



# Non-Profit Community Associations Crime & Fidelity Policy



## 1. APPLICANT NON-PROFIT ASSOCIATION INFORMATION

Association Name: \_\_\_\_\_  
(Exact Legal Name of Applicant Non-Profit Association)

Association Address: \_\_\_\_\_  
(Include Actual Address of Applicant Association)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2. NON-PROFIT COMMUNITY ASSOCIATION TYPE

Please Select:

Condominium  Homeowners Association  Commercial/Business Community Association

Cooperative  Property Owners Association  Timeshare (interval) Association

Other: \_\_\_\_\_

## 3. PROPERTY MANAGER INFORMATION (if applicable)

Property Manager Name: \_\_\_\_\_

Property Manager Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check here if the Property Manager is requested to be an additional insured

Check here if the Entity does not have a Property Manager

## 4. UNDERWRITING INFORMATION

Proposed Effective Date: \_\_\_\_\_ Date Association Established: \_\_\_\_\_

Annual Gross Receipts: \$ \_\_\_\_\_ (Prior Year) \_\_\_\_\_ (Budgeted Current Year)

Ratable Employees (**NOTE – Only include the following if they are authorized to actually handle association funds**):

Salaried Employees \_\_\_\_\_ Directors/Trustees \_\_\_\_\_ Officers \_\_\_\_\_ Manager \_\_\_\_\_ Total Ratable: \_\_\_\_\_

## 5. PRIOR INSURANCE INFORMATION (if applicable)

Prior Insurer: \_\_\_\_\_ Policy Period From: \_\_\_\_\_ to \_\_\_\_\_

Prior Policy Number: \_\_\_\_\_

## 6. DESIRED LIMITS AND DEDUCTIBLES

Coverage Form Part	Limits/Deductibles (select option)
Employee Dishonesty (A)	<input type="checkbox"/> \$25,000/\$1,000 <input type="checkbox"/> \$50,000/\$1,000 <input type="checkbox"/> \$100,000/\$1,000 <input type="checkbox"/> \$200,000/\$1,000 <input type="checkbox"/> \$250,000/\$2,500 <input type="checkbox"/> \$500,000/\$2,500 <input type="checkbox"/> \$1,000,000/\$5,000 <input type="checkbox"/> Other
Forgery or Alteration (B)	\$25,000/\$250 (automatically included – higher limits available upon request)
Theft, Disappearance & Destruction (C) (Premises & Transit)	\$25,000/\$250 (automatically included – higher limits available upon request)
Computer Fraud (F) and Wire Fraud (YB)	(Automatically included – limits correspond to Employee Dishonesty Limits selected above)

## 7. LOSS HISTORY – Last Six Years

If No Loss History for the Past 6 Years Check the Box -

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition (use separate paper)
		\$	\$	

## 8. INTERNAL CONTROLS AND PROCEDURES – All Locations

A. Does the Association have a financial statement prepared at least annually?  YES  NO

If yes, answer the following:

Independent Certified Public Accountant       Independent Public Accountant       Internal Bookkeeper  
 Property Manager       Other (specify): \_\_\_\_\_

B. Scope of Statement:

Audit with opinion of Auditing Form       Review       Compilation

C. Is Countersignature required on all checks issued by the applicant  YES  NO in excess of \$ \_\_\_\_\_

D. Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?  YES  NO

If yes, by whom?

*The employees of the applicant have all, to the best of the applicant's knowledge and belief, while in the service of the applicant always performed their respective duties honestly. There has never come to its notice or knowledge, except as stated herein, any information which in the judgment of the applicant indicates that any of the said employees are dishonest. Such knowledge as any officer signing for the applicant may know have in respect to his or her own personal acts or conduct, unknown to the applicant, is not imputable to the applicant.*

*It is understood that the first premium upon the policy applied for, and subsequent premiums hereon, are due at the beginning of each premium period, that the company is entitled to additional premiums because of any unusual increase in the number of employees and that the applicant agrees to pay all such premiums promptly.*

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Association Representative Print Name and Title

Submitting Broker Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Broker is properly licensed to produce this insurance ..... xYES  NO

### **WARNING – COLORADO, DISTRICT OF COLUMBIA, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY NEW YORK, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY:**

*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 (for New York residents only: 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.) (For Colorado Residents only: 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)*