

**Community Association Management Liability Coverage
Declarations**

POLICY NO. <enter 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 AND REPORTED BASIS. THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE TERMS OF THE COMMUNITY ASSOCIATION MANAGEMENT LIABILITY COVERAGE POLICY. 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.

MT INSURED: THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED 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 ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:

<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****Additional Defense Coverage:** ☐ Applicable ☐ Not Applicable**Additional Defense 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 section **V. CONDITIONS, Q. EXTENDED REPORTING PERIOD** of the Community Association Management Liability Coverage Policy)

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

Additional Premium Percentage: <percentage>%

Additional Months: <number of months>

(If exercised in accordance with section **V. CONDITIONS, N. 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