



# Community Association Solution Proposal Form

## A. General Information

Yes No

1. a. Legal name of the Association (no abbreviations): \_\_\_\_\_
- b. Physical address: \_\_\_\_\_
- c. City: \_\_\_\_\_ d. State: \_\_\_\_\_ e. Zip code: \_\_\_\_\_
- f. EIN #: \_\_\_\_\_

2. Does the Association use a 3rd Party Property Management Company?  Yes  No

If yes, please provide:

- a. Property Manager Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. City: \_\_\_\_\_ d. State: \_\_\_\_\_ e. Zip code: \_\_\_\_\_

3. Please select the appropriate mailing address:  Physical  Property Manager  Other

If Other, please provide:

- a. Property Manager Name: \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_
- c. City: \_\_\_\_\_ d. State: \_\_\_\_\_ e. Zip code: \_\_\_\_\_

4. Association Type / Description: (Check ALL that apply, including for any sub-associations)

- |   |  |
|---|--|
| <input type="checkbox"/> Airplane Hangar  | <input type="checkbox"/> Boat Dock   |
| <input type="checkbox"/> Commercial District  | <input type="checkbox"/> Condo-Hotel, Condotel or Condop   |
| <input type="checkbox"/> Condominium  | <input type="checkbox"/> Exclusively Commercial / Business Association                                 |
| <input type="checkbox"/> Exclusively Professional Association                           | <input type="checkbox"/> Homeowner's   |
| <input type="checkbox"/> Master Association   | <input type="checkbox"/> Mixed Use Residential / Commercial Property<br>(i.e. Condo with Retail units) |
| <input type="checkbox"/> Parking Garage   | <input type="checkbox"/> Planned Unit Development (PUD)  |
| <input type="checkbox"/> Property Owner Cooperative                                     | <input type="checkbox"/> Road Association  |
| <input type="checkbox"/> RV / Mobile Park   | <input type="checkbox"/> Timeshare   |
| <input type="checkbox"/> Property Association or any other association not listed above |  |

If a Master Association:

- 4.a. Please provide the total number of sub-associations: \_\_\_\_\_

Note: Please complete the attached Master Association Supplemental Application. Please also complete the remainder of the application inclusive of responses and totals for any sub-associations to be considered for coverage.

If an Airplane Hangar or Boat Dock Association:

- 4.b. Are any of the facilities open to the general public or non-members for a fee?  Yes  No

**B. Association Information**

Yes No

1. Please fill out this table with Information about the Units.

Total Number of Units	Number of Residential Units	Number of Commercial Units
a.	b.	c.

**If the Total Number of Units is 20, or less:**

2.a. Does any single owner or Entity (not including the Property Developer) own directly or indirectly more than 50% of the units?

Yes  No

**If the total Number of Units is greater than 20:**

2.b. Does any single owner or Entity (not including the Property Developer) own directly or indirectly more than 30% of the units?

Yes  No

3. The average unit value is:

< \$250,000     
  \$250,001 – \$500,000     
  \$500,001 – \$750,000     
  \$750,001 – \$1,000,000  
 \$1,000,001 – \$1,500,000     
  \$1,500,000 – \$2,000,000     
  > \$2,000,000

4. Does the Property Developer have more than 50% representation on the Board?

Yes  No

5. What year was the first Unit sold by the Property Developer? \_\_\_\_\_

6. Is the Association a For-Profit Entity of any kind?

Yes  No

7. Is the Association affiliated with, received funding from or have a common ownership interest with any local, state or federal government entity?

Yes  No

8. Is the Association in compliance with all state and local inspection, certification, and/ or re-certification standards for building structural integrity and safety?

Yes  No

9. Are there any known structural repairs needed?

Yes  No

**If yes, please provide details:**

9.a. Please provide the total estimated cost of repairs needed: \_\_\_\_\_

10. Has there been an increase in the annual assessment in the past 12 months?

Yes  No

10.a. **If yes, please provide the average percentage increase:** \_\_\_\_\_

11. Have there been any special assessments in the prior 24 months, or planned in the upcoming 12 months?

Yes  No

11.a. **If yes, please provide the total amount per unit:** \$ \_\_\_\_\_

Per Month     
  Per Year     
  Total Amount

12. Are greater than 20% of the unit owners delinquent by more than 90 days on any association dues or special assessments?

Yes  No

13. Is the Association currently in receivership, or involved in any bankruptcy proceedings?

Yes  No

14. Has the Association had a negative fund balance within the past 2 years, or expected to have one in the coming 12 months?

Yes  No

**C. Short-Term Rental Information**

Yes No

1. Are units in the Association available for short-term rentals or leases?

Yes  No

**If yes, please answer the following questions for short-term rentals**

1.a. What percentage of units are available for short-term rentals or leases? \_\_\_\_\_

1.b. Is the Association involved in owning and / or directly leasing units, even if operating as a non-profit Association?

Yes  No

1.c. Do the CC&Rs, Bylaws, or other governing documents allow such rental and / or leasing of units?

Yes  No

**C. Short-Term Rental Information *Continued***

**Yes No**

- |      |  |                          |                          |
|------|--|--------------------------|--------------------------|
| 1.d. | Do the CC&Rs, Bylaws, or other governing documents require owners to provide such Documents (including evacuation plans) to renters / lessees?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.e. | Does the Association, Property Manager and / or any of its employees oversee the rental or lease agreements for such units?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.f. | Does the Association or Property Manager advertise on any vacation rental websites, including: Vrbo.com, Airbnb.com, Booking.com or other similar sites? | <input type="checkbox"/> | <input type="checkbox"/> |

**D. Employee Information**

Please complete the grid below for the number of Full-Time and Part-Time (*including temporary, seasonal and leased*) employees of the Association and Property Manager. Please only include employees of the Property Manager that are acting within the scope of their employment on behalf of the Association.

**Current Year**

**Full-Time**

**Part-Time**

- |      |      |
|------|------|
| 1.a. | 1.b. |
|------|------|

**E. Current Insurance & Litigation History**

**Yes No**

**IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED FROM THE PROPOSED COVERAGE.**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Does the Association currently have Directors and Officers Liability Insurance, including any similar insurance endorsed on any Commercial Liability policy? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

**If yes**, please provide the following details about the expiring policy:

- 1.a. Insurance Carrier: \_\_\_\_\_
- 1.b. Expiration Date: \_\_\_\_\_
- 1.c. Limit: \$ \_\_\_\_\_
- 1.d. Prior and Pending Litigation Date: \_\_\_\_\_

- |      |  |                          |                          |
|------|--|--------------------------|--------------------------|
| 1.e. | Is the association seeking to purchase higher limits for Community Association Directors and Officers Liability Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
|------|--|--------------------------|--------------------------|

**If yes**, please answer the following:

- |         |   |                          |                          |
|---------|---|--------------------------|--------------------------|
| 1.e.(1) | Is the undersigned or any Director or Officer proposed for this Insurance aware of any fact, circumstance or situation involving the Association, the Property Manager acting in its capacity on behalf of the Association, or any Insured Persons which they have reason to believe might result in any future Claim which would fall within the scope of the increased Limit of Liability under this Policy to which this Proposal Form will be attached? | <input type="checkbox"/> | <input type="checkbox"/> |
|---------|---|--------------------------|--------------------------|

**IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 2. | Within the past five years, has the Association, Property Manager acting in its capacity on behalf of the Association, or any person proposed for this insurance received any written demands for monetary or non-monetary relief, or been involved in any civil, criminal, administrative or arbitration proceeding that would fall within the scope of any directors and officers or employment practices insurance products? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|

**If yes**, please complete the **Community Association Litigation Supplement Form**.

**IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED FROM THE PROPOSED COVERAGE.**

**F. WARRANTY**

Yes No

**PLEASE COMPLETE THIS SECTION ONLY IF THE ASSOCIATION LISTED IN QUESTION A. 1a DOES NOT CURRENTLY PURCHASE DIRECTORS AND OFFICERS LIABILITY INSURANCE, OR IF CURRENT COVERAGE EXPIRED MORE THAN TEN (10) DAYS PRIOR TO THE DATE THIS APPLICATION IS SIGNED.**

- 1. Is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance or situation involving the association, the Property Manager acting in its capacity on behalf of the association, or any Insured Person which they have reason to believe might result in any future Claim under this Policy to which this Proposal Form will be attached?

**IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.**

Signature\* \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

*\* If you are the authorized representative of the Company and are electronically submitting this Proposal Form to Great American Insurance Company, type your name in the "Print Name" box, enter the date, and apply your electronic signature to this form by checking the Electronic Signature box below. By doing so, you hereby consent and agree that your use of a key pad, mouse or other device to check the Electronic Signature box constitutes your signature, acceptance and agreement as if physically signed by you and has the same force and effect as a signature affixed by hand. Only the President, Vice-President, Property Manager or other member of the Governing Board of the Association are considered an authorized representative for the purposes of signing this Form.*

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

*Policies are underwritten by Great American Insurance Company, an authorized insurer in all 50 states and the DC and Great American E&S Insurance Company, an OH domiciled surplus lines insurance company, eligible to underwrite surplus lines insurance in all 50 states and the DC. ABA Insurance Services Inc. is an Ohio domiciled agency with its principal place of business at 3401 Tuttle Rd., Suite 300, Shaker Heights, OH 44122. CA license # 0G63200. © 2026 ABA Insurance Services Inc. dba Cabins Insurance Services in CA, ABA Insurance Services of Kentucky Inc. in KY and ABA Insurance Agency Inc. in MI.*

**Fraud Statement**

**FRAUD WARNING:** Any person who knowingly and with the 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 the person to criminal and civil penalties.

**Notice to Alabama Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Notice to Arkansas Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to California Applicants:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice to Colorado Applicants:** 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.

**Notice To District Of Columbia Applicants:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was reported by the applicant.

**Notice To Florida Applicants:** 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

Also provide: Agent name \_\_\_\_\_ License number \_\_\_\_\_

**Iowa Applicants**

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

(Producer)

**Notice to Kansas Applicants:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Notice to Louisiana Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Fraud Statement *Continued***

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York Applicants:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who knowingly and with intent to defraud any company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent act, which may subject such person to prosecution for fraud.

**Notice to Pennsylvania Applicants:** 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.

**Notice to Rhode Island Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Tennessee Applicants:** 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.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under the law.

**Notice to Virginia Applicants:** 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.

**Notice to Washington Applicants:** 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.

**Notice to West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**SEE NEXT PAGE FOR CLAIM SUPPLEMENT**



Community Association Solution  
Litigation Supplement

1.a. Full Name of Plaintiff(s) / Claimant(s): \_\_\_\_\_  
1.b. Full Name of Defendant(s): \_\_\_\_\_  
1.c. Date action / proceeding brought: \_\_\_\_\_  
1.d. Date action / proceeding closed: \_\_\_\_\_  Not Closed  
1.e. Total Paid Loss, including Defense Costs: \$ \_\_\_\_\_  
1.f. Please describe the specific nature of the claim and cause(s) of action:

2.a. Full Name of Plaintiff(s) / Claimant(s): \_\_\_\_\_  
2.b. Full Name of Defendant(s): \_\_\_\_\_  
2.c. Date action / proceeding brought: \_\_\_\_\_  
2.d. Date action / proceeding closed: \_\_\_\_\_  Not Closed  
2.e. Total Paid Loss, including Defense Costs: \$ \_\_\_\_\_  
2.f. Please describe the specific nature of the claim and cause(s) of action:

3.a. Full Name of Plaintiff(s) / Claimant(s): \_\_\_\_\_  
3.b. Full Name of Defendant(s): \_\_\_\_\_  
3.c. Date action / proceeding brought: \_\_\_\_\_  
3.d. Date action / proceeding closed: \_\_\_\_\_  Not Closed  
3.e. Total Paid Loss, including Defense Costs: \$ \_\_\_\_\_  
3.f. Please describe the specific nature of the claim and cause(s) of action:



## Community Association Solution Master Association Supplement

Please provide the name of each Sub-Association proposed for coverage and the date each qualifies for coverage. Each Sub-Association will be listed on Endorsement D26705, Addition of Subsidiary. If a Sub-Association is not listed below, there shall be no coverage for that Entity.

**NOTE:** The Qualification Date is the first date the Master Association listed in Section A.1.a. became responsible for the oversight and/or management of the entity(ies) listed below:

Legal Name of each Sub-Association	Qualification Date
1.	1.a.
2.	2.a.
3.	3.a.
4.	4.a.
5.	5.a.
6.	6.a.
7.	7.a.
8.	8.a.
9.	9.a.
10.	10.a.