The Brownstone Program

Condo/Co-op Supplement

Aspen American Insurance Company
Mail to: 200 Cordwainer Drive Suite 300 Norwell, MA 02061
Fax to: 617-236-6401 Phone: 617-236-6400
www.BrownstoneInsurance.com

ASPEN

Named Insured:

	Yes	No	Comments
Is the building under renovation?	☐	☐	
Is the building vacant?	☐	☐	
Is there a property manager?	☐	☐	If yes, please list:
Is there a building superintendent?	☐	☐	
Are there parking facilities?	☐	☐	
Swimming pool on premises?	☐	☐	
Is there a clubhouse?	☐	☐	If yes, is it rented to others? ☐ Yes ☐No
Is there a gym?	☐	☐	
Are there mercantile/restaurants?	☐	☐	If yes, please list occupants:
Is this a 55+ community?	☐	☐	
Does the association have employees?	☐	☐	

Optional Coverage			
	Yes	**No**	If yes, list annual coverage amt.
Loss of maintenance fees	☐	☐	$
Fidelity bond coverage	☐	☐	$
Hired & non-owned auto liability	☐	☐	$
Directors & Officers (If "Yes", fill out attached supplement)	☐	☐	$1,000,000

I hereby certify that all locations do not contain the following ineligible risks: homeless shelters, temporary shelters, substance abuse programs, student housing, subsidized housing, emergency shelters, mental health facilities, rooming houses, and any non-profit city or state sponsored social service entity.

Applicant Name (printed): _____ Date:_____

Applicant Signature:_____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing and materially false information or conceals for the purpose of misleading, information concerning and fact material thereto, commits a fraudulent insurance act, which subjects the person to criminal and (NY: substantial) Civil Penalties. *Not applicable in CO, HI, NE, OH, OK, OR, ME, and VA. Insurance benefits may also be denied.

Directors & Officers Supplement

(Please complete if you answered "Yes" for Directors & Officers coverage under **Optional Coverage** on previous page)

Current Retro Date:

1. Does the builder/developer or real estate agent or the representative have:
   Financial interest in the development? Yes☐ No☐
   Representation of board of directors? Yes☐ No☐
2. How many units are nor owner occupied?
3. Is there a managing agent or other organization or individual managing the operation? Yes☐ No☐
   If yes, provide name and contact information:

4. Has the organization or any insured person given written notice under the provisions of any prior of current D&O Liability Insurance of specific facts or circumstances which might subsequently give rise to a claim being made against any insured person(s)? Yes☐ No☐
   If yes, give details:

5. Is any person proposed for coverage aware of any facts or circumstances that he or she has reason to suppose might afford valid grounds for future claim(s) which indicate the probability of any such claims? Yes☐ No☐
   If yes, give details:

6. Does the organization or any insured person(s) know of any instances of construction defects, faulty designs, earth movement, and/or soil subsidence? Yes☐ No☐
   If yes, give details:

7. Is the complex being constructed on a phase basis? Yes☐ No☐
8. Is the complex more than 30 units? Yes☐ No☐
   If yes, please attach a current annual audit of financial records

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