

# TRISURE

Directors and Officers Quote Sheet

Phone: 919-795-3971

Fax: 866-233-7589

Effective Date \_\_\_\_\_

Board Member Name or Community Manager Name \_\_\_\_\_

Community Management Company \_\_\_\_\_

Contact Number: \_\_\_\_\_

Tax ID Number \_\_\_\_\_

1. Name and address of community and website      **Type of Community**
- \_\_\_\_\_ Single Family\_\_\_\_\_
- \_\_\_\_\_ Condominiums\_\_\_\_\_
- \_\_\_\_\_ Townhomes\_\_\_\_\_

2. Number of Units and/or homes upon completion  
 # Completed \_\_\_\_\_ # Not completed \_\_\_\_\_ Total at completion \_\_\_\_\_
3. Average Home Value \_\_\_\_\_
4. Does the Community have Employees? **Yes**  **No**  How many?\_\_\_\_\_
5. Does the Community have Directors and Officers Insurance now? **Yes**  **No**
6. Directors and Officers Liability limit \_\_\_\_\_1 Million \_\_\_\_\_2 Million( Higher Limits Available)
7. Is the Developer involved in community? **Yes**  **No**
8. Does the Community have a positive financial fund balance? **Yes**  **No**
9. Is there any Commercial Occupancy? **Yes**  **No**  What Percentage?\_\_\_\_\_ Please describe
10. Does the community have a swimming pool and/or other amenities? **Yes**  **No**   
 Are the recreational Facilities exclusive to only members of the Association? **Yes**  **No**   
 Does the Community have: Golf Course? **Yes**  **No**  Boat Slips? **Yes**  **No**  Ponds? **Yes**  **No**
11. In the past 5 years, has a claim been made, or is a claim now pending against the Community or any person in the capacity of director, officer, trustee, employee, or volunteer of the community?  
**Yes**  **No**  If YES, Please provide details.
12. Are any persons or entities to be insured under the policy responsible for or has knowledge of any Wrongful Act or circumstance or situation which has reason to suppose might result in a future Claim?  
**Yes**  **No**  If YES, Please provide details.

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

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[www.palnc.com/hoa](http://www.palnc.com/hoa)

The Director's and Officer's Specialist