



**NON-PROFIT ORGANIZATION MANAGEMENT LIABILITY INSURANCE POLICY APPLICATION**

THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE UNDERWRITERS AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN THE EARLIEST OF THE FOLLOWING TIMES: 60 DAYS AFTER THE DATE AN EXECUTIVE OFFICER BECOMES AWARE OF SUCH CLAIM, OR 60 DAYS AFTER THE END OF THE POLICY PERIOD OR THE LAST DAY OF THE OPTIONAL EXTENSION PERIOD, IF PURCHASED. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTIONS. PLEASE READ THIS APPLICATION CAREFULLY.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

**ORGANIZATIONAL INFORMATION:**

Applicant Name \_\_\_\_\_

Principal Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Web Address \_\_\_\_\_

Date Organized \_\_\_\_\_

Primary Business Activity/NAIC or SIC Code \_\_\_\_\_

Nature of Operations \_\_\_\_\_

The purchase of this Policy includes, at no additional cost, access to an online risk management resource. To expedite Applicant's access to this resource, please provide the following:

Name of Human Resources Manager \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



13. Total number of employees, including the employees of each subsidiary, leased and seasonal employees, and independent contractors.

a. Total number of employees for last three years				b. Employee Turnover for the last three years			
Year:	Current	1 Year Ago	2 Years Ago	Year:	Current	1 Year Ago	2 Years Ago
Full Time:				Terminated: (involuntary)			
Part Time:				Resigned: (voluntary)			
Total:				Layoffs:			

Number of the employees that are in the following salary ranges (salary includes bonuses and commissions):

\$30,000 or less:		\$30,000 - \$100,000:		\$100,000 - \$200,000		\$200,000 – above
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Locations of Applicant by state or country (if foreign) and number of employees for each (attach schedule if necessary):

State or Country	# of Employees	# of locations		State or Country	# of Employees	# of Locations

**MERGER AND ACQUISITION INFORMATION:**

14. Has the Applicant within the past twelve months completed or agreed to, or does it contemplate in the next twelve months, any of the following, whether or not such transactions were or will be completed?

- a. A merger, acquisition, creation, sale, purchase, spin off, divestiture, consolidation or tender offer of or for any entity, plant, office, subsidiary, branch or division?  Yes  No
- b. Sale, distribution or divestiture of any assets other than in the ordinary course of business?  Yes  No
- c. Any branch, location, facility, office or subsidiary closings, consolidations or layoff?  Yes  No
- d. Reorganization of arrangement with creditors under federal or state law?  Yes  No
- e. Change in the nature of operations?  
If yes, please attach a copy of the prospectus.  Yes  No

**HUMAN RESOURCE INFORMATION:**

15. Does the Applicant have a full time human resources manager and /or department?  Yes  No

16. Does the Applicant have a handbook?  Yes  No  
If yes, has it been reviewed by counsel in the last 5 years?  Yes  No

Does the handbook include, or does the Applicant have, written policies and procedures for:

- a. Equal Opportunity Employment  Yes  No
- b. Anti-Discrimination  Yes  No

- c. Anti-Sexual Harassment  Yes  No
- d. Employment at Will  Yes  No
- e. Handling complaints of sexual harassment and other discrimination  Yes  No
- f. Handling other employee grievances or complaints  Yes  No
- g. Internet usage/employee privacy  Yes  No
- h. ADA accommodations  Yes  No

Does the Applicant:

- a. Use any test to screen applicants for employment?  Yes  No
- b. Review all terminations with human resources or legal counsel?  Yes  No
- c. Provide training for anti-discrimination or anti-sexual harassment and other written policies?  Yes  No
- d. Use severance pay/releases for terminations?  Yes  No
- e. Provide written performance evaluations?  Yes  No
- f. Maintain personnel files?  Yes  No

17. Is the Applicant a federal contractor?  Yes  No
- If yes, does the applicant have an Affirmative Action Plan?  Yes  No
- Has the Applicant been the subject of an OFCCP audit?  Yes  No

**EVENT INFORMATION:**

Please provide the following information for each event for which the Applicant is seeking coverage.

18. Event title, type and purpose \_\_\_\_\_

19. Event date \_\_\_\_\_

20. Event Type:
- |                 | Indoor                   | Outdoor                  |
|-----------------|--------------------------|--------------------------|
| Tradeshow       | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference      | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibition      | <input type="checkbox"/> | <input type="checkbox"/> |
| Fair/Festival   | <input type="checkbox"/> | <input type="checkbox"/> |
| Music Event     | <input type="checkbox"/> | <input type="checkbox"/> |
| Theatre         | <input type="checkbox"/> | <input type="checkbox"/> |
| Gala/Dinner     | <input type="checkbox"/> | <input type="checkbox"/> |
| Auction         | <input type="checkbox"/> | <input type="checkbox"/> |
| Sporting Event  | <input type="checkbox"/> | <input type="checkbox"/> |
| Golf Tournament | <input type="checkbox"/> | <input type="checkbox"/> |

21. If the event is outdoors, will it be held under temporary or permanent structure(s) such as tents or marquees?  Yes  No

22. Please provide total budgeted costs and expenses for each event. \_\_\_\_\_

23. Are you aware of any matter, fact, circumstance or incident existing or threatened that could possibly impact any event and/or result in a claim under the event cancellation coverage being applied for?  Yes  No
- If yes, please provide details.

**COVERAGE REQUESTED:**

- 24.
- a. Limit requested \$ \_\_\_\_\_  
(Defense Costs are included within the applicable Limit(s) of Liability)

b. Retention requested \$ \_\_\_\_\_

c. Effective date: \_\_\_\_\_

**OTHER INSURANCE INFORMATION:**

25.

a. Prior non-profit D&O coverage has continually been in force since \_\_\_\_\_.

b. Please complete the following:

Policy	Limit	Retention	Insurance Co.	Policy Period	Premium
Directors & Officers Liability					
Employment Practices Liability (indicate if included in D&O)					
Fiduciary Liability					
Fidelity					
Errors and Omissions					

**MISSOURI APPLICANTS: DO NOT ANSWER THE FOLLOWING QUESTION.**

26. Have any of the Applicant current liability insurers indicated intent not to offer renewal terms?  
If yes, please provide details.

Yes

No

**LOSS HISTORY:**

27.

a. Have any civil or criminal charges; claims; losses; lawsuits administrative, disciplinary or regulatory proceedings; hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years which could fall within the scope of directors and officers or employment practices liability insurance, whether or not insured? This question includes, without limitation, matters involving: employees; independent contractors; wage and hour laws; state or federal copyright and patent issues; antitrust, fair trade or deceptive practices issues; or securities violations, class actions or derivative suits or investigations by the SEC, the Department of Labor, or any similar state, federal or foreign agency.)

Yes

No

If yes, please provide details for each matter, including the type of claim, proceeding or complaint; whether and how it was resolved, any amounts paid as defense, settlement or damages, and whether any insurance responded to the matter as well as any corrective actions taken as a result of or in response to the matter.

b. No Applicant, director, officer or other proposed **Insured** has knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed insurance except as follows

\_\_\_\_\_

If no such knowledge or information, check here: None

It is agreed that any **Claim** based upon or arising out of any claim or fact, circumstance, situation, event or transaction known which should have been disclosed in Question 27 above is excluded from coverage under the proposed insurance.

**ATTACHMENTS:**

28. Attach the following materials regarding the Applicant:

- a. The latest audited financial statement if Applicant's revenues or assets exceed \$5,000,000; A list of all entities or organizations proposed for this insurance;
- b. A list of all entities or organizations proposed for this insurance;
- c. If the Applicant has over 250 employees, a copy of the most current EEO1 report; and
- d. If the Applicant has over 1000 employees, a copy of the employee handbook.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITERS OF SUCH CHANGES, AND THE UNDERWRITERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITERS TO COMPLETE THE INSURANCE, BUT IT IS REPRESENTED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE UNDERWRITERS IN ISSUING ANY POLICY. THE UNDERWRITERS ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITERS IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE UNDERWRITERS AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITERS IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS APPLICANTS:** “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.”

**NOTICE TO COLORADO APPLICANTS:** “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, AND 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.”

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "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."

**NOTICE TO FLORIDA APPLICANTS:** “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 IN THE THIRD DEGREE.”

**NOTICE TO KENTUCKY APPLICANTS:** “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.”

**NOTICE TO LOUISIANA APPLICANTS:** “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.”

**NOTICE TO MAINE AND WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW MEXICO APPLICANTS:** "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."

THE INSURER SHALL NOT OFFER AN **OPTIONAL EXTENSION PERIOD** FOR THIS POLICY IN NEW MEXICO.

**NOTICE TO OHIO APPLICANTS:** “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.”

**NOTICE TO OKLAHOMA APPLICANTS:** “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.”

**NOTICE TO OREGON APPLICANTS:** “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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS.”

**NOTICE TO PENNSYLVANIA APPLICANTS:** “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.”

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** “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.”

**NOTICE TO NEW YORK APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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.”

Signed:

\_\_\_\_\_  
Must be signed by  
Chief Executive Officer, President or other authorized executive of the Applicant

Date:

\_\_\_\_\_

(Day)

(Month)

(Year)

I this **Application** is completed in Florida, please provide the Insurance Agent’s name and license number as designated. If this **Application** is completed in Iowa, please provide the Insurance Agent’s name only.

\_\_\_\_\_  
Name of Insurance Agent

\_\_\_\_\_  
License Identification No.

\_\_\_\_\_  
Authorized Representative