

# SELECT D&O/CRIME APPLICATION

## GENERAL

Association Name: International Village Association, Inc.			Policy period: 2/1/2025 - 2/1/2026		
Address: 3700 Inverrary Drive			Apt/Suite/Other: 101		
City: LAUDERHILL	State: FL	ZIP Code: 33319	D&O coverage: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Expiring premium: \$0		
County: BROWARD	Phone:		Crime coverage: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Expiring premium:		
Email: DGFmeyers@bellsouth.net			Incumbent agent: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Association Type: HOA	Year Established:		Does Association have Employees: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Property Manager: Doug Meyers	Total Number of Units: 832		# of Employees: 0		

## D&O COVERAGE QUESTIONS

Any major Building/Renovations in the past year, currently or planned? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If YES -Do any of these renovations require special assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Commercial Occupied Units: 0	Average Unit Value: 220,000
# of Boat Slips: 0	# of Golf Courses: 0 Annual Receipts:

## CRIME COVERAGE QUESTIONS

Annual Sales:	Assets:	Number of Locations (other than HQ):
Financial Statement Prepared Annually: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Prepared by:		
Countersignature Required on All Checks: Yes <input type="checkbox"/> No <input type="checkbox"/> In Excess of \$		
Background Checks on New Employees: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do the Employees who Reconcile Monthly Bank Statements also:	Sign Checks: Yes <input type="checkbox"/> No <input type="checkbox"/>	Make Deposits: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Make Withdrawals: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Access Check Signing Machines or Signature Plates: Yes <input type="checkbox"/> No <input type="checkbox"/>	

## PREVIOUS INSURANCE

Has the Insured previously held or now hold similar insurance: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has any Insurer declined, cancelled or refused to renew similar insurance: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## PRIOR KNOWLEDGE

Does anyone for whom the insurance is being sought have knowledge of any act, error, omission, fact or circumstance that may give rise to a claim: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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## NOTES

ADD RETENTION TO DEFENSE COST ASC-SKN-CAP-008 (3/20)
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## FRAUD STATEMENT

Any person who, knowingly and with intent to injure, defraud, or deceive an 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.
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## SIGNATURE

By signing below, on behalf of all prospective Insureds, I declare that the statements and attachments in this Application are true and accurate. If there are any material changes to any statements or attachments in this Application prior to the inception date of the policy, I will notify MG Skinner immediately. Upon receipt of such notification, MG Skinner shall have the right to modify or withdraw any outstanding terms or proposal.	
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Electronic signature of applicant:	Date: 1/21/2025
Name:	Title:

LOSS HISTORY (5 YEARS)	
No Claims	
Have all claims for the past 5 years been entered	Yes

