



## Small Condominium and Homeowners Association Crime Application

Application is hereby made by \_\_\_\_\_

(Please attach a list of all Insureds, including any Employee Benefit Plan(s) to be covered)

Principal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy Effective Period \_\_\_\_\_ to \_\_\_\_\_

### 1. Insuring Agreement

	Limit of Insurance Per Occurrence	Deductible Per Occurrence
1. Employee Dishonesty	\$ _____	\$ _____
2. Forgery or Alteration	\$ _____	\$ _____
3. Inside the Premises	\$ _____	\$ _____
4. Outside the Premises	\$ _____	\$ _____
5. Computer Hacking	\$ _____	\$ _____
6. Money Orders & Counterfeit Paper Cash	\$ _____	\$ _____
7. Loss of Client's Property	\$ _____	\$ _____
8. Funds Transfer Fraud	\$ _____	\$ _____
9. Fraudulently Induced Transfer (Separate Application Required)	\$ _____	\$ _____
10. ERISA Fraud or Dishonesty	\$ _____	\$ _____
Coverage Amendments (Endorsements) _____		

### 2. Property Manager Information

	Yes	No
Does the association utilize an outside property manager?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the property management company prohibited from being named the sole authorized check signer on any association bank accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the name and address of the property management company: _____		
Does the property management company carry Crime insurance?	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Applicant Requirements

The above applicant must meet all of the following underwriting criteria to be eligible for coverage:

#### Item 1: Required Association Characteristics

- The applicant is a non-profit community association.
- The association has been Crime claim-free for the last 5 years and has no knowledge of any occurrences that may give rise to claims.
- The association has a board with at least 3 members.
- The association does not have more than 10 employees on payroll.

#### Item 2: Procedures

- Dues/Fees/Mortgage payments are always received as checks, not cash.
- Vouchers/supporting records are stamped "PAID" when checks are signed. If records are kept electronically, there is a system in place to indicate that a check has been issued to prevent duplication.

### 3. Applicant Requirements *Continued*

- Anyone authorized to fire or hire association employees is prohibited from distributing payroll. If there is no payroll, this question does not apply.
- Volunteers (*other than Directors & Officers*) are prohibited from handling bank accounts or fee/mortgage payments. If there are no other volunteers, aside from Directors & Officers, this does not apply.
- The property management company is prohibited from being named the sole authorized check signer on any association bank accounts.

#### Item 3: Oversight/Reconciliation

- The associations' bank accounts and credit card statements are reconciled monthly by someone not authorized to deposit, withdraw, initiate electronic funds transfer, or use an association credit card.
- If Association utilizes traditional banking, countersignatures are required on all checks over \$500.
- If Association utilizes electronic banking, they must meet the following:
  - o The board approves all checks/expenditures and also verifies the completion/receipt of purchased services or goods.
  - o The employee creating the check or payment request does not also sign or approve.
  - o The board receives a monthly statement directly from the bank (*via mail in a sealed envelope or via e-mail directly from the bank's website*) and reviews it on a monthly basis.

☐ I acknowledge that I have read the above and the insured meets all underwriting criteria outlined in sections 1-3

### Fraud Statements

**Applicable in AL, AR, LA, NM, RI, and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

**Applicable in CO, ME, TN, VA, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 policy- holder 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.

**Applicable in CA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in DC: 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.

**Applicable in FL:** 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.

**Applicable in KY:** 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.

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

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in NY:** 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.

**Fraud Statements Continued**

**Applicable in OH:** Any person who, with 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.

**Applicable in OK: 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.

**Applicable in OR:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

**Applicable in PA:** 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.

**Applicable in other states:** Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

<b>Applicant Signature</b> _____	<b>Title</b> _____	<b>Date</b> _____
<b>Producer Signature</b> _____	<b>Title</b> _____	<b>Date</b> _____