

**Community Association Management Liability Coverage
Declarations**

POLICY NO. <policy number>

<Travelers Casualty and Surety Company of America>
One Tower Square
Hartford, Connecticut 06183
(A Stock Insurance Company, herein called the Company)

THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY IS WRITTEN ON A CLAIMS-MADE BASIS. THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED BY DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

ITEM 1 NAMED INSURED:

<named insured/insurance representative>

D/B/A:
<name of d/b/a>

Principal Address:
<street>
<street>
<city, state, zip>

ITEM 2 POLICY PERIOD:

Inception Date: <month/dd/yyyy> Expiration Date: <month/dd/yyyy>
12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.

ITEM 3 ADDRESS INFORMATION FOR NOTICES TO COMPANY:

<Email: BSIClaims@travelers.com>
<Fax: 1-888-460-6622>

<Mail: Travelers Bond & Specialty Insurance Claim
P.O. Box 2989
Hartford, CT 06104-2989

Overnight Mail: Travelers Bond & Specialty Insurance Claim
One Tower Square, MN06
Hartford, CT 06183>

<For questions related to claim reporting or handling, please call 1-800-842-8496.>

ITEM 4 COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:

Community Association Management Liability Coverage

ITEM 5 Only those coverage features marked "☒ Applicable" are included in this policy.

COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE

Limit of Liability: \$<amount> for all **Claims**

Retention: \$<amount> for each **Directors and Officers Claim** under Insuring Agreement A

 \$<amount> for each **Directors and Officers Claim** under Insuring Agreement B

 \$<amount> for each **Directors and Officers Claim** under Insuring Agreement C

 \$<amount> for each **Employment Claim** under Insuring Agreement D

Prior and Pending Proceeding Date: <month/dd/yyyy>

Continuity Date: <month/dd/yyyy>

ITEM 6 **PREMIUM FOR THE POLICY PERIOD:**

\$<amount> Policy Premium

\$<amount> Annual Installment Premium

ITEM 7 **TYPE OF CLAIM DEFENSE:**

Duty-to-Defend

ITEM 8 **EXTENDED REPORTING PERIOD:**

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with sections **V. CONDITIONS, P. EXTENDED REPORTING PERIOD** of the Community Association Management Liability Coverage)

ITEM 9 **RUN-OFF EXTENDED REPORTING PERIOD:**

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with sections **V. CONDITIONS, M. CHANGE OF CONTROL** of the Community Association Management Liability Coverage Policy)

ITEM 10 ANNUAL REINSTATEMENT OF THE LIMIT OF LIABILITY:

- ☐ Applicable
- ☐ Not Applicable

Only those coverage features marked "☒ Applicable" are included in this policy.

ITEM 11 FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>
<form number/edition date>

PRODUCER INFORMATION:

<agency name>
<agency address>
<agency city, state, zip>

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.


President, Bond & Specialty Insurance


Corporate Secretary