

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

Not-For-Profit Protector[®] Mainform Application

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

(For Applicants with Annual Revenues of up to and including \$10M)

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 and Address of Applicant: _____

2. State of Incorporation: _____

3. a. Applicant's Primary Nature of Business: _____

b. Applicant's Primary SIC Code: _____

4. Has the Internal Revenue Service issued a letter stating that the Applicant qualifies as a not-for-profit organization? Yes No

5. Current insurance (if none, most recent). If included as an attachment herein check here (Attached).

	D&O Insurance	EPL Insurance
(a) Name of insurance company	_____	_____
(b) Limit of Liability	_____	_____
(c) Self-insured retention	_____	_____
(d) Policy expiration date	_____	_____
(e) Premium (indicate one year or more)	_____	_____
(f) Continuity Date	_____	_____

6. Has there been or is there now pending any claim(s) against the Applicant, its Subsidiaries, or any director, officer, trustee, or any individual or other entity proposed for insurance arising out of: (1) any director, officer, trustee, employee or entity liability matter, including securities matters and/or employment matters, or (2) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy?

Yes No

If "Yes," please attach complete details.

7. Does the Applicant, its Subsidiaries, or any director, officer, trustee, or employee of the Applicant know of any act, error or omission which could give rise to a claim(s) under the proposed policy?

Yes No

If "Yes," please attach complete details.

It is agreed that with respect to Questions 6 and 7 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s), or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom is excluded from the proposed coverage.

8. Has any insurance carrier refused, canceled or non-renewed any Directors, Officer or Employment Practices insurance coverage*? Yes No

**Missouri Applicants need not reply.*

If "Yes," please attach complete details.

Section B. FINANCIAL INFORMATION

1. Has any auditor issued a "going concern" opinion for the Applicant or any of its Subsidiaries' financial statements or is the Applicant or any of its Subsidiaries either declaring bankruptcy or has declared bankruptcy or operated under a different name in the last 7 years? Yes No

If "Yes," please attach complete details.

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

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

3. Years of Operation?

<input type="checkbox"/>	Less than 1 Year	<input type="checkbox"/>	1 > 2 Years	<input type="checkbox"/>	2 > 3 Years
<input type="checkbox"/>	3 > 5 Years	<input type="checkbox"/>	5 Years and Over		

4. Has the Applicant undergone any extraordinary financial transactions in the last 7 years? Please check all that apply and attach complete details.

- Defeasance of Bonds Merger or Consolidation Sale or Acquisition
- Change of Non-Profit/For-Profit Status Changes in Operations/Nature of Business
- Belated/Untimely Receipt of Grant Funds Other (describe): _____

Section C. DIRECTORS AND OFFICERS INFORMATION

1. Does the Applicant's charter or by-laws contain indemnification provision? Yes No
2. Does the Applicant provide medical services or medical advice? Yes No
3. Does the Applicant provide childcare services? Yes No
4. Does the Applicant act as a general partner of any limited partnership(s) and/or a partnership Manager of any general partnership(s), and/or joint venture Manager of any joint venture(s)? Yes No

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. Does the Applicant have a Human Resources or Personnel Department (or equivalent sufficiently executing the duties of such Departments)? Yes No
3. By what means does the applicant ensure that each employee is aware of his or her rights under state and federal employment laws, including the right to work free from discrimination or harassment in the workplace? Employee Handbook Website Handouts/Bulletins Verbal None
4. Does the Applicant conduct employee training with regards to discrimination and harassment? Yes No
5. Has a discrimination or harassment claim been filed against an executive or officer in the last 5 years? Yes No

If "Yes," please describe the claim, the disposition of same and the disciplinary action taken against that executive or officer.

6. Does the Applicant ensure that each employee is aware of state and federal discrimination, sexual harassment and civil rights laws with respect to third parties (i.e. clients or customers)? Yes No
7. Has the Applicant implemented a formal procedure for recording and handling the discrimination, sexual harassment and civil rights complaints of third parties (i.e. customers or clients)? Yes No
8. What percentage of employees have been involuntarily terminated (with or without cause) within the last 24 months? None 1-10% 11-25% Over 25%
9. What percentage of employees does the Applicant anticipate laying off in the next 12 months?
 None 1-10% 11-25% Over 25%
10. Is it the Applicant's practice to provide severance packages to affected employees when layoffs occur?
 Yes No
11. Is it the Applicant's practice to obtain releases from liability from affected employees when layoffs occur?
 Yes No

Section E. SOCIAL WELFARE INFORMATION This Section is to be completed by Social Welfare Organizations.

If not applicable, please check here and skip to Section F.

1. Is the Applicant Chartered by a National Organization? Yes No
If "Yes," does the National Organization provide the following training? Please check all that apply below.
 Sexual misconduct training Financial management training Both
2. Does the Applicant provide physical therapy? Yes No
3. Does the Applicant provide prescription medication services? Yes No
4. Does the Applicant provide on-premise housing? Yes No
If "Yes," please check all that apply below.
 Short-Term Housing Long-Term Housing Both
5. Are employees/volunteers of the Applicant pre-screened to an acceptable level (i.e. use of background/criminal checks) by the Applicant or by a third party vendor or law enforcement agency? Yes No
If "Yes," by whom? Applicant Vendor _____ Law Enforcement Agency _____

Section F. POLICY COVERAGE DETAILS

1. Amount of aggregate limit requested: \$ _____
2. Self-Insured Retention for D&O and EPLI (Each Loss): (D&O) \$ _____
(EPLI) \$ _____

WE HAVE THE RIGHT TO ASK FOR THE FOLLOWING ADDITIONAL INFORMATION:

1. Latest Applicant Financials (with Treasurer's Warranty Letter if not audited.)
2. Mainform Application from current carrier (if applicable).
3. Any and all additional information or documentation the Insurer may require to underwrite this policy.

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 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 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 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.



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.

Signed _____
(Applicant)

Attest _____

Date _____

Broker _____

Title _____

License # _____

(Must be signed by President, Chairman,
Chief Executive Officer, Chief Financial Officer,
Executive Director)

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 acknowledges the 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)