



# CONDOMINIUM AND HOMEOWNERS ASSOCIATION FIDELITY COVERAGE

Email: Underwriting@SuretyOne.org | Facsimile: 919-834-7039 | Mail: P.O. Box 37284, Raleigh, NC 27627

<b>1. NAME OF ASSOCIATION</b>				<b>2. EFFECTIVE</b> 12:01 AM on _____	
Street Address _____				<b>EXPIRING</b> 12:01 AM on _____	
City/Town _____	County _____	State _____	Zip _____	(or continuous)	
<b>3. COVERAGE FORM</b>		<b>BOND AMOUNT</b>	<b>DEDUCTIBLE</b>	<b>PREMIUM PAYABLE</b>	
A. Employee Dishonesty - Blanket		\$ _____	\$ _____	<input type="checkbox"/> Annual	
B. Forgery		\$ _____	\$ _____	<input type="checkbox"/> 3 Years Advance	
<b>INTERNAL CONTROLS</b>		<input type="checkbox"/> 3 Years Installments			
<b>4. COUNTERSIGNATURE OF CHECKS</b>		<input type="checkbox"/> Required <input type="checkbox"/> Not Required		<b>5. BANK ACCOUNT RECONCILIATION</b>	
Will checks be endorsed "For Deposit Only?"		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are accounts reconciled by someone not authorized to deposit or withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are bank accounts reconciled monthly?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6. AUDITS</b>		<input type="checkbox"/> CPA <input type="checkbox"/> Public Accountant <input type="checkbox"/> Staff <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual			
<b>7. LOSSES PAST THREE YEARS:</b>		DATE	AMOUNT	DESCRIPTION OF CORRECTIVE ACTION	
<input type="checkbox"/> None					
<b>8. PRIOR BONDING</b>		<input type="checkbox"/> None			
Amount		Company			
\$ _____					
<b>Has any insurance been declined or cancelled during the past three years?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", Explain:		_____			
NUMBER OF OFFICERS _____		NUMBER OF EMPLOYEES _____		NUMBER OF BOARD MEMBERS _____	
HOW MANY SIGN CHECKS OR HAVE DIRECT ACCESS TO FUNDS? _____					

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALABAMA:** "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."

**ARKANSAS:** "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."

**COLORADO:** "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."

**DISTRICT OF COLUMBIA:** "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 provided by the applicant."

**FLORIDA:** "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."

**HAWAII:** "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

**KENTUCKY:** "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."

**LOUISIANA:** "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."

**MAINE:** "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 denial of insurance benefits."

**MARYLAND:** "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".

**NEW JERSEY:** "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

**NEW MEXICO:** "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."

**NEW YORK:** "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."

**OHIO:** "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."

**OKLAHOMA:** "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."

**PENNSYLVANIA:** "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."

**RHODE ISLAND:** "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."

**TENNESSEE:** "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."

**VIRGINIA:** "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."

**WASHINGTON:** "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."

**WEST VIRGINIA:** "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."