

GENERAL APPLICATION

Residential Condominium Associations
Cooperative Apartments
Homeowners Associations
Office Condominium Associations

COMMUNITY ASSOCIATION INSURANCE PROGRAM



Community Association Underwriters of America, Inc.
Makefield Crossing - South Campus
800 Township Line Road, Suite 325
Yardley, PA 19067

Community Association Underwriters of America, Inc. does business as "CAU Insurance Services" in California, "Community Association Underwriters Agency" in New York, as "CAU" in Nevada, and as "Community Association Underwriters Insurance, Inc." in Utah.

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I. General Information

Community Association Type:

- ☐ Residential Condominium
- ☐ Cooperative Apartment
- ☐ Homeowners Association (with residential building coverage)
- ☒ Homeowners Association (with **NO** residential building coverage)
- ☐ Homeowners Association – Master (comprised of members of affiliated community associations)
- ☐ Office Condominium

Required Attachments:

Complete declarations and bylaws (**not just insurance sections**)
Current financial statement including auditor's management letter
Current photographs of representative residential buildings and nonresidential buildings
Site plan
Currently valued insurance company loss runs

Additional attachments may be required. A description of the necessary attachment will follow the  symbol.

A. **Association Name** (Legal name based on articles of incorporation or filings on record with the State):
Schoolhouse Drive Association, LLC

B. **Association Mailing Address** (C/O, Street, City, State, Zip Code):
C/O Global Society Management, LLC
PO Box 902
South Windsor, CT 06074

C. **Association Billing Address** (C/O, Street, City, State, Zip Code or check ☒ if same as B.):
C/O Global Society Management, LLC
PO Box 902
South Windsor, CT 06074

D. **Proposed Effective Date** (mm/dd/yy): 06 / 04 / 2025

Is account being quoted midterm? ☐ yes ☒ no

Does your agency currently write this account? ☒ yes ☐ no

Is this account being brokered? ☐ yes ☒ no

E. **Agency Name:** Bouvier Insurance **Producer Name:** Richard J Bouvier

F. **Independent Community Management Firm Name:** Global Society Management, LLC **Site Manager Name:** Srini
Site Manager Email: contactgsmllc@gmail.com
Site Manager Phone: (860) 432-8397
Site Manager Fax:

G. **Independent Community Management Firm Address:** **Phone:** 860-338-2116
(Street, City, State, Zip Code or check if same as: ☒ B. or ☒ C.): **Fax:**
PO Box 902 **Email:** gsmllc@gmail.com
South Windsor, CT 06074

H. **Inspection Contact Name:** Srini **Position:** MANAGER **Phone:** (860) 432-8397
Mailing Address: 435 Buckland Road, South Windsor, CT 06074 **Fax:**
Email: contactgsmllc@gmail.com

I. **Board Member Contact Name:** **Position:** **Phone:**
Mailing Address: **Fax:**
Email:

II. Property Location

Fire Protection:

Name of the responding fire department:

South Windsor

Is the responding fire department located within 5 miles?

☐ yes ☐ no

Fire hydrants are located within how many feet from the building?

0 feet

MORTGAGE HOLDERS AND INSURANCE TRUSTEES

Provide the following for each:

Type:	<input type="checkbox"/> Mortgage Holder <input type="checkbox"/> Insurance Trustee
Name:	
Address:	
City, State, Zip Code:	
Loan Number:	

III. Residential Ownership and Occupancy Information

Indicate total number of units:

Built	# <u>18</u>
Sold	# <u>18</u>
Planned	# <u>18</u>
Owner occupied	# <u>18</u>
Owner occupied for periods less than 6 months	# <u>0</u>
Rented on annual basis	# <u>0</u>
Rented for periods less than 6 months	# <u>0</u>
Timeshare or Fractional Ownership	# <u>0</u>

EXCLUDED EXPOSURES

Endorsement form CAU 3318 Exclusion – Specified Activities is required for secondary residence associations, timeshare and fractional ownership associations. The following exposures are excluded by this endorsement:

1. Armed security or guard dog services;
2. Hunting or archery;
3. Indoor or outdoor pistol, trap, or skeet shooting ranges;
4. Day care, medical, first aid or nursing facilities;
5. All terrain vehicles, ski areas, skiing activities, snowmobiling, parasailing, water skiing, or water ski jets;
6. Saddle animals, horseback riding clubs or any other equestrian activities or facilities; and
7. Beauty, salon, and spa facilities, products, and services including but not limited to therapeutic, massage, wellness, aesthetic, tanning, facials, body treatments, aromatherapy and personal beautification services.

IV. Rating Information – Property and Crime Coverages

ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE SUBJECT TO UNDERWRITING APPROVAL.

A. OTHER BUILDINGS AND STRUCTURES:

Coverage for other buildings and structures is provided on a replacement cost or guaranteed replacement cost basis.

Year Association was established: 2021

1. **Structures:** Cabanas, recreation courts and fixtures, pool houses, gates, gate houses, storage sheds, shelters, mailboxes, gazebos, pump houses, fences, walkways, roadways, other paved surfaces, outdoor fixtures, outdoor "swimming pools", flagpoles, light poles, fountains, outside statues, detached signs, temporary seasonal structures, and freestanding walls, other than retaining walls.

\$ 20,300 Total 100% Insurable Replacement Cost

2. **Other Buildings and Other Structures Not described in Section D1 :** Coverage applies **only** if other buildings or other structures are listed in the policy declarations addresses and description of buildings.

Is there any building or structure type not shown in D.1?

☐ yes ☒ no

B. COMMUNITY PERSONAL PROPERTY AND PROPERTY CONTAINED IN UNITS:

- 1. Community Personal Property:** Do not include the value of any property covered under section IV.I.
OTHER PROPERTY COVERAGES.

100% replacement cost Limit

\$ 5,075

- 2. Scheduled Community Personal Property Limit**  Attach schedule

\$ 0

C. DEDUCTIBLES: The minimum basic deductible is \$1,000. Higher optional deductibles are available for:

Basic: ☐ \$2,500 ☐ \$5,000 ☐ \$ _____ ☐ Apply deductible per unit

Water Damage: ☐ \$2,500 ☐ \$5,000 ☐ \$ _____ ☐ Apply deductible per unit

☐ Do not include coverage for Water Damage

☐ Do not include coverage for Ice Damming

Sprinkler Leakage: ☐ \$2,500 ☐ \$5,000 ☐ \$ _____ ☐ Apply deductible per unit

☐ Do not include coverage for Sprinkler Leakage

Sewer Backup: ☐ \$2,500 ☐ \$5,000 ☐ \$ _____ ☐ Apply deductible per unit

☐ Do not include coverage for Sewer Backup

Wind or Hail:

Percentage Deductible OR Occurrence Deductible

(Both deductible options apply per building/community personal property/structure based on replacement cost)

☐ 1% ☐ 2% ☐ _____ Other % ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ \$50,000 ☐ \$ _____ Other

☐ Do not include coverage for Wind and Hail

D. CONSEQUENTIAL COVERAGES: Coverage is provided for MAINTENANCE FEES AND ASSESSMENTS, COMMUNITY INCOME and ACCOUNTS RECEIVABLE EXPENSES on an actual loss sustained basis. Coverage is provided for EXTRA EXPENSE on an actual cost basis.

Maintenance Fees and Assessments (Rents on Co-ops) \$25,375 **Annual Receipts**

E. EQUIPMENT BREAKDOWN (Boiler and Machinery): Coverage is included for equipment breakdown on a replacement cost or guaranteed replacement cost basis.

Does any building have a hot water or steam boiler?

☐ yes ☒ no

Does any building have a central air conditioning system servicing the entire building?

☐ yes ☒ no

F. OTHER PROPERTY COVERAGES: Basic Limits are included at no additional premium. Limits may be increased.

Coverage/Covered Property	Basic Limit	Increased Limit	Coverage/Covered Property	Basic Limit	Increased Limit	
Bridges, Bulkheads, Docks, Piers, Retaining Walls and Wharves	\$ 10,000	\$ _____	Personal Property of Others:			
Natural Outdoor Property	\$20,000	\$ _____		Per Person	\$5,000	\$ _____
Maximum per Tree, plant, or shrub	\$1,000	_____		Per Occurrence	\$15,000	\$ _____
<input type="checkbox"/> Include golf course						
Newly Acquired Buildings and Structures	\$250,000	\$ _____	Off Premises Community Personal Property Community Personal Property In Transit			
Newly Conveyed Buildings and Structures	\$250,000	\$ _____				
Newly Acquired Community Personal Property	\$250,000	\$ _____				
Fine Arts:						
Per item	\$15,000	\$ _____				
Per Occurrence	\$50,000	\$ _____	Debris Removal	\$300,000	\$ _____	
Attach schedule						
Personal Effects:						
Per Person	\$5,000	\$ _____	Property Removal	\$300,000	\$ _____	
Per Occurrence	\$15,000	\$ _____				
Fire Department Service Charge	\$10,000	\$ _____	Fire Extinguisher Recharge	\$1,000	\$ _____	
				10% of paid claim up to \$5,000		
			Monetary Reward	\$5,000	\$ _____	
Removal of Fallen Trees Per Occurrence	\$ 10,000	\$ _____	Pollutant Clean Up and Removal	\$25,000 per 12 month period	\$ _____	
Maximum Per Tree	\$1,000					

G. Is **EARTHQUAKE AND VOLCANIC ERUPTION** Coverage desired? ☐ yes ☒ no

H. Is **Power Failure or Interruption Coverage- Sump Pump** desired? ☐ yes ☒ no
If yes, Form CAU 3208 applies

I. Is **Additional Claims Expenses** coverage desired? ☐ yes ☒ no
If yes, Form CAU 3207 applies

J. **CRIME COVERAGES: EMPLOYEE DISHONESTY, COMPUTER FRAUD, DEPOSITORS FORGERY:** Basic limit is included at no additional premium. Limit may be increased, or Actual Loss Sustained option may be selected. Optional coverage to include the independent community manager and firm is included and is subject to underwriting approval. Coverage can not be increased if the developer, sponsor, builder or their representatives are on the board of directors.

Basic Limit \$150,000

☒ **Increased Limit*** \$ 150,000

*FNMA requires a coverage limit equal to 3 months of assessments plus reserves.

OR

- ☐ **Actual Loss Sustained Limit Option** \$ 0 total amount of 3 months of association income + the amounts of all reserve accounts
- ☐ Do not include coverage for independent community manager and firm

K. add Deductible Allowance form CAU 3227 ? ☐ yes ☒ no

L. add Deductible Credit form CAU 3226 ? ☐ yes ☒ no

M. add Cosmetic Damage Exclusion form CAU 3222 ? ☐ yes ☒ no

V. Rating Information – Liability Coverages

A. GENERAL LIABILITY

No General Aggregate applies. Limit equals the sum of primary and excess/umbrella per occurrence limits. The basic GL limit is \$1,000,000. The limit may be increased.

Increased GL Limit

☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ \$6,000,000 ☐ \$7,000,000 ☐ \$8,000,000
☐ \$9,000,000 ☐ \$10,000,000

B. Is DIRECTORS AND OFFICERS LIABILITY coverage desired?

☒ yes ☐ no

Coverage is provided on a claims made basis. An Annual Aggregate applies. The minimum offered limit of \$1,000,000 may be increased but can not exceed General Liability limit chosen in A. above. Coverage is provided for independent community manager and firm. Full prior acts coverage is provided when "None" is shown as the Retroactive Date on the policy declaration page.

Increased D&O Limit

☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ \$6,000,000 ☐ \$7,000,000 ☐ \$8,000,000
☐ \$9,000,000 ☐ \$10,000,000
☐ Do not include coverage for independent community manager and firm
☐ Include Counsel Select form CAU 3042. An additional premium applies. Premium is fully earned.

C. ENVIRONMENTAL IMPAIRMENT LIABILITY

Coverage is provided on a claims made basis. Annual Aggregate applies. The basic liability limit is \$500,000. The limit may be increased. The minimum retention is \$5,000. Coverage for Underground Storage tanks applies only when scheduled on the policy.

Increased EIL Limit

☐ \$1,000,000 ☐ \$1,500,000 ☐ \$2,000,000
☐ Sewage Treatment Facility

EIL Retention

☐ \$0 ☐ \$10,000 ☐ \$25,000
0 Underground Storage Tanks

☒ Do not include coverage for Environmental Impairment Liability

D. CYBER SUITE

Annual Aggregate applies. The basic limit is \$25,000. The limit may be increased.

The minimum deductible is \$1,000.

Liability coverages are provided on claims made basis.

☒ Do not include coverage for Cyber Liability

** Minimum deductible for \$250,000 limit is \$2,500

*** Only available with limits of \$500,000 and \$1,000,000

E. GARAGE AND PARKING AREA LEGAL LIABILITY

Basic coverage limits of \$25,000 apply separately for comprehensive and collision. These limits may be increased. The basic deductible is \$500.

	Increased Limit	Higher Deductible
Comprehensive	\$25,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$500
Collision	\$25,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$500

F. Is EMPLOYEE BENEFITS LIABILITY coverage desired?

☐ yes ☒ no

G. HIRED AND NONOWNED AUTO LIABILITY

Coverage for hired and nonowned auto liability will be included at the general liability occurrence limit. No primary coverage is provided for hired and nonowned auto liability if there is an owned auto exposure.

H. RATING EXPOSURES

	# of		Annual Receipts		Square Footage
Swimming pools (Not wading pools)	0	Restaurant	\$0	Mercantile	
Lakes, ponds, retention basins	0	Liquor	\$0	and Office Area	0
Acreage of largest lake or pond	0	Golf course	\$0		
Dock slips	0	Boat rental	\$0		
Roadway miles maintained the association	0	Facility rental to non-members	\$0		

I. ADDITIONAL INSURED

Does any additional insured need to be named on the policy? ☐ yes ☒ no

VI. Other Insurance Information

1. Is a Workers Compensation policy desired? ☐ yes ☒ no

2. Is Employee Benefits Liability coverage desired? ☐ yes ☒ no

VII. Underwriting Information**A. RESIDENTIAL OWNERSHIP AND OCCUPANCY**

Average sale/resale price of units: \$400,000

Indicate total number of units in each category:

Owned by developer/sponsor/builder # 0
 Owned by financial institutions # 0
 Owned by the association # 0
 Rented for periods less than 1 week # 0
 If less than 1 week what is the minimum length of rental allowed? # 0 # of nights
 Vacant # 0
 Rented to Students # 0

Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no

Does association have any ownership or rental restrictions for owners or residents (e.g. short term rentals, age restrictions on rentals)? ☐ yes ☒ no

B. INDEPENDENT CONTRACTORS (e.g. street/road maintenance, snow removal, security, parking, transportation, etc)

Does the association or independent community management firm hire independent contractors? ☒ yes ☐ no

Does the association hire or arrange transportation for residents? ☐ yes ☒ no

Does the independent contractor provide a hold harmless or indemnification agreement? ☒ yes ☐ no

Are current certificates of insurance obtained from all independent contractors? ☒ yes ☐ no

Is the association named as an additional insured? ☒ yes ☐ no

Are liability limits at least \$1,000,000 per Occurrence with a \$1,000,000 General Aggregate? ☒ yes ☐ no

Does the association indemnify or hold harmless any independent contractor by contractual agreement? ☐ yes ☒ no

Does the association obtain proof of Workers Compensation coverage from all independent contractors? ☒ yes ☐ no

C. ASSOCIATION EMPLOYEES

Does the association have any employees? ☐ yes ☒ no

D. INDEPENDENT COMMUNITY MANAGEMENT FIRM

Is an independent community management firm utilized? ☒ yes ☐ no

How long have they managed the property? 1

- Is the independent community manager on the premises full time? ☐ yes ☒ no
- Are on site visits conducted at regular intervals? ☒ yes ☐ no
- Does the independent community management firm have a maintenance staff? ☐ yes ☒ no
- Does the independent community management firm have any ownership interest in any contracting firm utilized by the association? ☐ yes ☒ no

E. BUILDING DETAILS, UPDATING and DEFECTS:

1. Was any building previously occupied for non-residential purposes? ☐ yes ☒ no

2. Is there an underground mine or quarry on association property? ☐ yes ☒ no

3. Are there Smoke detectors? ☒ yes ☐ no

In common areas:

☐ yes ☒ no

In units:

☒ yes ☐ no

☒ Hard wired

☐ Battery powered with replacement program

4. Is there a Sprinkler system? ☐ yes ☒ no

5. Building shapes and fire walls

Choose closest building shape below:



NONE OF THESE SHAPES APPLY

☐

☐

☐

☐

☐

☐

☐

Does the building have any masonry fire walls?

☐ yes ☒ no

Roof:

Indicate the average age of the roofs: ☐ 0-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years ☒ 21+ years

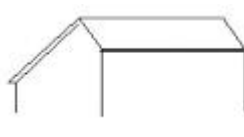
Indicate predominant roof type:



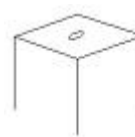
☐ Hip



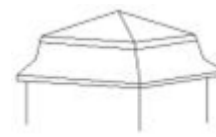
☒ Gable



☐ Salt Box



☐ Flat



☐ Mansard

6. Does any building or unit have galvanized plumbing (other than main waste lines)? ☐ yes ☒ no

7. Is there any aluminum wiring? ☐ yes ☒ no

8. Are there any identified construction defects? ☐ yes ☒ no

9. Does the association have a flood insurance policy? ☐ yes ☒ no

10. Have there been any water damage claims or mold claims in any building in the past 5 years? ☐ yes ☐ no

☐ N/A

Have all water damage issues been repaired with confirmation of no mold?

☐ yes ☒ no

Have all mold issues been fully remediated by a licensed contractor and certified mold-free?

☐ yes ☒ no

F. POTENTIAL EXPOSURES:

If you answer "YES" to a numbered question, answer the remaining questions in the section.

If you answer "NO" to a numbered question, proceed to the next numbered question.

1. Are there any Day Care, Medical Care or Assisted Living facilities? ☐ yes ☒ no

2. Are there any Health and Fitness facilities? ☐ yes ☒ no

3. Is there a clubhouse or meeting center?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
4. Is there a restaurant on premises?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
5. Is street or road maintenance the responsibility of the association?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
6. Is snow clearance the responsibility of the association?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
7. Is there a swimming pool or wading pool?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
8. Are there any lakes, ponds, retention basins, rivers or beaches on or adjacent to premises?(not detention basins)	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
9. Dam, levee or dike?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
10. Do any athletic teams or organizations use association amenities or facilities?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
11. Are there any golf courses located on Association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
12. Are there any equestrian facilities, trails or stables located on association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
13. Are there any skiing activities, including ski in and ski out, allowed on association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
14. Are any association owned facilities or amenities shared with another organization (e.g. another association, hotel, etc.)?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
15. Is there a water, wastewater or sewage treatment facility located on association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
16. Does the association utilize security personnel?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
17. Is valet parking provided?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
18. Does the association hold any organized activities involving minors?	<input type="checkbox"/> yes <input type="checkbox"/> no

VIII. Money & Securities and Crime / Employee Dishonesty

A. ASSOCIATION MONEY & SECURITIES VALUE

What does the association, at their premises, estimate the total maximum value for all its Money & Securities at any point in time for the upcoming policy period to be:

Less than \$50,000:

☒

Between \$50,000 and \$100,000:

☐

Between \$100,000 and \$250,000:

☐

Between \$250,000 and \$500,000:

☐

Above \$500,000:

☐

If the association's estimate is above \$500,000; list the value for each of the below items:

Currency / Coins:

\$0.00

Bank notes:

\$0.00

Money Order:

\$0.00

Travelers Checks / Register Checks:

\$0.00

Tokens / Tickets:

\$0.00

- Evidence of debt: \$0.00
- Any other financial instruments not listed above and its value :
: \$0.00

B. ASSOCIATION ACCOUNTS


- Does the association have both an operating account and a reserve account? ☒ yes ☐ no
- Are the account(s) in the association's name? ☒ yes ☐ no
- What is the \$ limit on board member's ability to disburse or transfer funds? \$1,000
- What is the \$ limit on independent community manager's ability to disburse or transfer funds? \$1,000
- Are operating account disbursements by the independent community manager limited to approved budgeted items? ☒ yes ☐ no
- Are the reserve account disbursements specifically authorized by the board? ☒ yes ☐ no
- Is countersignature of the checks required? ☒ yes ☐ no
- If not, who signs or controls?
- Are the following Securities subject to control of two or more board members / employees? ☐ yes ☒ no
- Tickets, Tokens, Stamps, Evidence of Debt, and negotiable or non-negotiable instruments or contracts.
- Are the bank statements reconciled monthly? ☒ yes ☐ no
- Does the person performing the reconciliation have the authority to deposit or disburse funds? ☐ yes ☒ no
- Who receives a copy of the account statement(s)? ☒ board member ☒ manager

C. ASSOCIATION FINANCIAL MANAGEMENT

- Does the association prepare an annual budget? ☒ yes ☐ no
1. Is there an annual certified audit? ☐ yes ☒ no
- If no annual certified audit, are any of the following conducted on an annual basis:
- ☒ Review
 - ☐ Compilation
 - ☐ Report of cash receipts and expenditures
2. Are all financial transactions reviewed monthly by the board? ☒ yes ☐ no
3. Does an independent community management firm handle association funds? ☒ yes ☐ no
- Is there a contractual agreement in place between the community management firm and the association defining the community management firm's financial responsibilities? ☒ yes ☐ no
- Does the contract require the community management firm to maintain Employee Dishonesty coverage? ☐ yes ☒ no
- Are association funds co-mingled with other funds? ☐ yes ☒ no
4. Does an accounting firm handle association funds? ☐ yes ☒ no
5. Are background checks done on everyone who has access to association funds? ☒ yes ☐ no

IX. Environmental Impairment Liability

In granting coverage under the Environmental Impairment Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Environmental Impairment Liability Coverage Part.

- A. Have any prior environmental reports, audits or studies been done for this property? ☐ yes ☒ no
-  **Attach copy of report, audit or study.**
- Have any of the following ever been on the property? ☐ yes ☒ no
- Indicate which:**
- | | | |
|---|---|--|
| <input type="checkbox"/> Automobile maintenance, repair or sales | <input type="checkbox"/> Gas station | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Commercial oil storage or distribution | <input type="checkbox"/> Junk/scrap yard | <input type="checkbox"/> Waste reclamation |
| <input type="checkbox"/> Commercial printing | <input type="checkbox"/> Landfill | <input type="checkbox"/> Waste/sewage treatment, storage or disposal |
| <input type="checkbox"/> Dry cleaners (other than pickup station) | <input type="checkbox"/> Photo developing | |

- B. Does the association have any wells used for potable water? ☐ yes ☒ no

- C. Does the association have a septic system connected to residential buildings or to third parties? ☐ yes ☒ no
Does the association have a septic system connected to other association community buildings only? ☐ yes ☒ no
e.g. clubhouses, pool houses, etc.
-
- D. Is there a sewage treatment facility at the property? ☐ yes ☒ no
-
- E. **Associations may have above ground or underground tanks if they have any of the following exposures: Gasoline pumps, backup generator, irrigation systems, fire protection system, heated swimming pool, cooking grills, oil or propane heat source, drinking water system or septic system.**
- Does the association have any Above ground Storage Tanks (ASTs)? ☐ yes ☒ no
Does the association have any Underground Storage Tanks (USTs)? ☐ yes ☒ no
-
- F. Are any hazardous* substances stored in containers greater than 50 gallons? ☐ yes ☒ no
*Hazardous substances include: pesticides, herbicides, paints, solvents, cleaning fluids and other similar chemicals.
-
- G. In the last 5 years:
- Has there been environmental coverage in place, other than with CAU? ☐ yes ☒ no
Has the association been cited or prosecuted for contravention or violation of any standard or law relating to any release of pollutants into sewers, rivers, seas, or onto land? ☐ yes ☒ no
Have there been any environmental claims against the association? ☐ yes ☒ no
Has any environmental coverage been declined, cancelled, or nonrenewed? ☐ yes ☒ no
-
- H. Are you aware of any circumstances that could reasonably be expected to give rise to an environmental liability claim under this policy? ☐ yes ☒ no
-
- I. Are there any statutes, standards, or other city, state, or federal regulations relating to the protection of the environment you cannot comply with? ☐ yes ☒ no
-

X. Directors and Officers Liability

In granting coverage under the Directors and Officers Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Directors and Officers Liability Coverage Part.

A. BOARD MEMBERS

- Has board control transferred from developer/builder/sponsor? ☒ yes ☐ no
Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no
Does any board member own 10% or more of the units? ☐ yes ☒ no

B. LEGAL COUNSEL

- Is there a procedure in place to promptly deliver all demand letters to the insurance carrier? ☒ yes ☐ no
Is legal counsel utilized in delinquent assessments, liens, or foreclosure processes? ☒ yes ☐ no
Is legal counsel utilized in enforcement of covenant process? ☒ yes ☐ no

C. PRIOR ACTIVITY

1. Has any directors and officers liability coverage ever been declined, cancelled or non-renewed? ☐ yes ☒ no
2. Has any legal action been taken by the association against any member other than for collection of fees or assessments? ☐ yes ☒ no
3. Has any claim been made, or is any claim pending against the association or any person as a director, officer, executive trustee, employee, independent community manager, volunteer, staff or committee member or association member acting on behalf of the board? ☐ yes ☒ no
4. Are you aware of any fact, circumstance or situation not reported to your current or past Directors & Officers Liability insurer which you reasonably believe could give rise to a claim? ☐ yes ☒ no

XI. List of Streets

Street Name
School House Drive

XII. Fraud Statement

CT	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 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.
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XIII. Authorization

A. **Association Name** (Legal name based on articles of incorporation or fillings on record with state):
Schoolhouse Drive Association, LLC

B. **Association Mailing Address**(C/O, Street, City, State, Zip Code):
C/O Global Society Management, LLC
PO Box 902
South Windsor, CT 06074

C. **Property Location**
City or Municipality: South Windsor **County:** Hartford **State:** CT **Zip Code:** 06074

D. **Proposed Effective Date** (mm/dd/yy): 06/04/25

I am an authorized representative of the applicant and certify that a diligent inquiry was made to obtain the answers to the questions on this application. To the best of my knowledge, I certify that the answers are accurate and complete.

I understand that the information provided in this application and related attachments were relied upon as the basis of coverage. Declarations and statements made relative to all coverage parts will be considered as incorporated in and constituting a part of the policy.

Signature: _____ **Date:** _____
Signature of board member or other authorized representative is required.

Name: _____ **Title:** _____

Company: _____

App Id: 273026 Account Code: 51048
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