

Non-Profit Community Associations Crime Application

Name of Applicant: (Include all subsidiary and managed entities to be covered, as well as the exact legal name of any "Employee Benefit Plan(s) for which "you" are seeking coverage):

Address of Applicant:

City: _____ **State:** _____ **Zip:** _____

Effective Date: _____

Date established: _____ **Annual Revenues:** _____ **Annual Assets:** _____

United States/Canada Other Countries Total

Number of Employees/Property Managers*: _____ _____ _____

Locations (Other than HQ) _____ _____ _____

Number of Association Unit Owners: _____ _____ _____

**Indicate the number of Employees and/or Employees of Property Management Company that handle money, securities and other property on the applicants behalf.*

Non-Profit Community Association Type:

Condominium Homeowners Association Commercial/Business Community Association

Cooperative Property Owners Association Time Share Association

Other (please describe): _____

Name of Property Manager, if any: _____

Coverage Basis, Limits of Liability and Deductibles Requested: *(Loss Sustained Option shall apply unless otherwise noted)*

Coverage Basis: Loss Sustained Discovery

Insuring Agreement	Limits	Deductibles
A.1. Employee Theft		
A.2 ERISA Fidelity	Will match the Employee Theft Limit if selected	\$ 0.
B. Forgery or Alteration		
C. Inside the Premises-Theft of Money & Securities, Robbery or Safe Burglary of Other Property		
D4. Outside the Premises		
E. Computer and Funds Transfer Fraud		
F. Money Orders & Counterfeit Paper Currency		

****LOSS INFORMATION:**

Please provide the following information for any and all Fidelity/Crime related losses discovered over the past (5) years. If there have been no losses in the past 5 years, please check this box

Date Discovered	Cause of Loss	Total Amount of Loss	Amount Paid by Insurance	Deductible at time of Loss	Location

****In addition to the above information, if there have been Fidelity/Crime related losses, please describe any and all corrective measures which were implemented as a result of the losses:**

Internal Controls & Procedures (All Locations):

1. Does the Association have a financial statement prepared annually? Yes No

If yes, please check the appropriate box to indicate who prepares it:

Independent Certified Public Accountant Independent Accountant Internal bookkeeper Property Manager
 Other (please specify) _____

2. Is countersignature required on all checks issued by the applicant Yes No In Excess of \$ _____

3. Do the employees who reconcile monthly bank statements also:

Sign checks? Yes No
Make Deposits? Yes No
Have access to check signing machines or signature plates? Yes No
Make Withdrawals Yes No

4. For new employees, are criminal background check performed Yes No

FRAUD STATEMENT: 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

This Application must be currently dated and signed by the association's insurance agent, broker, property manager, or by a member of governing board of the association.

Signed: _____

Title: _____

Date: _____

Submitting Producer: _____

License Number (FL Producers Only) _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED

Arkansas Fraud Statement

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 of insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement

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.

District of Columbia Fraud Statement

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.

Florida Fraud Statement

Any person who, knowingly and with intent to injure, defraud, or deceive and 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.

Hawaii Fraud Statement

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Statement

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.

Maine Fraud Statement

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, or a denial of insurance benefits.

New Jersey Fraud Statement

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

New Mexico Fraud Statement

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.

New York Fraud Statement

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 statement value of the claim for each such violation.

Ohio Fraud Statement

Any person who, with intent to defraud or knowingly that he is facilitating a fraud against and insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement

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.

Oregon Fraud Statement

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

Pennsylvania Fraud Statement

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.

Tennessee Fraud Statement

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.

Virginia Fraud Statement

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.