



NOT-FOR-PROFIT ORGANIZATION INSURANCE APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS SUBMITTED IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS THEREIN. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY 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.

1. GENERAL INFORMATION

- (a) Applicant Name: _____
- (b) Address: _____

- (c) State of Incorporation: _____ (d) Date Established: _____
- (e) Name and title of Applicant's designated representative to receive all notices from the Insurer on behalf of all person(s) and entity(ies) proposed for this insurance: _____
- (f) Federal Employer Identification Number (FEIN): _____
- (g) Nature of business: _____

- (h) Does the Applicant have tax exempt status as defined by the U.S. Internal Revenue Service?
 Yes No
 Is there or has there been any dispute as to the Applicant's tax exempt status? Yes No
- (i) Does the Applicant have any subsidiaries or control any other entity for which it is requesting coverage under this policy? Yes No
 If yes, please attach a description of the operations, ownership, and tax status for each entity.
- (j) Does the Applicant 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
- (k) Does the Applicant take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes No

2. COVERAGE REQUESTED

Limit Requested \$ _____

3. POLICY PERIOD REQUESTED

From _____ to _____ both days at 12:01 a.m. at the principal address of the Applicant.

4. EMPLOYEE INFORMATION

Total number of employees of the Applicant and its subsidiaries:

Full-time	Part-time	Volunteers	Unionized	Total

Total number located in the following states: _____ California _____ Texas

_____ Michigan _____ New York _____ New Jersey _____ Illinois

_____ Florida

Is the Applicant currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements? Yes No

Does the Applicant have employment contracts with any employees? Yes No. If Yes, attach details.

5. EMPLOYMENT POLICIES AND PROCEDURES

(a) How many employees have been terminated in the last year _____ ?

(b) Does the Applicant use an outside employment legal counsel for employment advice and/or defense? Yes No. If Yes, attach details.

(c) Does the Applicant require employment terminations to be reviewed by (check all that apply):

Human Resources, Law Department, Outside Legal Counsel

(d) Is the Applicant required to file an affirmative action plan with the Office of Federal Contract Compliance Programs (OFCCP)? Yes No. If Yes, attach copy of plan. Also, if Yes, has the Applicant ever been the subject of an OFCCP investigation which resulted in a finding of a violation? Yes No. If Yes, attach copy of the audit or investigation report and indicate what actions the Applicant has taken to remedy the violation.

(e) Does the Applicant:

-distribute an employee handbook to all **Employees**? Yes No

-have a written Anti-harassment and Anti-discrimination statement? Yes No

-have a formal training for all **Employees** regarding discrimination, including sexual harassment? Yes No

-have a progressive disciplinary program? Yes No

6. PAST ACTIVITIES

(a) Has the Applicant changed independent auditors in the past 3 years? Yes No

(b) Has the Applicant had any changes in the board of directors or senior management within the past three (3) years? Yes No

(c) Has the Applicant or any director, officer or other proposed **Insured** been involved in any of the following:

Anti-trust, unfair trade practices, copyright or patent litigation? Yes No

Civil or criminal action or administrative proceeding charging a violation of a federal, state or foreign law or regulation? Yes No

Any other criminal actions? Yes No

Representative actions, class actions or derivative suits including but not limited to employment issues? Yes No

Investigation by the Equal Employment Opportunity Commission (EEOC), US Department of Labor, National Labor Relations Board, Fair Employment Agency, Justice Department or similar state or foreign agency? Yes No

If yes to any of the questions in Section 6, above, attach details.

7. PRIOR INSURANCE

(a) Does the **Policyholder** currently have non-profit directors and officers liability or employment practices liability insurance? Yes No. If yes, please provide the following:

<u>Insurer</u>	<u>Limits</u>	<u>Deductible/ Retention</u>	<u>Policy Period</u>
_____	\$ _____	\$ _____	_____

Have any of the **Policyholder's** current insurers listed above indicated an intent not to offer renewal terms? Yes No. If yes, attach details. (Question not applicable to Missouri applicants).

(b) Has the **Policyholder** or any **Insured Individual** given written notice under the provisions of any prior or current directors and officers liability policy or employment practices liability policy of specific facts or circumstances which might give rise to a **Claim** being made against any **Insured**? Yes No. If yes, attach details.

(c) Have any **Loss** payments been made on behalf of the proposed **Policyholder** or any **Insured Individual** under any directors and officers liability policy, employment practices liability policy or similar insurance? Yes No. If yes, attach details.

It is agreed that with respect to questions contained in this Section 7, if such knowledge exists, any **Claim** arising there from is excluded from the proposed insurance.

8. PRIOR EXPERIENCE

(a) No **Claims** have been made against any person(s) proposed for this insurance in their capacity as an **Insured Individual** of the **Policyholder** (including **Loss** payment and **Defense Costs**). If there are any exceptions, please attach complete details. If none, check here .

(c) No person(s) or entity(ies) proposed for this insurance is cognizant of any fact, circumstance or situation which he/she has reason to suppose might afford grounds for any **Claim** such as would fall within the scope of the proposed insurance. If there are any exceptions, please attach complete details. If none, check here .

It is agreed that with respect to questions contained in this Section 8, if such fact, circumstance or knowledge exists, any **Claim** arising there from is excluded from the proposed insurance.

9. **ADDITIONAL UNDERWRITING INFORMATION**

As part of this Application, submit the following documents with respect to the **Policyholder**:

- Latest Annual Report with audited Financials, (if audited financials are not available, please submit a Treasurers Warranty Letter guaranteeing the Organization's financials).
- List of Directors, Officers and Trustees.
- Attach a complete list of all Directors, Officers and/or Trustees of the **Policyholder** by name and affiliation with other organizations.
- Constitution and By-Laws including copies of indemnification provisions.
- Latest EEO-1 report.
- Latest edition of the Employee Handbook

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 shall, 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 contract, 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.

The undersigned authorized officer of the Applicant hereby acknowledges that:

1. This Policy applies to **Claims** first made or deemed made, during the **Policy Period** or Extended Reporting Period, if purchased, and
2. The Limit of Liability available to pay damages or settlements will be reduced, and may be completely exhausted, by the payment of **Defense Costs**, and in such event, the Insurer shall not be responsible for the continued **Defense Costs** or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit of Liability.

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 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 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 LOUISIANA AND 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."

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."

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 CLAIMS 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."

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."

_____ By Applicant

_____ Title (President, Chairman, or CEO)

_____ Date

ExecutivePerils

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