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**Submitted By:**

Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone/Fax: ( ) - / ( ) - \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**Not for Profit Community Association D&O / EPLI Program  
 Application for Insurance & Purchasing Group Membership**

**THIS APPLICATION IS FOR A "CLAIMS-MADE" POLICY.**

Name of Association ("Applicant"):			
Mailing Address:		Physical Address:	
	ZIP		ZIP
Applicant Website: www. _____			

**Underwriting Section**

1. Applicant type:     Condominium     Single Family HOA     Master     Cooperative     Commercial  
                            Timeshare         Other: \_\_\_\_\_  
                            List any Applicant subsidiaries: \_\_\_\_\_
  
2. Date of Incorporation: \_\_\_/\_\_\_/\_\_\_ (If unincorporated, date organized.) FEIN Number: \_\_\_\_\_
  
3. (a) Total units at final build-out: (a) \_\_\_\_\_  
    (b) Total units currently built: (b) \_\_\_\_\_  
    (c) If not fully built out, total units and undeveloped lots currently sold: (c) \_\_\_\_\_  
    (d) Total units still owned by the developer/builder/sponsor: (d) \_\_\_\_\_  
    (e) Total number of units rented (excluding co-op shareholder proprietary leases): (e) \_\_\_\_\_  
    (f) Total number of units in the Applicant operated as timeshares or interval units: (f) \_\_\_\_\_  
    (g) Total number of units participating in a real estate rental pool: (g) \_\_\_\_\_  
       Is the rental pool operated by:     the Applicant; or     a third-party entity?
  
4. Average unit value:     < \$500,000         > \$500,000 but < \$1MM     > \$1MM but < \$2MM  
                                    > \$2MM but < \$5MM     > \$5MM
  
5. (a) List all recreational and all other facilities managed by the Applicant (e.g. swimming pool, number of golf courses, equestrian or tennis facility, marina, number of boat slips, country club, clubhouse, restaurant, child care, health or medical care facilities, etc.): \_\_\_\_\_  
    (b) Are all listed facilities limited to members of the Applicant and their guests? (b)     Yes     No
  
6. Commercial Occupancy: \_\_\_% or # of Units: \_\_\_ Describe: \_\_\_\_\_
  
7. Sponsor/Builder/Developer:  
    (a) Is the sponsor/developer/builder or his/her representative on the board? (a)     Yes     No  
    (b) Does the sponsor/developer/builder control the board? (b)         Yes     No
  
8. Does Applicant have a positive fund balance? (If no, provide the most current financials and explain the reason for the negative fund balance in the "Additional Notes Section" below.)     Yes     No
  
9. Has the Applicant proposed or taken action to impose mandatory membership in a golf or Country Club, or proposed or taken action to change the Applicant from an "age restricted" community to a "non-age restricted" community within the last 24 months or plan to do so in the next 12 months? Describe: \_\_\_\_\_

10. (a) Does the Applicant provide any of the following services: fire service protection; secondary sewage treatment; potable water treatment; road maintenance; operation of a hospital emergency room or EMT services; Applicant sponsored community watch program; or has the applicant been granted police power by the applicable municipality? Describe: \_\_\_\_\_ (a)  Yes  No
- (b) If the answer to 10(a) is "Yes", are the services limited solely to the Applicant? (b)  Yes  No
11. Employee Count: None:  Full Time: Current \_\_\_ Prior Year \_\_\_ Part Time: Current \_\_\_ Prior Year \_\_\_
- (a) Does the Applicant have written procedures for Equal Opportunity Employment? (a)  Yes  No  N/A
- (b) Does the Applicant maintain an anti-discrimination policy? (b)  Yes  No  N/A
- (c) Does the Applicant maintain an anti-sexual harassment policy? (c)  Yes  No  N/A

Please explain any "No" responses to Question 11.

12. Percentage of units over 90 days past due on their Applicant fees or assessments:  
 <10%  Between 10% and 20%  >20%
13. (a) Is the Applicant or Applicant's property approved for FHA Loans? (a)  Yes  No
- (b) If yes, does the Applicant intend to obtain renewal of the FHA approval? (b)  Yes  No
14. Has Applicant ever had a D&O Liability policy canceled or non-renewed?  Yes  No  
 If "Yes," provide details in "Notes" below, including the cancellation or non-renewal date.
15. Existing Insurance:
- (a) Does Applicant carry General Liability insurance currently? (a)  Yes  No
- (b) Does Applicant carry Property Insurance currently? (b)  Yes  No
- (c) If Applicant is located in coastal area, does it have windstorm coverage? (c)  Yes  No
- (d) If Applicant is located in California, does it have earthquake coverage? (d)  Yes  No
16. Within the last 24 months have any of the following occurred:
- (a) Has the Applicant completed a foreclosure and/or a lien sale against an owner? (a)  Yes  No
- (b) Have any Applicant board elections been challenged? (b)  Yes  No
- (c) Has the Applicant board initiated litigation for reasons other than collection of dues or fees? (c)  Yes  No
- (d) Has the Applicant board placed or caused to be placed any liens on any units? (d)  Yes  No

### Additional Notes Section

### Claims Information Section

17. Within the last 5 years, has any claim been made, including (a) counter suits as a result of liens or foreclosures, (b) Equal Employment Opportunity Commission, National Labor Relation Board or similar administrative proceeding, or is any claim being made, or is any claim now pending against Applicant or any person proposed for insurance in the capacity of either director, officer, trustee, employee or volunteer of Applicant?
- Yes  No If "Yes," please complete our "Supplemental Claims Application" (See [www.mcgowaninsurance.com](http://www.mcgowaninsurance.com) )
18. Is any person intended to be an insured under this insurance aware of any fact, circumstance, or situation which may result in a claim against Applicant or any of its directors, trustees, officers, employees, or volunteers?
- Yes  No If "Yes," please complete our "Supplemental Claims Application" (See [www.mcgowaninsurance.com](http://www.mcgowaninsurance.com) )
- Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Insurer.*
19. Has Applicant had continuous, uninterrupted Directors & Officers Liability Coverage ("D&O")?  Yes  No  
 If "No," since when has Applicant had continuous, uninterrupted D&O coverage? \_\_\_ / \_\_\_ / \_\_\_\_\_

## Prior Insurance Section

### Directors & Officers Liability

Policy Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_ MM Retention: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

### Umbrella Liability

Policy Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_ MM Retention: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

### General Liability

Policy Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_ MM Retention: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

## Property Manager Section

Does Applicant have an independent property manager? If "Yes," please provide details below.  Yes  No

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_ - \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: www. \_\_\_\_\_ . \_\_\_\_\_  
 Professional Designations: \_\_\_\_\_

## Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True, Material and Complete. If The Policy Is Issued, It Is Done In Reliance Of These Statements And Warranties. 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 Immediately Be 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, 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. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime. Any Policy Obtained By Fraud, Material Misrepresentation Or Omission Is Null And Void. (\*\*See State Fraud Warnings)

**Purpose & Effect Of "Application For Insurance & Purchasing Group Membership."** By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Applicants PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Materials Or Information Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance (e.g. – Including, But Not Limited To, Supplementals, Schedules & ACORD Applications) Become A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

**Disclosure Regarding Shared Limits.** Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002.** By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At [www.purchasinggroups.com](http://www.purchasinggroups.com) .

**To Learn More.** Please Visit [www.purchasinggroups.com](http://www.purchasinggroups.com), Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

\_\_\_\_\_, 20\_\_\_\_  
 Signature of Applicant Date

\_\_\_\_\_, 20\_\_\_\_  
 Signature of Insurance Broker Date

Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Title: Insurance Broker

## **\*\*State Fraud Warnings**

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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.

**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 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** 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.

**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 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of 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 NEW MEXICO APPLICANTS:** 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 civil fines and criminal penalties.

**NOTICE TO 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with the 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** 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.



## Supplemental Claim Form

This Supplemental Claim Form is designed to determine whether it is still in the best interest to issue a policy in the McGowan Community Association Program due to the facts and remedial measures notwithstanding the claim(s). The information on this form is material to underwriting this risk and shall be deemed attached as part of the policy as if physically attached thereto.

**Name of Insured:**

**Claim Information:**

1. Insurer handling claim
2. Claim number
3. Is the current policy being non-renewed?  Yes  No
4. If being non-renewed, what deductible(s) is/are the insured willing to accept? \$
5. Describe the claim and the damages/relief being sought:
6. What are the key defenses/positions/excuses of the insureds?
7. How was the claim made: Written demand?  Lawsuit/Cross-complaint?  Administrative proceeding (EEOC, Fair Housing, etc.)?
8. If suit/Administrative Proceeding, list court/agency and case/petition number:
9. Who is/are the claimant(s) and relation to insured (i.e. unit owner, vendor/contractor)?
  - a. First time claimant?  Yes  No
  - b. Repeat offender?  Yes  No
10. Who is/are the Defendant(s)/Respondent(s) and their relation to insured? (i.e. board member, association, manager):

**Attorney(s) defending Insured(s):** Attorney/Firm/phone number/email:

**Claim status?**

1. What is the likelihood of settlement?
2. If the matter goes to trial, what is the likelihood of a finding of no liability against the insured?
3. Defense fees and costs paid to date/incurred to date?
4. Reserves: Defense fees and costs                      Indemnity

**IMPORTANT Remedial Measures:**

1. What steps have the insured(s) taken to prevent a similar claim from happening again? Describe:
2. Is there a new community management company?  Yes  No
3. If there is a new community management company, provide contact information:
4. Have the governing documents been reviewed, updated and/or otherwise amended?  Yes  No
5. Have any new policies been put into place as a result of the claim?  Yes  No
6. Have there been any board changes due to or after the claim?  Yes  No

**Additional Notes:**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Print Name and Title