



Wrap+®

Commercial Crime

Community Association Coverage Application

Travelers Casualty and Surety Company of America (not applicable in Guam, Puerto Rico, or the Virgin Islands)

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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.

I. GENERAL INFORMATION

- 1. Name of Applicant: Mailing Address: City: State: ZIP: Total Number of Units rented / leased: Date of Organization / Incorporation Current Annual Budget: Current Reserve Fund Balance: 2. Does the Applicant wish to include additional entities (e.g., Affiliates, Joint Ventures, Employee Benefit Plans) as insured's for coverage? If Yes, attach a list and a description of each entity. Yes No

II. COVERAGE INFORMATION

- 1. Proposed Policy Period: From 12:01 a.m. on to

Table with 3 columns: Desired Crime Coverage, Requested Limit, Requested Retention. Rows include Fidelity: Employee Theft, Fidelity: Employee Theft of Client Property, 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.

- 2. Expiring insurer: Expiring premium: \$

III. EMPLOYEE / EXPOSURE INFORMATION

- 1. 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 a Property Manager. 2. Indicate the total amount of specified property INSIDE the premises for all locations combined: Cash Retail Checks\*\* Credit Card Receipts 3. Indicate the total amount of specified property being transported by a messenger OUTSIDE the premises for all locations combined: Cash Retail Checks\*\* Credit Card Receipts \*\* Retail Checks are only those checks that are accepted as immediate payment for retail products or services.

IV. AUDIT INFORMATION

- 1. Scope of financial statement preparation:

Internal  \*CPA Compilation  \*CPA Review  \*CPA Audit  None

2. Does the Board of Directors / Trustees regularly review:

Monthly bank statements Yes  No  Reserve fund balance Yes  No  Budget reconciliation reports Yes  No

\* For policy limits greater than \$3,000,000, attach the most recent CPA financial statement

## V. INTERNAL CONTROLS

1. Does someone other than the person responsible for reconciling bank accounts:

Make deposits? Yes  No  Make withdrawals? Yes  No  Sign checks? Yes  No

2. Is countersignature of checks required? Yes  No

If Yes, what is the dual signing limit? \$ \_\_\_\_\_

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

Purchase order approval and payment? Yes  No  Receipt of cash and checks? Yes  No

Oversight of blank check stock? Yes  No  Wire transfer receipts and payments? Yes  No

4. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes  No

5. Are deposits of cash and checks made at least daily? Yes  No

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

If No, explain approval procedure for removal of funds.

7. Are inspections made of vendor work prior to payment for service? Yes  No

8. Indicate if you have or perform any of the following during the hiring process (check all that apply):

Prior employment verification  Drug testing  Education verification  Credit history  Criminal history

## VI. LOSS INFORMATION

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

If Yes, please attach a full description of the loss including date, description, status of loss, amount of the loss and the procedures implemented to avoid further losses.

## VII. PROPERTY MANAGER

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

If Yes, please provide the name of the firm: \_\_\_\_\_

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

If Yes, has the Board of Directors / Trustees established limits of authority for check signing and transfers? Yes  No

Authorized check limit: \$ \_\_\_\_\_ Authorized transfer limit: \$ \_\_\_\_\_

3. Does the Property Manager have discretionary authority over the hiring of service vendors? Yes  No

If Yes, does the Board of Directors / Trustees regularly review the vendor provider list and performance of service? Yes  No

4. Does the Property Manager maintain fidelity insurance? Yes  No

If Yes, what is the limit of insurance? \$ \_\_\_\_\_ Name of Insurer? \_\_\_\_\_

## VIII. COMPENSATION NOTICE

### Important Notice Regarding Compensation Disclosure

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](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, Enterprise Development, One Tower Square, Hartford, CT 06183.

## IX. FRAUD WARNINGS

**Attention: Insureds in Arkansas, D.C., Louisiana, Maryland, New Mexico and Rhode Island**

Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Attention: Insureds in 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.

**Attention: Insureds in 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.)

**Attention: Insureds in Maine, Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Attention: Insureds in Puerto Rico**

Any person who knowingly and with the intention of defrauding 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, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**X. SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PARTNER, PRINCIPAL OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature of **Applicant's** Authorized Representative  
(Partner, Principal or Officer)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**XI. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number