

United States Liability Insurance Group
Community Association Product
Directors and Officers Liability
Addendum to Application

(To be completed, signed and dated by the President, Chairman or Executive Director)

If any questions are answered "Yes", please submit complete details along with this form.

1. Have any Board elections been challenged in the last 24 months? Yes No
If yes, please provide details.

2. Within the last 24 months, have any liens been placed by the Board against a unit/homeowner? Yes No
If yes, please provide the number of liens filed and details.

3. Within the last 24 months, has the Association completed a foreclosure sale against a unit/ homeowner? Yes No
If yes, please provide details including the name of the owner, closing date and reason for the foreclosure:

4. Within the last 24 months, has the Board taken legal action against a unit/ homeowner for reasons other than the collection of dues? Yes No
If yes, please provide the total number of actions taken, the name of the defendant(s), and the reason for the suit(s) being filed:

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 MATERIAL FACT 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 VIOLATIONS.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will be immediately reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statement 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 a part of the Policy.

Signature: Date: _____

Title: _____

(Must be signed by President or Chairman)