



COMMUNITY ASSOCIATION DIRECTORS & OFFICERS (D&O) AND EMPLOYMENT PRACTICES LIABILITY (EPL) APPLICATION

Return Applications To: **ROCKWOOD PROGRAMS, INC.** 3001 Philadelphia Pike, Claymont, DE 19703-2580
Ph: 800-558-8808 • Fax: 302-764-5477 • www.rockwoodinsurance.com

RATES SHOWN ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- At least 70% of all units built and sold
- Average unit market values less than \$1MM
- No short-term/vacation rentals • No more than 200 units
- Association staff fewer than 5 employees
- Association does not have negative fund balance
- No more than 10% of units in arrears • No prior claims
- Not located in CA, CO, FL, IL, LA, NJ, NY, TX, WV

APPLICANTS POSSESSING RISK CHARACTERISTICS OTHER THAN THOSE OUTLINED ABOVE MUST COMPLETE A FULL APPLICATION. THESE RISKS WILL BE UNDERWRITTEN AND RATED INDIVIDUALLY.

Contact Rockwood for more details. Other Limit and Retention options available.

DETERMINE FULL AMOUNT DUE Based on Type of Association and Number of Units. Rates Shown Below are for Liability Limits of \$1,000,000/\$1,000,000

NUMBER OF UNITS	HOMEOWNERS		CONDOMINIUM	
	RETENTION	PREMIUM	RETENTION	PREMIUM
Under 15	\$ 0	\$ 555	\$ 500	\$ 625
16 – 30	\$ 0	\$ 650	\$ 500	\$ 725
31 – 50	\$ 0	\$ 725	\$ 500	\$ 825
51–100	\$ 500	\$ 945	\$1,000	\$1,095
101–150	\$1,000	\$1,125	\$1,000	\$1,395
150–200	\$1,000	\$1,245	\$1,000	\$1,855

I GENERAL APPLICANT INFORMATION

Applicant's Name _____

Location Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(if different than location)

Officer Contact _____ Ph (____) _____ Email _____

II TYPE OF ASSOCIATION

- 1** Does the applicant have retail occupancy? Yes No
a If "Yes," what percentage of units is retail? . . . _____ %
b What is the square footage of largest retail establishment? _____ Sq Ft
If the response to Question 1 above "Yes", contact Rockwood.
- 2** Total number of units when construction is complete: _____
- 3** Percentage of units currently built _____ %
- 4** Number of employees _____
- 5** Percentage of units sold _____ %
- 6** Average residential unit value (in terms of market value) \$ _____

III PRIOR INSURANCE INFORMATION

Coverage	Yes	No	Limits	Continuity Date	Expiring Premium
Community Association D&O/EPL	<input type="checkbox"/>	<input type="checkbox"/>	\$	/ /	\$

IV UNDERWRITING INFORMATION

- 1** Does the builder/developer or agent maintain representation on the board? . . . Yes No **a** If "Yes," contact Rockwood Programs.
- 2** Are any units rented or leased? Yes No
a If "Yes," what percentage of units are rented or leased? _____ % **b** Are any units short-term or vacation rentals? Yes No
- 3** Does the association own, maintain or have an affiliation with:
a A golf course or country club? Yes No **c** A water treatment facility? Yes No
b An airport/airstrip? Yes No **d** A sewage treatment facility? Yes No
If "Yes" to 3 a-d above, contact Rockwood Programs.
- 4** Does the association have a negative fund balance? Yes No
- 5** Does any one person/entity own multiple units? Yes No
a If "Yes," what is the greatest percentage of units owned by one person/entity? _____ %
- 6** Please indicate the percentage of units in arrears over 90 days: 5-10% 10-15% Greater than 15%

IV UNDERWRITING INFORMATION, Continued...

7 Within the last 24 months have any of the following occurred:

- a** Has the association completed a foreclosure sale against an owner? Yes No
 - b** Have any board elections been challenged? Yes No
 - c** Has the board initiated litigation for reasons other than collection of dues or fees? Yes No
 - d** Has the association completed any renovation or improvement projects which resulted in a special assessment for the members? Yes No
- If "Yes" to 7a-d above, contact Rockwood Programs.*

8 Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the applicant, or any person proposed for Insurance in the capacity of director, officer, trustee, employee or volunteer of the applicant? Yes No
(If "Yes," please complete an Rockwood Claim Supplement for each claim.)

9 Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? Yes No
(If "Yes," please complete an Rockwood Claim Supplement for each claim.)

10 Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? Yes No

PAYMENT OPTION Check for Full Amount Due, Payable to **Rockwood Programs, Inc.**

NOTICE TO ALL APPLICANTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED HERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND REPRESENTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature: _____ Date _____ / _____ / _____
(Must be signed by an Officer or Executive Director of the Applicant) Mo Day Yr

Retail agency name _____	License No. _____
Agent's Signature _____ (Required in New Hampshire)	Ph. No. (____) _____ Email _____
Agency mailing address _____	
City _____	State _____ Zip _____