

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

## Not-For-Profit Protector<sup>®</sup> Renewal Application

Not-for-Profit Individual and Organization Insurance Policy  
 Including Employment Practices Liability Insurance

(For Applicants with greater than \$10M in Annual Revenues)

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.

**Section A.  
 GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_  
 Address of Named Applicant: \_\_\_\_\_  
 Domiciled State: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Years of Operation: \_\_\_\_\_
2. Applicant's Primary Nature of Business: \_\_\_\_\_
3. Is the Applicant a Not-for-Profit Non-Taxable Organization under the U.S. Internal Revenue code or State Revenue Code?  Yes  No. If "Yes" please list the applicable Federal or State Revenue Code \_\_\_\_\_
4. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .  
 If not applicable, please check here .

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you requesting for coverage to be extended to all Subsidiaries?  Yes  No

5. Is the Applicant or any of its Subsidiaries involved in any joint ventures?  Yes  No
6. Does the Applicant or any of its Subsidiaries provide childcare services?  Yes  No
7. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months?  
 Yes  No
8. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months?  Yes  No

**Section B.  
 FINANCIAL INFORMATION**

Information must be based on the most recent audited financials or interim financials if audited financials are not available.

1. What percentage of revenues does the Applicant or any of its Subsidiaries receive from government sources?  
 None       Less than 50%       Greater than 50% to 60%       Greater than 60% to 70%  
 Greater than 70% to 80%       Greater than 80%
2. Has the Applicant or any of its Subsidiaries changed auditors in the past year?  Yes  No  N/A  
 If "Yes", please attach complete details.

3. Please provide the following Financial Information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated:	_____ (Year/Month)
Total Assets	\$
Current Assets	\$
Total Liabilities	\$
Current Liabilities	\$
Fund Balance	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Cashflow from Operations	\$

**Section C.  
DIRECTORS AND OFFICERS INFORMATION**

1. Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination.
2. Are Board members elected?  Yes  No  
If "No," please attach complete details.
3. Does the Board hold meetings more than 3 times per year?  Yes  No
4. Does the Applicant participate in a Risk Management Program?  Yes  No
5. Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?  
 Yes  No  
If "Yes," please attach complete details.
6. Does the Applicant have the any of the following Committees? Please check all that apply.  
 Audit                       Compensation                       Nominating

**Section D.  
EMPLOYMENT PRACTICES INFORMATION**

1. Enter the TOTAL number of employees (by type) in the boxes below.  
*Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)*

a. Number Employees in ALL States/Jurisdictions:

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			

Total Number of Independent Contractors	
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b. Number of Employees located in CALIFORNIA ONLY:

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
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c. Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
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2. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?  
 Year \_\_\_\_, \_\_\_\_%                      Year \_\_\_\_, \_\_\_\_%                      Year \_\_\_\_, \_\_\_\_%
3. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?  
 Yes    No
4. Does the Applicant or any of its Subsidiaries have a human resources manual or equivalent written management guidelines?  Yes    No  
 If "Yes", does it address the following issues?
- |   |  |
|---|--|
| Legally prohibited Discrimination                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Harassment                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compliance with the Americans with Disabilities Act | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compliance with the 1991 Civil Rights Act           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compliance with the Family Medical Leave Act        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee disciplinary actions                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Terminations, layoffs and early retirements         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee appraisals / reviews                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
5. Do employees certify that they have reviewed the HR material and will comply with its Terms and Conditions?     
 Yes    No
6. Does the Applicant or any of its Subsidiaries have an Employee Handbook?  Yes    No  
 If "Yes," is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights?  Yes    No
7. Is there a formalized process in place for reporting complaints/ harassment?  Yes    No  
 If "Yes," do employees know this action will not result in a retaliatory action?  Yes    No
8. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department?  
 Yes    No   If "No", please attach complete details.
9. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements?  Yes    No  
 If "Yes", please attach complete details.
- Have there been any structured layoffs in the past 24 months?  Yes    No  
 If "Yes," what percentage of employees?  1-10%    11-25%    Over 25%
  - Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay off procedure?  Yes    No
  - Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs?  Yes    No   If "No", please attach complete details
  - Please provide the number of layoffs that have occurred or are about to occur. \_\_\_\_
  - Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work?  Yes    No

**Section E.**

**HEALTHCARE INSTITUTIONS INFORMATION** If not applicable, please check here and skip to Section F.

1. Please select all that describe the Applicant's and any Subsidiary's nature of business.
  - Nursing Home/Retirement Home     Multi Location Health System     Drug Rehabilitation Centers
  - Standalone Hospital     Outpatient/Surgery Center     Psychiatric/Behavioral Health Facility
  - Other (describe): \_\_\_\_
2. Is any of the Applicant's any of its Subsidiary's medical malpractice, HPL (Healthcare Professional Liability) exposure self-insured or insured by means of a funded trust, captive, subsidiary, or reciprocal risk sharing operation?  Yes  No
3. Does the Applicant contract with any third party to manage, operate, or administer its' facility or operations?  Yes  No
4. How many beds does the Applicant or any of its Subsidiaries operate? \_\_\_\_
5. Does the Applicant or any of its Subsidiaries employ physicians or are they independent contractors? Please provide details \_\_\_\_
6. Are there any competing hospitals within 25 miles?  Yes  No
7. Has the Applicant or any of its Subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following:
  - a. Civil False Claims Act?     Yes  No
  - b. Physician Ownership and Referral Act (The Stark Act)?     Yes  No
  - c. Any similar law or regulation?     Yes  No

If "Yes" to any of the above, 7(a) - 7(c), please attach complete details.

**Section F.**

**EDUCATIONAL ORGANIZATION INFORMATION** If not applicable, please check here and skip to Section G.

1. Please select all that to describe the Applicant's or any of its Subsidiary's nature of business.
  - Public School     Charter School     Private School     Special Education Facility
  - Vocation/Technical     Junior/Community College     4-Year College/University     Medical School
  - Business School  Law School     State/County/ Municipality Sponsored
  - Multi-District     Special District     Other (describe): \_\_\_\_
2. Enrollment:    \_\_\_\_ Current Year    \_\_\_\_ Prior Year
3. Types of Employment (Please select all that apply).
  - Full-Time Faculty/Instructors - Number: \_\_\_\_
  - Part-Time Faculty/Instructors - Number: \_\_\_\_
  - Administrative Personnel (including principals, deans and provosts) \_\_\_\_
4. How many campuses or schools are part of the Applicant or any of its Subsidiaries? \_\_\_\_
5. Have any campuses, schools or study programs (including music art or athletics) been closed, reduced or discontinued during:
  - a. The past 24 months?  Yes  No
  - b. The next 12 months?  Yes  No

If "Yes," to any of the above, 5(a) - (b), please attach complete details.
6. Date of last accreditation: \_\_\_\_ By which body? \_\_\_\_
7. Has any accreditation body threatened or taken any probationary or censure activity?  Yes  No

If "Yes," please attach complete details.

8. What percentage of the Applicant's or any Subsidiary's classes are conducted via internet or website? \_\_\_\_%

**Section G.**

**LABOR UNION ORGANIZATION INFORMATION** If not applicable, please check here and skip to Section H.

- 1. Local Number or Title: \_\_\_\_
- 2. International or National Affiliation: \_\_\_\_
- 3. Number of Members: \_\_\_\_
- 4. Does the Applicant or any of its Subsidiaries operate an apprenticeship program?  Yes  No  
If "Yes", does the applicant seek Educator Legal Liability Coverage for the apprenticeship program?  
 Yes  No
- 5. Is Individual Labor Leader coverage requested?  Yes  No

**Section H.**

**NAME OF RISK MANAGER OR GENERAL COUNSEL**

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

Name: \_\_\_\_ Title: \_\_\_\_ Years in Current Position: \_\_\_\_  
E-mail Address: \_\_\_\_ Phone Number: \_\_\_\_

**Section I.**

**CURRENT COVERAGE**

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

- a. Latest annual report or audited Financial Statement.
- b. Latest CPA management letter along with the Applicant's responses to any recommendations made therein.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES.

**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 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS:** A PERSON WHO 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 OKLAHOMA APPLICANTS:** WARNING: 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 (365:15-1-10, 36 §3613.1).

**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, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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, VIRGINIA AND WASHINGTON 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 VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

Date \_\_\_\_\_  
 Broker \_\_\_\_\_

Title \_\_\_\_\_ License \_\_\_\_\_  
 # \_\_\_\_\_  
 (Must be signed by President, Chairman,  
 Chief Executive Officer, Chief Financial Officer,  
 Address \_\_\_\_\_  
 Executive Director or Business Manager\*)

\*Labor Unions Only

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:  
 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 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 President, Chairman,  
 Chief Executive Officer, Chief Financial Officer,  
 Executive Director or Business Manager\*)

\*Labor Unions Only