

## Condominium and Homeowners Association Crime Application

Apı	olication is hereby made by	nsureds, including any Employee Ber	nefit Plan(s) to be	covered)		
Prir	ncipal Address		Tient Fram(s) to be	covereay		
	y		Zip Code			
Pol	icy Effective Period	to				
1.	Insuring Agreement	Limit of Insurance Per Occurrence	Deduc Per Occi			
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.	Is Kidnap, Ransom, and Extortion Coverage Desired? (Separa Employees and Locations	ate application required)	Yes □	No □		
	al Employees Volunteers	Total Location	ations			
3.	Description of your organization					
a.	Date of Establishment					
b.	Please describe your predominant business or activity					
C.	Please list community amenities (i.e. restaurant(s), golf course, g	golf shop, club house, pool, gym, etc.	.)			
4.	Internal Controls		Yes	No		
a.	Are the associations' bank accounts and credit card stateme not authorized to deposit, withdraw, initiate electronic funds credit card?		one $\Box$			
b.		ks not cash?		<u> </u>		
	,					
C.	Are those authorized to hire/fire association employees, prol		_			
	If there is no payroll, this question does not apply.   Please characteristics of the property	neck the box to confirm the Insured depayroll.	ues			

	Internal Controls C	ontinued				Yes	No
d.	Are volunteers (other the payments? If there are		* *	•	~ ~		
e.	Does the association utilize an outside property manager?						
	<b>If yes</b> , is the property management company prohibited from being named the sole authorized check signer on any association bank accounts?						
	Please provide the na	ame and address o	of the property ma	anagement compan	y:		
	Does the property ma	anagement compa	ny carry Crime in	nsurance?			
f.	Are vouchers/supporting records stamped "PAID" when checks are signed?						
g.	. Do you maintain a list of approved vendors?						
h.	s countersignature of all checks required?						
	If yes, above what amount? \$						
i.	If the Association use						
	Does the board approve all checks/expenditures and also verify the completion/receipt of purchased services or goods?						
	Is the employee responsible for creating the check or payment request, excluded from signing checks?						
	Does the board receive a monthly statement directly from the bank (via mail in a sealed envelope or via e-mail directly from the bank's website) and review it on a monthly basis?						
_						Was	
5.					0	Yes	No —
a.							
	If yes, please explain  Prior insurance to be superseded						**************************************
b.		superseded				☐ Check	TIT NIONA
b.	Prior insurance to be	·	Funitation Date	1::	Dadustible	☐ Check	
b.		superseded  Effective Date	Expiration Date	Limit	Deductible		mium
b.	Prior insurance to be	·	Expiration Date	Limit	Deductible		
b.	Prior insurance to be  Carrier	·	Expiration Date	Limit	Deductible		
6.	Prior insurance to be  Carrier  Loss History	Effective Date			Deductible	Pre	mium
6.	Prior insurance to be  Carrier	Effective Date			Deductible	Pre	mium No Losses
6.	Prior insurance to be  Carrier  Loss History  er all claims or occurre	Effective Date	e rise to claims fo		Deductible	Pre	mium No Losses
6.	Prior insurance to be  Carrier  Loss History  er all claims or occurre	Effective Date	e rise to claims fo	or the prior 5 years*		Pre	mium No Losses Status
6.	Prior insurance to be  Carrier  Loss History  er all claims or occurre	Effective Date	e rise to claims fo	or the prior 5 years*		Pre ☐ Check if Claim : Open	mium No Losses Status Closed

## 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 C0, 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.

**Applicable in 0H:** 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 0K: 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 0R:** 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.

## Fraud Statements Continued

**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.

Applicant Signature	Title	Date
Producer Signature	Title	Date