



Community Association Program - Crime Quote Application

<p>Insuring Agreement:</p> <ul style="list-style-type: none"> #1 Employee Dishonesty #2 Forgery Or Alteration #3 Inside the Premises #4 Outside the Premises #5 Computer Fraud 	<p>Endorsements:</p> <ul style="list-style-type: none"> Managing Agent Employee Benefit Plans Non-Compensated Officers as Employees Volunteers as Employees
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Association Name: _____

(Must Be Completed)

Property Manager Company: _____

Mailing Address: _____

City/State/Zip: _____

Policy Effective Date: _____ Pension Plan Name (if any): _____

YES NO

1. Is the Association crime claims-free for the last 5 years? YES NO

2. Are fee/mortgage payments always received as checks, not cash? YES NO

3. Are countersignatures required on all checks over \$500?
If No, please explain. _____ YES NO

4. Are vouchers/supporting records stamped "PAID" when checks are signed? YES NO

5. Are persons authorized to fire or hire association employees prohibited from distributing payroll? If there is no payroll, check N/A. YES NO

6. Are bank accounts reconciled monthly by someone not authorized to deposit/withdraw?
If No, please explain. _____ YES NO

7. Are volunteers (other than D&O's) prohibited from handling bank accounts or fee/mortgage payments?
If there are no volunteers, check here. YES NO

8. Choose Limit and Agreement:	Limit	Deductible	Agreement #1 Only	Agreements #1-5
	\$50,000	\$1000	\$310 <input type="checkbox"/>	\$486 <input type="checkbox"/>
	\$100,000	\$1000	\$459 <input type="checkbox"/>	\$716 <input type="checkbox"/>
	\$150,000	\$1000	\$517 <input type="checkbox"/>	\$808 <input type="checkbox"/>
	\$200,000	\$1000	\$572 <input type="checkbox"/>	\$894 <input type="checkbox"/>
	\$250,000	\$2500	\$582 <input type="checkbox"/>	\$904 <input type="checkbox"/>

Other: _____

PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES THIS QUESTIONNAIRE 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 WHICH MAY RESULT IN CIVIL OR CRIMINAL FINES OR PENALTIES.

This Questionnaire must be signed and dated by the Association's insurance agent, broker, property manager or by a member of the Board of Trustees of the Association

'If sending via e-mail' ... By checking this box the sender agrees with the above notice.

Signature: _____ Title: _____ Date: _____