



## **CRIME PROTECTION PLUS** **Condominium Association Supplement**

*This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application.*

**NAME OF INSURED:** \_\_\_\_\_

1. How many association unit owners are there? \_\_\_\_\_

2. How many board members do you have? \_\_\_\_\_

3. What is your current annual operating budget? \_\_\_\_\_

4. If you manage your own financial affairs, please answer the following:

a. Do you have employees who have fund-handling responsibilities?  Yes  No

b. What is their check issuing authority: \$

c. Is your board responsible for the collection and distribution of association funds?  Yes  No

d. Does the board approve all expenditures?  Yes  No

If not, over what amount? \$

5. Are the Association funds maintained in a bank account or are they invested? \_\_\_\_\_

6. Who maintains control over either bank or investment accounts? \_\_\_\_\_

7. How often are bank or investment accounts reconciled?

8. Do you use the services of a real estate property manager?  Yes  No  
If yes, please answer the following questions:

a. Does your real estate property manager carry fidelity coverage?  Yes  No

b. Does this real estate property manager handle all of your financial affairs?  Yes  No  
If no, what are the exceptions?

c. Are all unit assessment payments made by check?  Yes  No  
If no, what are the exceptions? \_\_\_\_\_

d. Are checks made payable to the association or to the management company?

Are payments sent to the: Association   
Management Company   
Bank Lock Box

e. How often does the real estate management company furnish the board with an accounting of receipts and expenditures? \_\_\_\_\_

- f. Is the board required to give prior approval for expenditures in excess of a specific amount?  Yes  No  
If yes, over what amount? \$
- g. Is the real estate management company required to obtain and furnish the board with copies of competitive bids for products and services?  Yes  No
- h. Are bank statements sent to the management company or the board?  Yes  No
- i. Are bank statements reconciled monthly?  Yes  No

The undersigned declares that to the best of his or her knowledge and belief that the statements set forth herein are true. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

The supplement must be signed by the Risk Manager or other person responsible for purchasing insurance.

Name (Please Print/Type)

Title (**Must be signed by an Owner, Officer or Partner**)

\_\_\_\_\_  
Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other Insured Persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)