

\_\_\_\_\_  
**Name of Insurance Company to which Application is made**  
(herein called the "Insurer")

**NOT-FOR-PROFIT INDIVIDUAL AND ORGANIZATION INSURANCE POLICY**  
**Including Employment Practices Liability Insurance**

**NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

**IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.**

**I. GENERAL INFORMATION**

1. Name and Address of Applicant:

2 . State of Incorporation:

3 . Date of Incorporation:

4. Check one of the following categories that best describes your Organization:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Benefit Trust                   | <input type="checkbox"/> Health System                 | <input type="checkbox"/> Nursing/Retirement Home        |
| <input type="checkbox"/> Cemetery Company                | <input type="checkbox"/> Historical Society            | <input type="checkbox"/> Religious Organization         |
| <input type="checkbox"/> Community Health Center         | <input type="checkbox"/> HMO/PPO                       | <input type="checkbox"/> Research/Development Institute |
| <input type="checkbox"/> Condominium/Cooperative         | <input type="checkbox"/> Hospital                      | <input type="checkbox"/> Social/Recreational Club       |
| <input type="checkbox"/> Organized under Act of Congress | <input type="checkbox"/> Industrial/Agricultural Co-op | <input type="checkbox"/> Social Welfare Organization    |
| <input type="checkbox"/> Foundation                      | <input type="checkbox"/> Labor Union                   | <input type="checkbox"/> Trade Association              |
| <input type="checkbox"/> Fraternal Society/Association   | <input type="checkbox"/> Museum                        | <input type="checkbox"/> University/School              |
| <input type="checkbox"/> Golf/Country Club               | <input type="checkbox"/> Mutual Insurance Association  |   |

Other: \_\_\_\_\_

5 . Briefly describe the functions, purpose and general operations of the Organization:

6 . Organization has been continually operating since:

7. Primary SIC Code(s):

8. (a) Amount of insurance requested: \$ \_\_\_\_\_

(b) Self-insured retention desired (each loss): \$ \_\_\_\_\_

**II. ORGANIZATION INFORMATION**

9. (a) Complete list of all Directors, Officers or Trustees of the Organization named in question 1 above by name and affiliation with other organizations. (If included as an attachment hereto, check here [ ].)

(b) Are the Directors or Trustees elected or appointed and by whom?

[ ] Elected [ ] Appointed

By \_\_\_\_\_

10. (a) Is the Organization a Not-For-Profit Organization qualified under the U.S. Internal Revenue code Section 501 (c)? If no, please attach an explanation. [ ] Yes [ ] No

(b) Has the Organization's tax exempt status ever been terminated, suspended or challenged or is any such action now threatened? If yes, please attach an explanation. [ ] Yes [ ] No

11. Please list all direct and indirect Subsidiaries, Affiliates, associations and fraternities. (If included as an attachment herein, check here [ ].)

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Non-Profit or For-Profit

Is coverage to be extended to all Subsidiaries? [ ] Yes [ ] No  
 If "Yes", include complete list of Directors and Officers of each Subsidiary.  
 If "No", include complete list of Directors and Officers of each Subsidiary for which coverage is requested.  
 (If included as an attachment hereto, check here [ ].)

Is coverage to be extended to all Affiliates? [ ] Yes [ ] No  
 If "Yes", include complete list of Directors and Officers of each Affiliate.  
 If "No", include complete list of Directors and Officers of each Affiliate for which coverage is requested.  
 (If included as an attachment hereto, check here [ ].)

12. (a) Is the Applicant or any of its Subsidiaries or Affiliates involved in any joint ventures, general partnerships or limited partnerships? (If "Yes", please give details.) [ ] Yes [ ] No

13. (a) Does the Organization own, manage, maintain or control a captive insurance company? [ ] Yes [ ] No

(b) Is the Organization engaged in any form of research, development, experimentation or testing? [ ] Yes [ ] No

(c) Does the Organization act as or participate in a peer review group or committee for assessing qualifications and performance of others or the quality of products manufactured, sold, handled, or distributed? [ ] Yes [ ] No

(d) Does the Organization take any disciplinary action or recommend disciplinary action as a result of peer review group activities? [ ] Yes [ ] No

(e) Does the Organization develop standards used to evaluate the quality of goods or services? [ ] Yes [ ] No

**III. APPLICANT'S EMPLOYEE INFORMATION**

14. Please provide the following information regarding Employees and Volunteers, including Directors and Officers:

(a) Total number of Employees: \_\_\_\_\_

(b) Total number of Volunteers: \_\_\_\_\_

	Non-union	Union (if applicable)
Full Time:	_____	_____
Part Time:	_____	_____
Seasonal:	_____	_____
Temporary:	_____	_____
Leased:	_____	_____
Independent Contractors:	_____	_____
Domestic (within the U.S., Canada and territories):	_____	_____
Foreign:	_____	_____
Total:	_____	_____

Number of Employees in Texas \_\_\_\_\_, California \_\_\_\_\_, Michigan \_\_\_\_\_.

(b) Is the Applicant or any of its Subsidiaries or Affiliates subject to a collective bargaining agreement? [ ] Yes [ ] No

If yes, how many employees are also subject to this agreement? \_\_\_\_\_

(c) Do the Applicant's or any of its Subsidiaries' or Affiliates' Employees belong to a Union? [ ] Yes [ ] No

Please list the name of the Union that the largest number of Employees belong to: \_\_\_\_\_

(d) Is the Applicant's or any of its Subsidiaries' or Affiliates' Employees employed under a written employment contract? [ ] Yes [ ] No

If yes, how many are there? \_\_\_\_\_

(e) For the past 3 years, what has been the annual percentage turnover rate of employees (all locations):

Domestic: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

Foreign: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

(f) How many officers and other employees have resigned, been terminated (with or without cause) or retired within the last 24 months (all locations)?

Officers \_\_\_\_\_ Other Employees \_\_\_\_\_

15. Is the Organization related to or affiliated with any other organization not listed in question 1? If yes, please attach an explanation of relationship. [ ] Yes [ ] No

16. Has the Organization merged with any other organization within the last 10 years? If yes, please list dates and names of such organizations. [ ] Yes [ ] No

\_\_\_\_\_  
\_\_\_\_\_

17. Does the Applicant or any of its Subsidiaries or Affiliates have a Human Resources Department? [ ] Yes [ ] No

If "Yes", please answer the following questions regarding the Applicant's or any of its Subsidiaries' Human Resources Department. (If "No", how is this function handled? Please attach full details)

(a) Number of human resources departments: \_\_\_\_\_

(b) Number of Employees: \_\_\_\_\_

18. Is the Applicant currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or officer, plant or store closing)? [ ] Yes [ ] No

(If "Yes", please attach full details.)

19. There has not been nor is there now pending any claim(s) against any person proposed for insurance in his or her capacity of either Director or Officer of the named Applicant or any of its Subsidiaries or Affiliates, except as follows: (Attach complete details. If no such claim(s), check here: [ ] "none".)

20. (a) No Director or Officer has knowledge or information of any act, error or omission which might give rise to a claim(s) under the proposed policy except as follows: (Attach complete details. If they have no such knowledge or information, check here: [ ] "none".)

(b) Neither the Applicant nor any of its Subsidiaries or Affiliates has knowledge or information of any act, error or omission which might give rise to a claim(s) under the proposed policy except as follows: (Attach complete details. If they have no such knowledge or information, check here: [ ] "none".)

21. Has the Applicant, any of its Subsidiaries, any of its Affiliates or any Director, Officer or Trustee:

(a) Been involved in any antitrust, copyright or patent litigation? [ ] Yes [ ] No

(b) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? [ ] Yes [ ] No

(c) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? [ ] Yes [ ] No

(d) Been involved in any representative actions, class actions, or derivative suits? [ ] Yes [ ] No

**IF ANY OF THE ABOVE, 21 (a) -21 (d), IS "YES", ATTACH FULL DETAILS**

It is agreed that with respect to Questions 19 and 20 above, if such knowledge, information or involvement exists, any claim or action arising therefrom is excluded from the proposed coverage.

22. Previous Insurance. (If included as an attachment hereto, check here: [ ] .)

(a) Name of Insurance Company

(b) Limit of Liability

(c) Self-Insured retention

(d) Policy Expiration Date

(e) Premium (indicate one year or other)

(f) Loss experience (Attach full details. If no losses, check here: [ ])

23. Name of Risk Manager and General Counsel (or equivalent position) and number of years in current position:

\_\_\_\_\_

24. Has any insurance carrier refused, canceled or nonrenewed any Directors and Officers or Employment Practices insurance coverage? \*\*\* [ ] Yes [ ] No

(If "Yes", attach full details including when and reason(s).)

[\*\*\*MISSOURI APPLICANTS NEED NOT REPLY.]

25. Attach copies of the following for the Applicant and, to the extent available, each of its Subsidiaries and Affiliates:

- (a) Constitution and By-Laws
- (b) List of Directors, Officers and Trustees
- (c) Latest annual report with audited Financials, (If audited financials are not available, please submit a Treasurer's Warranty Letter guaranteeing the Organization's financials).
- (d) Latest EEO-1 report

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER 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 (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER 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 INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**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, 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 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 MINNESOTA APPLICANTS:** "ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**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 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 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 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."

**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 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."

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_  
(must be signed by Chairman of the Board or President)

Corporation \_\_\_\_\_  
(Corporate Seal)

Attest \_\_\_\_\_

Broker \_\_\_\_\_

Address \_\_\_\_\_

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_  
(must be signed by Chairman of the Board or President)