

Application Directors' & Officers' Liability Insurance
Residential Condominiums/ Town Houses/ Cooperatives

1. Name of Condominium to be insured _____

2. P. O. Address _____

3. Location _____

4. Effective date _____ Expiration Date _____

5. Limits of Liability \$ _____ Each Loss \$ _____ Aggregate _____

6. Self Insured Retention \$1,000 ; if higher, specify _____ \$ _____

7. Number of Units at inception _____ Year Structure was built _____

8. Name and address of Builder _____

9. Number of _____ Unsold Units _____ Residential Condominiums Units _____
 Commercial Condominium Units _____ Units held for Rental _____

10. Date last Unit completed and sold _____

11. Date Association was formed _____

12. Names and address of Officers and Directors:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Describe any incident or claim or suit which would have involved this form of insurance coverage during the last five years (use reverse). If none, so state it. _____
14. Has similar insurance been cancelled or declined by any insurer? _____
 (if yes, describe on reverse)
15. Describe recreational facilities and indicate whether each is managed by the Association, Building Developer or Managing Agent (use reverse)
16. Describe any ownership or financial interest (except individual mortgage contracts) in any unit or common property other than that of residents. (use reverse)
17. Are any units rented or sub-leased to nonresidents on a short term or rental pool?
 _____ (if yes, describe on reverse and show name of unit owner)

Attach copy of the Condominium Constitution Deed and of its Regulation.

Application Directors' & Officers' Liability Insurance
Residential Condominiums/ Town Houses/ Cooperatives

All statements and answers are true and complete. I / we know of no other information which relates to the consideration of this insurance.

Name of the Producer
(Please Print)

Signature

Title

Name of the Producer
(Please Print)

Signature

Date