THE DISTINGUISHED PROGRAMS GROUP

GREAT AMERICAN INSURANCE GROUP

Community Association Program D&O Quote Form

	Yes	No
Have there been any D&O claims made against the Association in the last 5 years?	☐	☐
Is this the first time the Association has purchased D&O Insurance?	☐	☐
Has the Association's current D&O policy been cancelled or non-renewed by the carrier?	☐	☐
Does the Association anticipate any major building/renovations in the next year?	☐	☐
Is the Association controlled by the Developer?	☐	☐

Association Name:

Street Address: City/State/Zip:

Property Manager Name:

Mailing Address: City/State/Zip:

Expiring Carrier: Limit: Retention: Premium:

Requested Limit: Requested Retention: Effective Date:

Association Type: __ Condominium __ HOA __ PUD __ Property Owners

__ Cooperative __ Commercial __ Timeshare __ Interval

% of Units/Lots Sold:_____
(< 100% may require additional info)

# of Units/Lots:_____
(>1000 may require additional info)

Average Unit/Lots Value:_____
(>$1,000,000 may require additional info)

# of Employees:_____
(>5 may require additional info)

# of Builder/Developer Controlled Board Seats:_____
(>1 may require additional info)

The following additional information is required of coop, commercial and timeshares:

Total Assets:_____ Annual Salary Expense:_____

Agent or Broker Name:

Street Address: City/State/Zip:

Phone: Fax:

IT IS UNDERSTOOD AND AGREED THAT THIS POLICY DOES NOT APPLY TO ANY CLAIM BASED UPON, ARISING OUT OF, RELATING TO, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY WRONGFUL ACT OR ANY CIRCUMSTANCES KNOWN BY THE INSURED PRIOR TO THE INITIAL COVERAGE DATE WHICH WOULD INDICATE THE PROBABILITY OF SUCH CLAIM BEING MADE. PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES THIS QUESTIONNAIRE 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 WHICH MAY RESULT IN CIVIL OR CRIMINAL FINES OR PENALTIES.

This Questionnaire must be signed by the Association's insurance agent, broker, property manager or by a member of the Board of Trustees of the Association

Signature: Title: Date: