GENERAL APPLICATION

Residential Condominium Associations
Cooperative Apartments
Homeowners Associations
Office Condominium Associations

COMMUNITY ASSOCIATION INSURANCE PROGRAM

Community Association Underwriters of America, Inc.
Makefield Crossing - South Campus
800 Township Line Road, Suite 325
Yardley, PA 19067

Community Association Underwriters of America, Inc. does business as “CAU Insurance Services” in California, "Community Association Underwriters Agency" in New York, as "CAU" in Nevada, and as "Community Association Underwriters Insurance, Inc." in Utah.

I. General Information

Community Association Type:

- ☐ Residential Condominium
- ☐ Cooperative Apartment
- ☐ Homeowners Association (with residential building coverage)
- ☒ Homeowners Association (with **NO** residential building coverage)
- ☐ Homeowners Association – Master (comprised of members of affiliated community associations)
- ☐ Office Condominium

Required Attachments:

Complete declarations and bylaws **(not just insurance sections)**
Current financial statement including auditor's management letter
Current photographs of representative residential buildings and nonresidential buildings
Site plan
Currently valued insurance company loss runs

Additional attachments may be required. A description of the necessary attachment will follow the symbol.

A. **Association Name** (Legal name based on articles of incorporation or filings on record with the State):
Whipple Creek Place Homeowners Association

B. **Association Mailing Address** (C/O, Street, City, State, Zip Code):
C/O Invest West Management, LLC
12503 SE Mill Plain Blvd., Suite 260
Vancouver, WA 98684

C. **Association Billing Address** (C/O, Street, City, State, Zip Code or check ☒ if same as **B.**):
C/O Invest West Management, LLC
12503 SE Mill Plain Blvd., Suite 260
Vancouver, WA 98684

D. **Proposed Effective Date** (mm/dd/yy): 07 / 28 / 2026

Is account being quoted midterm?	☐ yes	☒ no
Does your agency currently write this account?	☒ yes	☐ no
Is this account being brokered?	☐ yes	☒ no

E. **Agency Name:** American Benefits, Inc. **Producer Name:** Vernon H Newcomb

F. **Independent Community Management Firm Name:**
Invest West Management, LLC
Site Manager Name: Suzanne Ashby
Site Manager Email: sashby@iwmhoa.com
Site Manager Phone: (360) 567-4342
Site Manager Fax:

G. **Independent Community Management Firm Address:**
(Street, City, State, Zip Code or check if same as: ☒ **B.** or ☒ **C.**):
12503 SE Mill Plain Blvd., Suite 260
Vancouver, WA 98684
Phone: (360) 254-5700
Fax: (360) 254-9573
Email:

H. **Inspection Contact Name:** Suzanne Ashby **Position:** Property Manager **Phone:** (360) 567-4342
Fax:
Mailing Address: 12503 SE Mill Plain Blvd., Suite 260, Vancouver, WA 98684 **Email:** sashby@iwmhoa.com

I. **Board Member Contact Name:** **Position:** **Phone:**
Fax:
Mailing Address: **Email:**

II. Property Location

City or Municipality: Vancouver **County:** Clark **State:** WA **Zip Code:** 98685

Fire Protection:

Name of the responding fire department: Clark County Fire

Is the responding fire department located within 5 miles? ☒ yes ☐ no

Fire hydrants are located within how many feet from the building? 250 feet

Who maintains and tests the fire hydrants? ☐ association ☒ fire department

Are hydrants flow tested? ☒ yes ☐ no

Are hydrants less than 1000 feet apart? ☒ yes ☐ no

MORTGAGE HOLDERS AND INSURANCE TRUSTEES

Provide the following for each:

Type:	☐ **Mortgage Holder** ☐ **Insurance Trustee**
Name:	
Address:	
City, State, Zip Code:	
Loan Number:	

III. Residential Ownership and Occupancy Information

Indicate total number of units:

Built	# 310
Sold	# 310
Planned	# 310
Owner occupied	# 213
Owner occupied for periods less than 6 months	# 0
Rented on annual basis	# 97
Rented for periods less than 6 months	# 0
Timeshare or Fractional Ownership	# 0

EXCLUDED EXPOSURES

Exclusion – Specified Activities is required for secondary residence associations, timeshare and fractional ownership associations. The following exposures are excluded by this endorsement:

1. Armed security or guard dog services;
2. Hunting or archery;
3. Indoor or outdoor pistol, trap, or skeet shooting ranges;
4. Day care, medical, first aid or nursing facilities;
5. All terrain vehicles, ski areas, skiing activities, snowmobiling, parasailing, water skiing, or water ski jets;
6. Saddle animals, horseback riding clubs or any other equestrian activities or facilities; and
7. Beauty, salon, and spa facilities, products, and services including but not limited to therapeutic, massage, wellness, aesthetic, tanning, facials, body treatments, aromatherapy and personal beautification services.

IV. Rating Information – Property and Crime Coverages

ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE SUBJECT TO UNDERWRITING APPROVAL.

A. **OTHER BUILDINGS AND STRUCTURES:**

Coverage for other buildings and structures is provided on a guaranteed replacement cost or replacement cost basis.

Year Association was established: 2003

1. **Structures: Cabanas, recreation courts and fixtures, pool houses, gates, gate houses, storage sheds, shelters, mailboxes, gazebos, pump houses, fences, walkways, roadways, other paved surfaces, outdoor fixtures, outdoor "swimming pools", flagpoles, light poles, fountains, outside statues, detached signs, temporary seasonal structures, and freestanding walls, other than retaining walls.**

   $ 300,000 **Total 100% Insurable Replacement Cost**

2. **Other Buildings and Other Structures Not described in Section D1 :** Coverage applies **only** if other buildings

or other structures are listed in the policy declarations addresses and description of buildings.
Is there any building or structure type not shown in D.1? ☐ yes ☒ no

B. **COMMUNITY PERSONAL PROPERTY AND PROPERTY CONTAINED IN UNITS:**

1. **Community Personal Property:** Do not include the value of any property covered under section **IV.I. OTHER PROPERTY COVERAGES.**
   100% replacement cost Limit $ 15,000

2. **Scheduled Community Personal Property Limit** **Attach schedule** $ 0

C. **DEDUCTIBLES: The minimum basic deductible is $1,000. Higher optional deductibles are available for:**

Basic: ☒ $2,500 ☐ $5,000 ☐ $_____ ☐ Apply deductible per unit

Water Damage: ☒ $2,500 ☐ $5,000 ☐ $_____ ☐ Apply deductible per unit
☐ Do not include coverage for Water Damage

☐ Do not include coverage for Ice Damming

Sprinkler Leakage: ☒ $2,500 ☐ $5,000 ☐ $_____ ☐ Apply deductible per unit
☐ Do not include coverage for Sprinkler Leakage

Sewer Backup: ☒ $2,500 ☐ $5,000 ☐ $_____ ☐ Apply deductible per unit
☐ Do not include coverage for Sewer Backup

Wind or Hail:
Percentage Deductible OR Occurrence Deductible
(Both deductible options apply per building/community personal property/structure based on replacement cost)
☐ 1% ☐ 2% ☐ _____ Other % ☐$5,000 ☐$10,000 ☐$15,000 ☐$20,000 ☐$25,000 ☐$50,000 ☐$ _____ Other
☐ Do not include coverage for Wind and Hail

D. **CONSEQUENTIAL COVERAGES:** Coverage is provided for MAINTENANCE FEES AND ASSESSMENTS, COMMUNITY INCOME and ACCOUNTS RECEIVABLE EXPENSES on an actual loss sustained basis. Coverage is provided for EXTRA EXPENSE on an actual cost basis.
Maintenance Fees and Assessments (Rents on Co-ops) $120,300 **Annual Receipts**

E. **EQUIPMENT BREAKDOWN** **(Boiler and Machinery):** Coverage is included for equipment breakdown on a guaranteed replacement cost or replacement cost basis.
Does any building have a hot water or steam boiler? ☐ yes ☒ no
Does any building have a central air conditioning system servicing the entire building? ☐ yes ☒ no

F. **OTHER PROPERTY COVERAGES:** Basic Limits are included at no additional premium. Limits may be increased.

Coverage/Covered Property	Basic Limit	Increased Limit	Coverage/Covered Property	Basic Limit	Increased Limit
Bridges, Bulkheads, Docks, Piers, Retaining Walls and Wharves	$ 10,000	$	**Personal Property of Others:**		
Natural Outdoor Property	$20,000	$	Per Person	$5,000	$
Maximum per Tree, plant, or shrub ☐ Include golf course	$1,000		Per Occurrence	$15,000	$
Newly Acquired Buildings and Structures	$250,000	$			
Newly Conveyed Buildings and Structures	$250,000	$	Off Premises Community Personal Property	$50,000	$
Newly Acquired Community Personal Property	$250,000	$	Community Personal Property In Transit	$50,000	$
Fine Arts:					
Per item	$15,000	$			
Per Occurrence *Attach schedule*	$50,000	$	Debris Removal	$300,000	$
Personal Effects:					
Per Person	$5,000	$	Property Removal	$300,000	$
Per Occurence	$15,000	$			
Fire Department Service Charge	$10,000	$	Fire Extinguisher Recharge	$1,000	$
			Monetary Reward	10% of paid claim up to $5,000	$
Removal of Fallen Trees Per Occurrence	$ 10,000	$	Pollutant Clean Up and Removal	$25,000 per 12 month period	$
Maximum Per Tree	$1,000				

G. **Is EARTHQUAKE AND VOLCANIC ERUPTION Coverage desired?** ☐ yes ☒ no

H. **Is Power Failure or Interruption Coverage- Sump Pump desired?** ☐ yes ☒ no

I. **Is Additional Claims Expenses coverage desired?** ☐ yes ☒ no

J. **CRIME COVERAGES: EMPLOYEE DISHONESTY, COMPUTER FRAUD, DEPOSITORS FORGERY:** Basic limit is included at no additional premium. Limit may be increased, or Actual Loss Sustained option may be selected. Optional coverage to include the independent community manager and firm is included and is subject to underwriting approval. Coverage can not be increased if the developer, sponsor, builder or their representatives are on the board of directors.

Basic Limit $150,000

☒ **Increased Limit*** $ 150,000

*FNMA requires a coverage limit equal to 3 months of assessments plus reserves.

OR

☐ **Actual Loss Sustained Limit Option** $ 0 total amount of 3 months of association income + the amounts of all reserve accounts

☐ Do not include coverage for independent community manager and firm

K. add Deductible Allowance? ☐ yes ☒ no

L. add Deductible Credit? ☐ yes ☒ no

M. add Cosmetic Damage Exclusion? ☐ yes ☒ no

V. Rating Information – Liability Coverages

A. GENERAL LIABILITY

No General Aggregate applies. Limit equals the sum of primary and excess/umbrella per occurrence limits. The basic GL limit is $1,000,000. The limit may be increased.

Increased GL Limit

☒ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ $6,000,000 ☐ $7,000,000 ☐ $8,000,000
☐ $9,000,000 ☐ $10,000,000

B. Is DIRECTORS AND OFFICERS LIABILITY coverage desired? ☒ yes ☐ no

Coverage is provided on a claims made basis. An Annual Aggregate applies. The minimum offered limit of $1,000,000 may be increased but can not exceed General Liability limit chosen in A. above. Coverage is provided for independent community manager and firm. Full prior acts coverage is provided when "None" is shown as the Retroactive Date on the policy declaration page.

Increased D&O Limit

☒ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ $6,000,000 ☐ $7,000,000 ☐ $8,000,000
☐ $9,000,000 ☐ $10,000,000

☐ Do not include coverage for independent community manager and firm

☐ Include Counsel Select. An additional premium applies. Premium is fully earned.

C. ENVIRONMENTAL IMPAIRMENT LIABILITY

Coverage is provided on a claims made basis. Annual Aggregate applies. The basic liability limit is $500,000. The limit may be increased. The minimum retention is $5,000. Coverage for Underground Storage tanks applies only when scheduled on the policy.

Increased EIL Limit

☐ $1,000,000 ☐ $1,500,000 ☐ $2,000,000
☐ Sewage Treatment Facility

EIL Retention

☐ $0 ☐ $10,000 ☐ $25,000
0 Underground Storage Tanks

☐ Do not include coverage for Environmental Impairment Liability

D. CYBER SUITE

Annual Aggregate applies. The basic limit is $25,000. The limit may be increased.
The minimum deductible is $1,000.
Liability coverages are provided on claims made basis.

☒ Do not include coverage for Cyber Liability

** Minimum deductible for $250,000 limit is $2,500

*** Only available with limits of $500,000 and $1,000,000

E. GARAGE AND PARKING AREA LEGAL LIABILITY

Basic coverage limits of $25,000 apply separately for comprehensive and collision. These limits may be increased. The basic deductible is $500.

	Increased Limit	Higher Deductible
Comprehensive	$**25,000**	☐ $1,000 ☐ $1,500 ☐ $2,500 ☒ $500
Collision	$**25,000**	☐ $1,000 ☐ $1,500 ☐ $2,500 ☒ $500

F. Is EMPLOYEE BENEFITS LIABILITY coverage desired? ☐ yes ☒ no

G. Is STOP GAP LIABILITY - EMPLOYERS LIABILITY coverage desired? ☒ yes ☐ no

The minimum Stop Gap Liability limit of $1,000,000 may be increased but cannot exceed General Liability limit chosen in A. above.

Total annual payroll, if any: $0

Increased Stop Gap Limit

☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ $6,000,000 ☐ $7,000,000 ☐ $8,000,000
☐ $9,000,000 ☐ $10,000,000

H. HIRED AND NONOWNED AUTO LIABILITY

Coverage for hired and nonowned auto liability will be included at the general liability occurrence limit. No primary coverage is provided for hired and nonowned auto liability if there is an owned auto exposure.

#0 Owned Autos

I. RATING EXPOSURES

	# of		Annual Receipts		Square Footage
Swimming pools **(Not wading pools)**	0	Restaurant	$0	Mercantile	
Lakes, ponds, retention basins	0	Liquor	$0	and Office Area	0
Acreage of largest lake or pond	0	Golf course	$0		
Dock slips	0	Boat rental	$0		
Roadway miles maintained by the association	0	Facility rental to non-members	$0		

J. EXCESS LIABILITY: General Liability limit of $2,000,000 or higher is required for coverage to apply.

Excess liability coverage applies when underlying policy information is provided below and appears in the policy declarations

Is the A.M. Best rating **A VIII** or higher for all insurers shown below? (Ratings below **A VIII** are subject to prior approval.) ☒ yes ☐ no

Underlying Coverages:

1. Employers Liability: Minimum required underlying limits are: $500,000 per accident / $500,000 per policy / $500,000 per employee.

Insurer Name	Effective Dates	Policy Number	Limits of Liability
	From: / /		**Bodily Injury by Accident** $0 Per Accident
	To: / /		**Bodily Injury by Disease** $0 Policy Limit
			$0 Per Employee

2. Commercial Automobile: Minimum required underlying liability limit is $1,000,000.

Does underlying automobile policy provide owned, nonowned and hired auto liability coverages? ☐ yes ☒ no

Does association own or hire any passenger carrying vans or buses? ☐ yes ☒ no

Indicate # of vehicles in each class:

Private Passenger 0 Light 0 Medium 0 Heavy 0 Extra Heavy 0 Heavy Tractor 0 Extra Heavy Tractor 0

Insurer Name	Effective Dates	Policy Number	Limits of Liability
	From: / /		$0 Per Accident
	To: / /		

3. Other: Minimum required underlying limits are $1,000,000 Occurrence limit and $1,000,000 General Aggregate.

Insurer Name	Effective Dates	Policy Number	Limits of Liability	
	From: / /		General Aggregate:	$0
			Personal & Advertising Injury:	$0
	To: / /		Products/Completed Operations Aggregate:	$0
Describe covered exposures			Each Occurrence:	$0

K. ADDITIONAL INSUREDS

Does any additional insured need to be named on the policy? ☐ yes ☒ no

VI. Other Insurance Information

1. Is a Workers Compensation policy desired? ☐ **yes** ☒ **no**

2. Is Employee Benefits Liability coverage desired? ☐ **yes** ☒ **no**

VII. Underwriting Information

A. **RESIDENTIAL OWNERSHIP AND OCCUPANCY**

Average sale/resale price of units: $625,000

Indicate total number of units in each category:

Owned by developer/sponsor/builder	# 0	
Owned by financial institutions	# 0	
Owned by the association	# 0	
Rented for periods less than 1 week	# 0	
If less than 1 week what is the minimum length of rental allowed?	# 0	# of nights
Vacant	# 0	
Rented to Students	# 0	

Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no

Does association have any ownership or rental restrictions for owners or residents (e.g. short-term rentals, age restrictions on rentals)? ☐ yes ☒ no

1. **Units Rented on an Annual Basis**

Are the rules governing use of the unit and emergency procedures provided? ☐ yes ☒ no

Is proof of insurance obtained from all tenants? ☒ yes ☐ no

B. **INDEPENDENT CONTRACTORS** (**e.g.** street/road maintenance, snow removal, security, parking, transportation, etc)

Does the association or independent community management firm hire independent contractors? ☒ yes ☐ no

Does the association hire or arrange transportation for residents? ☐ yes ☒ no

Does the independent contractor provide a hold harmless or indemnification agreement? ☒ yes ☐ no

Are current certificates of insurance obtained from all independent contractors? ☒ yes ☐ no

Is the association named as an additional insured? ☒ yes ☐ no

Are liability limits at least $1,000,000 per Occurrence with a $1,000,000 General Aggregate? ☒ yes ☐ no

Does the association indemnify or hold harmless any independent contractor by contractual agreement? ☐ yes ☒ no

Does the association obtain proof of Workers Compensation coverage from all independent contractors? ☒ yes ☐ no

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C. **ASSOCIATION EMPLOYEES**

Does the association have any employees? ☐ yes ☒ no

D. **INDEPENDENT COMMUNITY MANAGEMENT FIRM**

Is an independent community management firm utilized? ☒ yes ☐ no

How long have they managed the property? 6

Is the independent community manager on the premises full time? ☐ yes ☒ no

Are on site visits conducted at regular intervals? ☒ yes ☐ no

Does the independent community management firm have a maintenance staff? ☐ yes ☒ no

Does the independent community management firm have any ownership interest in any contracting firm utilized by the association? ☐ yes ☒ no

E. **BUILDING DETAILS, UPDATING and DEFECTS:**

1. Was any building previously occupied for non-residential purposes? ☐ **yes** ☒ **no**

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2. Is there an underground mine or quarry on association property? ☐ **yes** ☒ **no**

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3. Are there Smoke detectors? ☒ **yes** ☐ **no**

In common areas: ☐ yes ☒ no

In units: ☒ yes ☐ no

☒ Hard wired ☐ Battery powered with replacement program

4. Is there a Sprinkler system? ☐ **yes** ☒ **no**

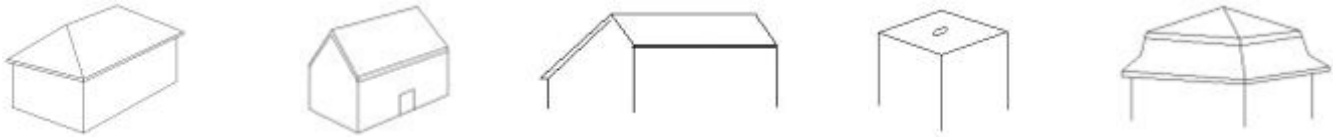
5. Building shapes and fire walls
Choose closest building shape below:

W I H O U T NONE OF THESE SHAPES APPLY

☐ ☐ ☐ ☐ ☐ ☐ ☒

Does the building have any **masonry** fire walls? ☐ yes ☒ no

Roof:
Indicate the average age of the roofs: ☐ 0-5 years ☐ 6-10 years ☐ 11-15 years ☒ 16-20 years ☐ 21+ years
Indicate predominant roof type:



☒ Hip ☐ Gable ☐ Salt Box ☐ Flat ☐ Mansard

Roof:
Indicate the oldest age of the roofs: ☐ 0-5 years ☐ 6-10 years ☐ 11-15 years ☒ 16-20 years ☐ 21+ years

6. Is there any building with roofing over 20 years old? ☐ **yes** ☒ **no**

7. Does any building or unit have galvanized plumbing (other than main waste lines)? ☐ **yes** ☒ **no**

8. Are there any identified construction defects? ☐ **yes** ☒ **no**

9. Does the association have a flood insurance policy? ☐ **yes** ☒ **no**

10. Have there been any water damage claims or mold claims in any building in the past 5 years? ☐ **yes** ☒ **no** ☐ **N/A**

11. Does any building have combustible cladding, e.g. EIFS, Metal Composite cladding? ☐ **yes** ☒ **no**

12. Are there any (check all that apply)
☐ EV recharging stations ☐ rooftop amenities ☐ solar installations

13. Does the Association send notice to owners that personal recreational devices (E-bikes, E-scooters, hover boards, etc.) that do not have OEM (original equipment manufacturer) approved batteries and are not UL listed are not permitted to be stored in the building? ☐ **yes** ☒ **no**
Attach copy

14. Is any building on the Registrar of Historic Buildings? ☐ **yes** ☒ **no**

F. POTENTIAL EXPOSURES:

If you answer "YES" to a numbered question, answer the remaining questions in the section.
If you answer "NO" to a numbered question, proceed to the next numbered question.

1. Are there any Day Care, Medical Care or Assisted Living facilities? ☐ **yes** ☒ **no**

2. Are there any Health and Fitness facilities? ☐ **yes** ☒ **no**

3. Is there a clubhouse or meeting center?	☐ yes	☒ no
4. Is there a restaurant on premises?	☐ yes	☒ no
5. Is street, road, or walkway maintenance the responsibility of the association?	☐ yes	☒ no
6. Is snow clearance the responsibility of the association?	☐ yes	☒ no
7. Is there a swimming pool or wading pool?	☐ yes	☒ no
8. Are there any lakes, ponds, retention basins, rivers or beaches on or adjacent to premises?(not detention basins)	☐ yes	☒ no
9. Dam, levee or dike?	☐ yes	☒ no
10. Do any athletic teams or organizations use association amenities or facilities?	☐ yes	☒ no
11. Are there any golf courses located on Association property?	☐ yes	☒ no
12. Are there any equestrian facilities, trails or stables located on association property?	☐ yes	☒ no
13. Are there any skiing activities, including ski in and ski out, allowed on association property?	☐ yes	☒ no
14. Are any association owned facilities or amenities shared with another organization (e.g. another association, hotel, etc.)?	☐ yes	☒ no
15. Is there a water, wastewater or sewage treatment facility located on association property?	☐ yes	☒ no
16. Does the association utilize security personnel?	☐ yes	☒ no
17. Is valet parking provided?	☐ yes	☒ no
18. Does the association hold any organized activities involving minors?	☐ yes	☒ no
19. Does the association have any wood working apparatus or kilns?	☐ yes	☒ no

VIII. Money & Securities and Crime / Employee Dishonesty

A. ASSOCIATION MONEY & SECURITIES VALUE

What does the association, at their premises, estimate the total maximum value for all its Money & Securities at any point in time for the upcoming policy period to be:

- Less than $50,000: ☒
- Between $50,000 and $100,000: ☐
- Between $100,000 and $250,000: ☐
- Between $250,000 and $500,000: ☐
- Above $500,000: ☐

If the association's estimate is above $500,000; list the value for each of the below items:

- Currency / Coins: $0.00
- Bank notes: $0.00
- Money Order: $0.00

- Travelers Checks / Register Checks: $0.00
- Tokens / Tickets: $0.00
- Evidence of debt: $0.00
- Any other financial instruments not listed above and its value :

: $0.00

B. ASSOCIATION ACCOUNTS

Does the association have both an operating account and a reserve account?	☒ yes	☐ no
Are the account(s) in the association's name?	☒ yes	☐ no
What is the $ limit on board member's ability to disburse or transfer funds?	$0	
What is the $ limit on independent community manager's ability to disburse or transfer funds?	$5,000	
Are operating account disbursements by the independent community manager limited to approved budgeted items?	☒ yes	☐ no
Are the reserve account disbursements specifically authorized by the board?	☒ yes	☐ no
Is countersignature of the checks required?	☐ yes	☒ no
If not, who signs or controls?	Board	
Are the following Securities subject to control of two or more board members / employees?	☒ yes	☐ no
- Tickets, Tokens, Stamps, Evidence of Debt, and negotiable or non-negotiable instruments or contracts.		
Are the bank statements reconciled monthly?	☒ yes	☐ no
Does the person performing the reconciliation have the authority to deposit or disburse funds?	☐ yes	☒ no

Who receives a copy of the account statement(s)? ☒ board member ☒ manager

C. ASSOCIATION FINANCIAL MANAGEMENT

Does the association prepare an annual budget?	☒ yes	☐ no
1. Is there an annual certified audit?	☐ yes	☒ no

If no annual certified audit, are any of the following conducted on an annual basis:

☒ Review
☒ Compilation
☒ Report of cash receipts and expenditures

2. Are all financial transactions reviewed monthly by the board?	☒ yes	☐ no
3. Does an independent community management firm handle association funds?	☒ yes	☐ no
Is there a contractual agreement in place between the community management firm and the association defining the community management firm's financial responsibilities?	☒ yes	☐ no
Does the contract require the community management firm to maintain Employee Dishonesty coverage?	☒ yes	☐ no
Are association funds co-mingled with other funds?	☐ yes	☒ no
4. Does an accounting firm handle association funds?	☐ yes	☒ no
5. Are background checks done on everyone who has access to association funds?	☐ yes	☒ no

IX. Environmental Impairment Liability

In granting coverage under the Environmental Impairment Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Environmental Impairment Liability Coverage Part.

A. Have any prior environmental reports, audits or studies been done for this property?	☐ yes	☒ no
Attach copy of report, audit or study.		
Have any of the following ever been on the property?	☐ yes	☒ no

Indicate which:

☐ Automobile maintenance, repair or sales	☐ Gas station	☐ Recycling
☐ Commercial oil storage or distribution	☐ Junk/scrap yard	☐ Waste reclamation
☐ Commercial printing	☐ Landfill	☐ Waste/sewage treatment, storage or disposal
☐ Dry cleaners (other than pickup station)	☐ Photo developing	

B. Does the association have any wells used for potable water? ☐ yes ☒ no

C. Does the association have a septic system connected to residential buildings or to third parties? ☐ yes ☒ no
Does the association have a septic system connected to other association community buildings only? ☐ yes ☒ no
e.g. clubhouses, pool houses, etc.

D. Is there a sewage treatment facility at the property? ☐ yes ☒ no

E. **Associations may have above ground or underground tanks if they have any of the following exposures: Gasoline pumps, backup generator, irrigation systems, fire protection system, heated swimming pool, cooking grills, oil or propane heat source, drinking water system or septic system.**

Does the association have any Above ground Storage Tanks (ASTs)? ☐ yes ☒ no
Does the association have any Underground Storage Tanks (USTs)? ☐ yes ☒ no

F. Are any hazardous* substances stored in containers greater than 50 gallons? ☐ yes ☒ no
*Hazardous substances include: pesticides, herbicides, paints, solvents, cleaning fluids and other similar chemicals.

G. In the last 5 years:
Has there been environmental coverage in place, other than with CAU? ☐ yes ☒ no
Has the association been cited or prosecuted for contravention or violation of any standard or law relating to any release of pollutants into sewers, rivers, seas, or onto land? ☐ yes ☒ no
Have there been any environmental claims against the association? ☐ yes ☒ no
Has any environmental coverage been declined, cancelled, or nonrenewed? ☐ yes ☒ no

H. Are you aware of any circumstances that could reasonably be expected to give rise to an environmental liability claim under this policy? ☐ yes ☒ no

I. Are there any statutes, standards, or other city, state, or federal regulations relating to the protection of the environment you cannot comply with? ☐ yes ☒ no

X. Directors and Officers Liability

In granting coverage under the Directors and Officers Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Directors and Officers Liability Coverage Part.

A. **BOARD MEMBERS**
Has board control transferred from developer/builder/sponsor? ☒ yes ☐ no
Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no
Does any board member own 10% or more of the units? ☐ yes ☒ no

B. **LEGAL COUNSEL**
Is there a procedure in place to promptly deliver all demand letters to the insurance carrier? ☒ yes ☐ no
Is legal counsel utilized in delinquent assessments, liens, or foreclosure processes? ☒ yes ☐ no
Is legal counsel utilized in enforcement of covenant process? ☒ yes ☐ no

C. **PRIOR ACTIVITY**
1. Has any directors and officers liability coverage ever been declined, cancelled or non-renewed? ☐ yes ☒ no
2. Has any legal action been taken by the association against any member other than for collection of fees or assessments? ☐ yes ☒ no
3. Has any claim been made, or is any claim pending against the association or any person as a director, officer, executive trustee, employee, independent community manager, volunteer, staff or committee member or association member acting on behalf of the board? ☐ yes ☒ no
4. Are you aware of any fact, circumstance or situation not reported to your current or past Directors & Officers Liability insurer which you reasonably believe could give rise to a claim? ☐ yes ☒ no

XI. List of Streets

Street Name
NE 2nd Ave
NE 150th St
NE 1st Ave
NE 153rd St
NW 9th Ave
NW 1st Ave
NW 153th St
NW 152 St
NW 2nd Ave
NW 4th Ave
NW 4th Pl
NE 153th St
NW 6th Ave
NW 3rd Ave
NW 150th Way
NW 150th Ct
NW 5th Pl
NW 149th St
NW 7th Ct
NW 7th Ave
NW 150th St
NW 151st St

XII. Fraud Statement

WA	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.

XIII. Authorization

A. **Association Name** (Legal name based on articles of incorporation or fillings on record with state):
Whipple Creek Place Homeowners Association

B. **Association Mailing Address**(C/O, Street, City, State, Zip Code):
C/O Invest West Management, LLC
12503 SE Mill Plain Blvd., Suite 260
Vancouver, WA 98684

C. **Property Location**
City or Municipality: Vancouver **County:** Clark **State:** WA **Zip Code:** 98685

D. **Proposed Effective Date** (mm/dd/yy): 07/28/26

I am an authorized representative of the applicant and certify that a diligent inquiry was made to obtain the answers to the questions on this application. To the best of my knowledge, I certify that the answers are accurate and complete.

I understand that the information provided in this application and related attachments were relied upon as the basis of coverage. Declarations and statements made relative to all coverage parts will be considered as incorporated in and constituting a part of the policy.

Signature: _____ **Date:** _____
Signature of board member or other authorized representative is required.

Name: _____ **Title:** _____

Company: _____

App Id: 298105 Account Code: 41615
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