TRAVELERS

Commercial Crime

Travelers Casualty and Surety Company of America | **Community Association Coverage Application**

The term Applicant means the Home Owner Association, Cooperative or Timeshare entity and all subsidiaries proposed for this insurance. It does not mean Affiliates or Joint Ventures allied with the Applicant.

GENERAL INFORMATION

Name of Applicant:

Physical Address:

City:	State:	Zip:

Mailing Address (if different):

City:	State:	Zip:

Telephone Number (for billing inquiries):	Proposed Effective Date (mm/dd/yyyy):

ORGANIZATION INFORMATION

1. Total annual revenues: $ _____

2. Number of employees* _____ + Total number of officers/directors/ trustees _____ = Total employee count _____

   *Include all full-time, part-time, leased, seasonal, and temporary employees of all Applicant(s). NOTE: The employee count does not include employees of the Property Management Company.

COVERAGE INFORMATION

3.

Crime Coverage	Requested Limit*	Requested Retention
Employee Theft	$	$
Forgery or Alteration	$	$
On Premises (Money, Securities, and Other Property)	$	$
In Transit (Money, Securities, and Other Property)	$	$
Money Orders and Counterfeit Money	$	$
Computer Crime	$	$
Funds Transfer Fraud	$	$
Social Engineering Fraud	$	$
Personal Accounts/Forgery/Alterations	$	$

*For policy limits greater than or equal to $5,000,000, attach the most recent financial statement. CPA preferred if available.

INTERNAL CONTROLS

4. Does the board of directors/trustees regularly review:
   ☐ Monthly bank statements   ☐ Reserve fund balance   ☐ Budget reconciliation reports   ☐ Approved vendors

5. Financial statement prepared by:
   ☐ Internal Staff   ☐ Property Manager   ☐ CPA   ☐ None

6. Does someone other than the person responsible for reconciling bank accounts:
   Make deposits? ☐ Yes ☐ No   Make withdrawals? ☐ Yes ☐ No   Sign checks? ☐ Yes ☐ No

7. Is countersignature of checks required?   ☐ Yes ☐ No

8. Is segregation of duties practiced in the following areas:

Purchase order approvals and payments? ☐ Yes ☐ No ☐ N/A

Payables and receivables? ☐ Yes ☐ No ☐ N/A

9. Are all incoming checks stamped "for deposit only" immediately upon receipt? ☐ Yes ☐ No ☐ N/A

10. Does access to the Reserve Fund require Board of Directors/Trustees approval? ☐ Yes ☐ No

If no, explain approval procedure for removal of funds.

_____

11. Average amount of Cash on the premises daily? $ _____ ☐ N/A

12. Do you perform any of the following background checks on candidates for new employment?

N/A - No employees: ☐   Criminal history: ☐ Yes ☐ No   Credit history: ☐ Yes ☐ No

LOSS INFORMATION

13. Has the Applicant sustained any crime-related losses during the past 3 years? ☐ Yes ☐ No

If this is a renewal of a Travelers Crime policy, do not answer this question.

If yes, please attach a separate explanation sheet including loss details and corrective actions.

PROPERTY MANAGER

14. Do you desire Crime Coverage on any contracted independent Property Manager? ☐ Yes ☐ No

If yes, please provide the name of the firm: _____

15. Does the Property Manager have access to your bank accounts? ☐ Yes ☐ No

If yes, has the Board of Directors established limits of authority for check signing and invoice payments? ☐ Yes ☐ No

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than $5,000 and not over $10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

☐ Electronic Signature and Acceptance – Authorized Representative*

☐ Electronic Signature and Acceptance – Producer*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature*: **X**	Authorized Representative Name and Title:	Date *(mm/dd/yyyy)*:

PRODUCER INFORMATION (REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature*: **X**	State Producer License No:	Date *(mm/dd/yyyy)*:
Agency:	Agency Contact:	Agency Phone Number: