A picture containing logo

Description automatically generatedAssociation

Professional Services Supplemental

This is required in addition to the CorRisk Professional Liability Insurance application. As needed, please attach separate sheets to this supplemental application to provide complete answers.

Applicant Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Associations

## Please provide the following:

1. **Current Profit & Loss Statement**
2. **Association By-Laws**
3. **List of Sub-Associations**

## General Information

# of Members:

# of D&O:

# of Employees:

Funds Balance: $

Total Reserves: $

Geographical Scope (state, national, etc.):

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Does Association publish any magazines, periodicals or newsletters? | | Yes  No |
|  | If ‘Yes’, attach a sample of each | |  |
| 2. | Does Association publish a technical manual | | Yes  No |
|  | If ‘Yes’, describe: | | |
|  | For any ‘Yes’, below, please attach details and copies to application | |  |
| 3. | Does applicant provide a referral service, legal aid service, or computer service to its members or the public? | | Yes  No |
| 4. | Does applicant promote or sponsor any type of group travel, conventions, parades, or other similar events, or assume any liability in connection therewith? | | Yes  No |
| 5. | Does applicant promote, sponsor, or provide any form of insurance to its members or non-members? | | Yes  No |
| 6. | Does applicant act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? | | Yes  No |
| 7. | Does the applicant act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled, or distributed by others? | | Yes  No |
| 8. | Does the applicant maintain primary personal injury coverage (libel, slander, etc.)? | | Yes  No |
| 9. | Does the applicant maintain directors and officers liability coverage? | | Yes  No |
|  | If ‘Yes’, Indicate: | |  |
|  | Carrier: | Expiration Date: | /     / |
|  | How Long in Force: |  |  |

## Property Owner Associations

1. # of Units:
2. # of Rental Units:
3. Average Unit Value:

Under $500,000

Over $500,000 but under $1MM

Over $1MM but under $2MM

Over $2MM but under $5MM

Over $5MM

1. What Type of Property Owner Association is the Applicant? Check all that apply

Commercial

Condominium

Cooperative

HOA

Master

Single Family

Timeshare

1. Commercial Occupancy:      % or # of Units:       List Occupants:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Percentage of units over 90 days past due on their Applicant fees or assessments:

Under 10%

Between 10% and 20%

Over 20%

If over 20% is answered above, what number of units are over 90 days past due on assessments or fees:

1. Does Applicant have an independent property manager?  Yes  No
   1. Is the property management company responsible for the POA employees?  Yes  No
   2. Does property management company maintain EPL insurance?  Yes  No
2. Please complete the following regarding number of units:
3. Total units at final build-out:
4. Total units currently built:
5. If not fully built out, total units and undeveloped lots currently sold:
6. Total units still owned by the developer/builder/sponsor:
7. Total number of units in the Applicant operated as timeshares or interval units:
8. Are short term rentals of units allowed under Association by-laws:  Yes  No

If Yes,  With Board Approval; and/or  Without Board Approval?

1. List all recreational and all other facilities managed by the Applicant. Include how many.

Boat Slips:

Child Care:

Clubhouse:

Country Club:

Equestrian Facility:

Golf Courses:

Health/Medical Care Facilities:

Marina:

Restaurant:

Swimming Pool:

Tennis Facility:

Utilities (please describe):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 1. Are all facilities for use of residents or their guest only? | Yes  No |
| 1. Within last 24 months has Applicant contemplated changing membership requirements to the above or does the Applicant plan to do so in the next twelve months in any of the following ways: |  |
| 1. to mandatory for residents | Yes  No |
| 1. open to non-residents for a fee | Yes  No |
| 1. implementation of age restrictions or removal of age restrictions if any | Yes  No |
| 1. Does Applicant maintain protocols for compliance with association by-laws and state and local governing laws including but not limited to: |  |
| 1. Properly conducting elections of association board members | Yes  No |
| 1. Adequate notice of meetings and board actions to all association members | Yes  No |
| 1. Authorizing board or property manager to require unit owners to take action with regard to units and appurtenances as needed and to take action with regard to common areas or elements as needed | Yes  No |
| 1. Properly conducting meetings and maintain meeting minutes | Yes  No |
| 1. Allowing for inspection of books and records. | Yes  No |
| 1. If board meetings held, how often? |  |
| 1. How are board decisions communicated to association members?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Within the last 24 months have any of the following occurred: |  |
| 1. Has the Applicant completed a foreclosure and/or a lien sale against an owner? | Yes  No |
| 1. Have any Applicant board elections been challenged? | Yes  No |
| 1. Has the Applicant board initiated litigation for reasons other than collection of dues or fees? | Yes  No |
| 1. Has the Applicant board placed or caused to be placed any liens on any units? | Yes  No |
| If Yes, please provide additional information?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Does the applicant carry the following insurance? |  |
| 1. General Liability Insurance | Yes  No |
| 1. Property Insurance | Yes  No |
| 1. Windstorm & Flood Coverage if in a coastal waterfront area | Yes  No |
| 1. When was the last evaluation of the common areas of the association property for excessive wear or damage? | /     / |
| 1. What entity/person conducted inspection?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Were results of inspection relayed to association members?  Yes  No | |
| 1. What, if any, action taken?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**\*\*Please provide a copy of the latest property inspection report for all structures maintained by the HOA\*\***

Employment Practices Liability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | In the last 25 months, how many directors, officers and other employees | Employees | Directors & Officers | |
|  | 1. Have either resigned or retired |  | |  |
|  | 1. Been terminated (with or without cause) |  | |  |
|  | For any ‘Yes’, below, please attach details and copies to application | | |  |
| 2. | Does the Applicant have a written human resources manual or equivalent written management guidelines? | | | Yes  No |
| 3. | Does the Applicant have an employee handbook which is distributed to all employees? | | | Yes  No |
| 4. | Is the Applicant currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements (including ones resulting from any type of restructuring or office, branch or chapter closing)? | | | Yes  No |
| 5. | Does the Applicant conduct drug testing for employees or applicants for employment? | | | Yes  No |
|  | If ‘Yes’, please attach written guidelines that describe how the Applicant uses the results of the drug test to make employment decisions | | |  |
| 6. | Please provide on a separate attachment full details on all wrongful termination, Discrimination and/or Harassment claims made against the Applicant or any of its directors, officers or employees during the last five years including amounts of any judgments or settlements and costs of defense or confirm none | | | None |