

"COMMON ASSURANCE" Umbrella & D&O Programs

"Quick Quote" Application (For Indication Purposes Only - Not Sufficient to Bind Coverage)

Application Submitted By:

Agent: _____
 Agency: _____
 Address: _____
 Phone: () _____ - _____
 Fax: () _____ - _____

Insured: _____

Insured's Mailing Address: _____

- Insured Is:** Condominium Association Planned Unit Development (PUD) Cooperative
 Single-Family HOA Property Owners Association Timeshare

Ratable Exposures:

1. Number Of Condo/Co-op Units - In Buildings 1-3 Stories: 1. _____
2. Number Of Condo/Co-op Units - In Buildings 4-9 Stories: 2. _____
3. Number Of Condo/Co-op Units - In Buildings 10 Or More Stories: 3. _____
4. Number Of Single-Family Homes Or "PUD" Units: 4. _____
5. Number Of Owned Private Passenger Or Light Commercial Vehicles: 5. _____
6. Number Of Owned Medium Or Heavy Commercial Vehicles: 6. _____
7. (a) Number Of Swimming Pools: _____ (b) Are All Pools Fenced With Self-Latching Gates? 7. (b) Yes No
8. Number Of Diving Boards: 8. _____
9. Lessors Risk Commercial Exposure (Expressed In Amount Of Square Feet): 9. _____
10. (a) Are There Any Marina Exposures? Yes No
 (b) Any Gas Docks Or Repair Facilities? Yes No
 (c) If Applicable, Are Marina Facilities Available For Use By Public? Yes No
 (d) # Boat Slips: _____
11. Any Lakes, Ponds, Beaches Or Dams Which Are Owned By Or The Responsibility Of The Insured? 11. Yes No
12. (a) Are There Any Security Guards? Yes No (b) If "Yes," Are They Armed? 12. (b) Yes No
13. If The Association Is A "PUD" Or Single-Family HOA, Are The Streets Public Or Private? 13. Public Private
 If "Private," What Is The Approximate Mileage Of Owned Roads? _____
14. Are There Any Recreational Amenities (i.e. Golf Courses, Tennis Courts, etc.)? 14. Yes No
15. Number of Employees of the Association: 15. _____

D&O Exposure: *Detail The Following Regarding The Applicant:*

1. Had More Than One D&O Claim In The Past (3) Three Years? 1. Yes No
2. Been In Existence For Less Than One Year? 2. Yes No
3. Is The Developer On The Board Of Directors? 3. Yes No
4. Is The Occupancy Rate Less Than 75%? 4. Yes No
5. Is The Fund Balance Negative? 5. Yes No

Prior Umbrella:

Carrier: _____
 Limits: \$ _____ MM
 Premium: \$ _____ .00

Prior D&O:

Carrier: _____
 Limits: \$ _____ MM
 Premium: \$ _____ .00

Underlying Program:

Policy:	Insurer	Limits	Premium:	Policy Period
GL	_____	\$ _____ MM / \$ _____ MM	\$ _____ .00	____/____/____ - ____/____/____
AL	_____	\$ _____ MM	\$ _____ .00	____/____/____ - ____/____/____
EL	_____	\$ _____ k / \$ _____ k / \$ _____ k	\$ _____ .00	____/____/____ - ____/____/____
D&O	_____	\$ _____ MM	\$ _____ .00	____/____/____ - ____/____/____

Physical Address: _____

Const. Type: _____ **# Stories:** _____ **Year of Const.:** _____ **Avg. Unit Val.:** _____ **100% Spr.?** Yes No