

DISTINGUISHED.
PROGRAMS



**Community Association Program Quote Form
D&O Liability Coverage ("Claims Made" Basis)**

	Yes	No	N/A
Has the association experienced any D&O claims in the last 5 years?		X	
Is the association fully built out?	X		
Does the association anticipate any renovations in the next year?		X	

Association Name:	Glass Club Lake Inc.	City/State/Zip:	OMAHA, TX 75571
Street Address:	547 Omaha Drive		
How is association managed?	Not Managed Professionally		
Property Manager Name:			
Mailing Address:	547 Omaha Drive	City/State/Zip:	OMAHA, TX 75571

Association Type:	Homeowners Association (HOA)		
Total Unit Count:	74	Commercial Units:	0
Residential Units:	74	Retail Units:	0
Does any one entity own more than 30% of the units?	No		
<i>*Unoccupied units owned by Developer awaiting sale should not be considered.</i>			
Average Market Value of a Residential Unit:	\$100,000		
Number of owners past-due on association fees over 90 days:	0		
Number of employees/leased employees:	0		
<i>*This count should not include Board Members or the Property Manager.</i>			
Limit:	\$1,000,000	Retention:	\$2,500
PPL Date:	09/30/2018		
Include Absence of Replacement Coverage Reporting Provision? (+5%)	Yes		

D&O Choice: By selecting "Accept D&O Choice" you acknowledge that defense costs will be limited to \$1,000,000 in addition to the policy limit. [Declined]

Total Assets:	Total Salaries:
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Agent or Broker Name:	MCLECKIE INSURANCE AGENCY - NAPLES TX	Phone:	(903) 897-9090
Broker Address:	120 MAIN ST	City/State/Zip:	NAPLES, TX 75568-0770

KNOWN PRIOR CLAIMS: IT IS UNDERSTOOD AND AGREED THAT THIS POLICY DOES NOT APPLY TO ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, RELATING TO, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY WRONGFUL ACT OR ANY FACT, MATTER, CIRCUMSTANCE, SITUATION, TRANSACTION, CASUALTY, EVENT OR DECISION, KNOWN BY ANY INSURED PRIOR TO THE INITIAL COVERAGE DATE WHICH WOULD INDICATE THE PROBABILITY OF SUCH CLAIM BEING MADE. IT IS UNDERSTOOD AND AGREED THAT COVERAGE SHALL NOT BE EXCLUDED AS A RESULT OF ANY UNTRUE STATEMENT ON THIS APPLICATION, EXCEPT AS TO THE ORGANIZATION, ITS SUBSIDIARIES AND THOSE INSURED PERSONS HAVING SUCH KNOWLEDGE. PLEASE OBTAIN A COPY OF THE POLICY THROUGH YOUR BROKER AND READ IT CAREFULLY.

"By selecting 'Yes', I agree with the above notice.": Yes

THIS PROGRAM IS FOR NON-PROFIT COMMUNITY ASSOCIATIONS OR COMMUNITY ASSOCIATIONS THAT PRACTICE ZERO-BALANCE ACCOUNTING ONLY. FOR-PROFIT ENTERPRISES OF ANY KIND ARE NOT ELIGIBLE.

By selecting 'Yes', I confirm that this risk complies: Yes

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY OR OTHER PERSON FILES THIS QUESTIONNAIRE 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 WHICH MAY RESULT IN CIVIL OR CRIMINAL FINES OR PENALTIES.

"By selecting 'Yes', I agree with the above notice.": Yes

Distinguished Programs Group
1180 Ave. of the Americas
New York, NY 10036

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Jon E. Irvine
Jon E. Irvine (Sep 25, 2020 10:47 CDT)

Fax: 917-438-6610
Ed. 12/2011

E-mail: info@distinguished.com
Phone: 888-355-4626