATION

(All Applicants must complete this section. Attach additional pages as necessary.)

1. Name of Applicant: _____
 (The term "Applicant", as used in this Application, means the Parent Corporation and all Subsidiaries, if applicable.)
2. Address of Parent Corporation: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Executive officer authorized to receive notices and information regarding the proposed policy:
 Name: _____ Title: _____ Telephone: _____
 Address: _____
4. Check type of Community Association:

Condominium	Cooperative	Other _____
Property Owners Association	Homeowner Association (PUD)	
Commercial Community Association	Interval (Timeshare) Association	
5. Is Applicant incorporated? Yes No If "Yes", do the Applicant's Articles of Incorporation state that it is
 incorporated as a non-profit organization? Yes No If "Yes" Date of Incorporation: _____
 Please respond as to whether application was ever made for tax exempt status and whether tax exempt
 status was denied or revoked: _____
6. Does the Applicant engage in any for-profit activities? Yes No If "Yes", please provide details: _____

7. Does the Applicant retain the services of an independent, experienced property manager or professional
 management company? Yes No If "Yes," please provide name and location of manager:

8. Please provide the following information regarding employees of the Applicant:
 (a) Full-time: _____
 (b) Part-time: (including temporary and seasonal): _____
 (c) Number of involuntary terminations of employees in the past year: _____

***Applicant must attach most recent audited financial statements and Applicant's bylaws or
 articles of incorporation.***



II. DIRECTORS AND OFFICERS LIABILITY COVERAGE (Complete this section only if requesting this coverage.)

1. (a) Number of Units or Lots _____
 (b) Average Unit or Lot Value _____
 (c) Percentage of Units/Lots Sold _____ %
 (d) Percentage of Units/Lots Rented or Leased _____ %
 (e) Commercial Occupancy (restaurant, dry cleaner, etc.) Yes No
 Number of Commercial Units _____
 Please provide details regarding types of commercial occupants _____

2. List of recreational and all other facilities managed by the Applicant (swimming pool, golf course, equestrian or tennis facility, marina, country club, clubhouse, restaurant, child care, health or medical care facility, etc.):

3. Has control of Applicant been transferred from the builder/developer? Yes No If "No," please provide details: _____

4. Do the Applicant's bylaws require binding arbitration or other binding alternative dispute resolution for resolution of disputes brought or demands made by members of Applicant? Yes No
 If "Yes," please provide details: _____

5. Current or most recent directors and officers liability insurance:
 Limits \$ _____ Deductible \$ _____ Policy Expiration _____
 Insurer _____ Premium \$ _____

6. Indicate limit of liability requested: \$ _____

III. CRIME COVERAGE (Complete this section only if requesting this coverage.)

1. What is the total number of directors, officers and trustees of the Applicant? _____

2. Is an audit conducted annually by an independent certified public accountant, auditor or an audit committee consisting of directors, officers or trustees? Yes No If "No," please provide details: _____

3. Number of individuals employed by the Property Manager to provide real estate property management services to the Applicant:
 Number of Full-time: _____ Number of Part-time (including temporary and seasonal): _____

4. Does the Applicant:
 - (a) Perform pre-employment reference checks for all its potential employees and property managers?
 Yes No If "No" please explain: _____
 - (b) Allow the employees or property managers who reconcile the bank statements to also:
 - (i) sign checks? Yes No
 - (ii) handle deposits? Yes No
 - (iii) have access to check signing machines or signature plates? Yes No

5. List all employee and property manager theft, burglary, robbery, forgery or other crime losses discovered by the Applicant in the last six (6) years which would have been covered under the policy for which this Application is made. Check if none. If box has not been checked, please indicate dates, descriptions and total amounts of loss on a separate sheet of paper. Indicate whether the loss was covered under another insurance policy and include the insurer's name.

6. How often are bank statements reconciled? _____ What is the maximum amount held at or transported from any one location: (a) Money \$ _____ (b) Checks \$ _____



7. Please list all Crime coverages requested:

<u>Coverage</u>	<u>Limit</u>	<u>Coverage</u>	<u>Limit</u>
Employee Theft	\$ _____	Premise & In Transit	\$ _____
Money Order & Counterfeit Currency	\$ _____	Computer Fraud & Fund Transfer	\$ _____
Credit Card Fraud	\$ _____	Forgery	\$ _____
Client Coverage	\$ _____	Other	\$ _____

Note: If the Applicant requests coverage for Money Order & Counterfeit Currency Fraud, Credit Card Fraud and/or Client Coverage, the Company may require additional underwriting information.

IV. APPLICANT HISTORY AND REPRESENTATION (All Applicants must complete this section.)
 Please provide an explanation of any "Yes" answer on a separate sheet.

1. Has the Applicant, undersigned, or any individual or entity proposed to be an insured under this insurance (including any property manager): **(Missouri Applicants/Agents: Skip question (1(a))**
 - (a) been declined, canceled or non-renewed for any directors and officers liability or employment practices liability insurance? Yes No
 - (b) given notice to any insurer of any claim or specific facts or circumstances which might give rise to a claim being made against the Applicant and/or any person in his/her capacity as a director, officer, trustee, employee, volunteer, staff or board member, member of any association committee, executive or property manager of the Applicant? Yes No
 - (c) become aware of any suit or legal action filed or initiated by or on behalf of the Applicant against any member of the Applicant and/or any third party, including without limitation the developer and/or contractor of the planned community? Yes No

2. Representation: Prior Knowledge of Facts/Circumstances/Situations:

No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed insurance, except: NONE: _____
 or _____

Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that any claim or action arising from any fact, circumstance, situation, suit or legal action required to be disclosed, whether or not disclosed, in response to Item 1 (a), 1 (b), 1(c), 1(d) or 2 of this Section IV is excluded from coverage under the proposed insurance.

V. MATERIAL CHANGE

If there is any material change in the answers to the questions prior to the policy inception date (if issued), the Applicant must notify the Company in writing and any outstanding quotation may be modified or withdrawn.

VI. NOTICES

The Applicant's submission of this Application does not obligate the Company to issue a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.



Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice of District of Columbia, Maine, Tennessee and Virginia Applicants: 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony (in Oklahoma) of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania and New York Applicants: 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 (in New York) or criminal and civil penalties (in Pennsylvania).

VII. DECLARATION AND SIGNATURE

For the purposes of this Application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth herein and in any attachments hereto or information submitted with this Application are true and complete. The signing of this Application does not bind the Applicant to effect insurance. The undersigned agrees that this Application and its attachments shall be the basis of a contract should a policy providing one or more of the requested coverages be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application in issuing such policy.

This Application must be signed by the Chairperson or Executive Officer of the Board of Directors acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
Submitted By: Agent: _____ Agent Signature: _____		
Agency: _____ Agency Taxpayer ID or SS No.: _____		
Address (Street, City, State, Zip): _____		
Chubb Producer Number: _____		

Note to Agent: Please forward completed submission to: Chubb Group of Insurance Companies, P.O. Box 2002, Simsbury, CT 06070-7683. PHONE: 800.201.4043 FAX: 860.408.2660