

B. BOND/INSURANCE INFORMATION

9. Licensees are required to maintain a blanket fidelity bond or employee dishonesty insurance policy in accordance with § 54.1-2346(D) of the *Code of Virginia*. Proof of current bond or insurance policy with the firm as the named bondholder or insured must be submitted in order to renew the license. Bond or insurance policy shall provide coverage in an amount equal to the lesser of \$2 million or the highest aggregate amount of the operating and reserve balances of all associations under the control of the common interest community manager during the prior fiscal year. The minimum coverage amount shall be \$10,000.

By signing this application, the applicant certifies that the aggregate amount of the bond or insurance policy complies with the requirements of § 54.1-2346(D).

a. Bond or insurance (select one) Blanket fidelity bond Employee dishonesty insurance policy

b. Bond/Policy Amount _____ Expiration Date _____

C. CERTIFIED PRINCIPAL OR SUPERVISORY EMPLOYEES

10. a. In accordance with § 54.1-2346(C) of the *Code of Virginia*, do all employees of the firm who have principal responsibility for management services provided to a common interest community or who have supervisory responsibility for employees who participate directly in the provision of management services to a common interest community qualify based on one of the following requirements?

i. Do they hold a certificate as a Certified Principal or Supervisory Employee issued by the Board or work under the direct supervision of a Certified Principal or Supervisory Employee?

Yes If yes, skip to b.

No If no, answer the next question (ii).

ii. Are they within 2 years of employment with the common interest community manager named in Question 2?

Yes If yes, skip to c.

No IF NO, THIS APPLICATION CANNOT BE PROCESSED UNTIL THE APPROPRIATE EMPLOYEES OBTAIN CERTIFICATION AS A CERTIFIED PRINCIPAL OR SUPERVISORY EMPLOYEE. Have the appropriate employees complete a PRINCIPAL OR SUPERVISORY CERTIFICATE APPLICATION and submit it to the Board.

10. b. In the table below, provide the names and certificate numbers of the employees in the firm that hold a current certificate as a Certified Principal or Supervisory Employee issued by the Board. Attach a separate sheet of paper with the requested information if additional space is needed.

| Name of Certified Principal or Supervisory Employee | CIC Board Certificate Number (10-digits) (First 4 digits of the registration numbers provided) |
|---|---|
| | 0510 |

10. c. In the table below, provide the names and starting date with the common interest community manager named in Question 2. Attach a separate sheet of paper with the requested information if additional space is needed.

| Name of Certified Principal or Supervisory Employee | Starting Date |
|---|---------------|
| | |

D. ATTESTATION

11. By signing this application, I certify the following statements:

- ▶ I am authorized to bind the applicant to contracts and other legal obligations.
- ▶ I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to revocation or denial of the license.
- ▶ I certify that I will notify the Department if I am subject to any disciplinary action; convicted of any felony or misdemeanor charges (in any jurisdiction); or subject to adverse financial action prior to receiving the requested certification.
- ▶ I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the Department may desire. I also agree to present any credentials or documents required or requested by the Department.
- ▶ I authorize any federal, state or local government agency, current or former employer or other individual or business to release information which may be required for a background investigation.
- ▶ I have read, understand and complied with all the laws of Virginia related to this profession under the applicable provisions of Title 54.1, Chapter 23.3 of the *Code of Virginia* and all regulations of the Common Interest Community Board.

Signature _____

Printed Name of Signatory _____

Title _____ Date _____

NOTE: Any changes in principals or responsible person must be submitted on the CIC Manager Change of Personnel form, available on the Department's website at www.dpor.virginia.gov or by contacting the Board office at (804) 367-8510.

REQUIRED ATTACHMENTS

- Copy of blanket fidelity bond form or employee dishonesty insurance policy coverage form that shows, at a minimum, the provider of the bond/insurance policy, the amount of the coverage, the expiration date of the bond/insurance policy, and a summary of what is covered.