

**CRIME PROTECTION PLUS  
CONDOMINIUM ASSOCIATION SUPPLEMENT**

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

Name of Applicant:

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? If no, over what amount? \$	Yes	No
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? If no, what are the exceptions?	Yes	No
- c. Are all unit assessment payments made by check?  
*If no, what are the exceptions?* Yes    No
- 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?  
If yes, over what amount? \$ Yes    No
- 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

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

Producer

(If this is a Florida Risk, Producer means Licensed Florida Agent)

Agency

Producer License Number

(If this is a Florida Risk, Producer means Licensed Florida Agent)

Address (Street, City, State, Zip)