Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville FL 32246

Reset

Renewal Proposal Form

Nonprofit Management Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or the Extended Reporting Period, if applicable.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the **Policy**. This Proposal Form is to be completed with respect to the entire **Insured Entity**. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

Name of **Named Insured**

Street Address | Suite

City | County | State | Zip Code

Website Address (if applicable) | Federal Employer Identification Number (FEIN)

The person designated as agent of the **Insured Entity** and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Contact Name | Title

E-mail Address | Telephone Number | Fax Number

Producer Information

Submitted by (Agency Name) | Dated

Agent's Name (Individual's Name) | Agent's License Number

Coverage Desired

Directors, Officers and Organization Liability Insurance Coverage Section: ❑ Yes ❑ No Limit Requested: $

Employment Practices Liability Insurance Coverage Section: ❑ Yes ❑ No Limit Requested: $

Fiduciary Liability Insurance Coverage Section: ❑ Yes ❑ No Limit Requested: $

Indicate the type of limit requested:
❑ Combined Aggregate Limit of Liability for all **Coverage Sections**, or
❑ Separate Aggregate Limit of Liability for each **Coverage Section**

Directors, Officers and Organization Liability Insurance Coverage Section

1. (a) Does the **Insured Entity** currently have a tax-exempt status under the U.S. Internal Revenue Service Code? ❑ Yes ❑ No
   If "Yes", under which IRSC Section?
   If "No", provide an explanation:
   (b) Have there been or are there now pending, any disputes as to the **Insured Entity's** tax-exempt status? ❑ Yes ❑ No
2. The **Named Insured** has been in continuous operation since:
3. Describe the **Insured Entity's** nature of operations:
4. Does the **Insured Entity** own or hold any patents? If "Yes", how many? ❑ Yes ❑ No
5. Does the **Insured Entity**:
   (a) provide any professional services including, but not limited to, legal counseling, medical care, peer review and credentialing activities to others? ❑ Yes ❑ No
   (b) promote, sponsor or provide any form of insurance to its members or non-members? ❑ Yes ❑ No
   (c) transact electronic commerce on behalf of itself, members or third parties? ❑ Yes ❑ No
   (d) have a membership in any nonprofit or professional associations? If "Yes", provide association names below. ❑ Yes ❑ No

6. Provide the following information on all **Subsidiaries** or related organizations of the **Insured Entity**. If "None", so state. ❑ None

Subsidiary or Organization Name	Nature of Business	Not For Profit?	Total Assets	Is coverage requested for this entity under this **Policy**?
		❑ Yes, IRSC:_____ ❑ No	$	❑ Yes ❑ No
		❑ Yes, IRSC:_____ ❑ No	$	❑ Yes ❑ No

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES OR RELATED ORGANIZATIONS IN QUESTION 6. UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED.

7. Provide the following financial information with respect to the **Insured Entity**: Period Ending: ____/____/____

Assets (000): $_____ Fund Balance* (000): $_____ Annual Revenues (000): $_____

*Fund Balance equals Total Assets minus Total Liabilities

8. (a) Is the **Insured Entity** currently in bankruptcy? ❑ Yes ❑ No

(b) Within the next 12 months, is the **Insured Entity** contemplating filing a petition for protection under the bankruptcy code? ❑ Yes ❑ No

9. Within the last 3 years, have there been resignations, departures, retirements, or terminations in the position of the Chairperson of the Board of Directors, President, Chief Executive Officer, Executive Director, or Chief Financial Officer that fall outside of the scope of annual elections or bylaws? ❑ Yes ❑ No

If "Yes", provide the following details by attachment: Name of individual; date of change; and reason for change.

10. During the last 5 years, has the **Insured Entity** or any of the **Insured Persons** received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration proceeding, including both domestic or foreign equivalents, involving:

(a) any intellectual property disputes, including Copyright, Patent, or Trademark Laws? ❑ Yes ❑ No

(b) any alleged violation of any Federal or State Security Law or Regulation? ❑ Yes ❑ No

(c) any alleged violation of any Federal or State Anti-Trust or Fair Trade Law? ❑ Yes ❑ No

(d) any other allegations of violations of federal, state or local statute, regulation, ordinance or common law that would otherwise be within the scope of this proposed insurance? ❑ Yes ❑ No

IF "YES" TO ANY PART OF QUESTION 10., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date Claim first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

Employment Practices Liability Insurance Coverage Section (Complete this section if this coverage is desired)

11. Number of **Employees**:

	Full Time	Part Time	Leased	Seasonal and/or Temporary	Volunteers and/or Interns	Independent Contractors	Annual Turnover Rate
Current Year:							
Last Year:							

12. Indicate which formal written policies and procedures have been implemented. If "None", so state. ❑ None

❑ Employee Handbook / Manual

❑ Anti-Discrimination Policy – Equal Employment Opportunity (EEO) Policy

❑ Anti-Harassment Policy, including Sexual Harassment

❑ Adherence to Employment "at-will" relationship with all **Employees**

Employers with more than 50 Employees

❑ Family Medical Leave Act

California Employers Only

❑ California Family Rights Act

13. During the last 5 years, has any **Insured** known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or in any of the following forums, including both domestic or foreign equivalents?

(a) National Labor Relations Board? ❑ Yes ❑ No

(b) Equal Employment Opportunity Commission? ❑ Yes ❑ No

(c) Office of Federal Contract Compliance Programs? ❑ Yes ❑ No

(d) U.S. Department of Labor? ❑ Yes ❑ No

(e) Any state or local government agency such as the Labor Department or fair employment agency? ❑ Yes ❑ No

(f) U.S. District or state court? ❑ Yes ❑ No

14. During the last 5 years, has any current or former **Employee** or third party made any Claim, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Acts** against any **Insured**? ❑ Yes ❑ No

A Claim is not limited to the filing of a lawsuit or complaint with the Equal Employment Opportunity Commission or similar state or local agency. A Claim may also include a written demand by any current or former **Employee** seeking relief in connection with an employment-related dispute or grievance.

IF "YES" TO ANY PART OF QUESTIONS 13., OR 14., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date Claim first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

Fiduciary Liability Insurance Coverage Section (Complete this section if this coverage is desired)

15. Provide the following information regarding each employee welfare benefit plan, employee pension benefit plan or pension plan, as defined by **ERISA**, (hereinafter referred to as **Employee Benefit Plans**) which the **Insured Entity** maintains or to which it contributes.

Name of Plan	Type of Plan*	Name of Plan Sponsor	Number of Plan Participants	Fair Market Value of Plan Assets

*Type of Plan: (DB)=Defined Benefit; (DC)=Defined Contribution; (ESOP)=Employee Stock Ownership Plan; (WB)=Health & Welfare Benefit; (MEP)=Multi Employer Plan or Multiple Employer Plan; (O)=Other

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR EMPLOYEE BENEFIT PLAN(S) IN QUESTION 15. FOR WHICH THE ABOVE INFORMATION IS INCOMPLETE OR NOT PROVIDED.

16. Has any **Employee Benefit Plan** loaned or pledged any **Employee Benefit Plan** assets to any party-in-interest (including the **Insured Entity**)? If "Yes", provide details by attachment. ❑ Yes ❑ No

17. Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? If "Yes", provide plan name and amount of overdue contributions by attachment. ❑ Yes ❑ No

18. Within the last 3 years, has there been, or is there currently under consideration, any restructuring, termination or other similar transaction of any **Employee Benefit Plan**? If "Yes", provide the details of the transaction by attachment. ❑ Yes ❑ No

19. If any of the following questions are answered "No", provide details by attachment.
    (a) Are all **Employee Benefit Plans** compliant with the Health Insurance Portability and Accountability Act ("HIPAA")? ❑ Yes ❑ No
    (b) Does the plan sponsor comply with the summary plan description requirements under **ERISA** for all **Employee Benefit Plans**? ❑ Yes ❑ No
    (c) Do all employee pension benefit plans or pension plans have a written investment policy? ❑ Yes ❑ No
    (d) Are all employee pension benefit plan or pension plan assets managed by a third party investment manager? ❑ Yes ❑ No
    (e) Do the fiduciaries review the investment guidelines used by the investment managers at least annually? ❑ Yes ❑ No
    (f) Is the "fair market value" of all employee pension benefit plan or pension plan assets calculated at least annually? ❑ Yes ❑ No

20. During the last 5 years, has there been, or is there currently, any investigation by the IRS, Department of Labor ("DOL"), Pension Benefit Guarantee Corporation ("PBGC"), or any other state or federal agency of any **Employee Benefit Plan** or any current or former fiduciary of such **Employee Benefit Plan**? If "Yes", provide details by attachment. ❑ Yes ❑ No

21. During the last 5 years, has any **Insured** been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any other written demands for money or services that would be within the scope of this proposed insurance? ❑ Yes ❑ No

IF "YES" TO ANY PART OF QUESTION 21., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date Claim first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

Documents Required (The following information must be submitted with the completed Proposal Form)

- Provide details to all "Yes" answers, when applicable below, or by attachment when additional space is required.
- If requesting the Fiduciary Liability Insurance Coverage Section, a copy of the most recent public accountant's audit report or IRS Form 5500 for each **Employee Benefit Plan** is required.

Provide Additional Information here

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the **Policy** inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- the information contained in this Proposal Form shall not be used by the **Insureds** as notice, nor will the **Insurer** recognize and/or accept the information contained herein as notice, as provided for in section VII. of the Common Policy Terms and Conditions Section of this **Policy**;
- any **Policy**, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insureds** shall be imputed to any other **Insureds**. If any person or persons knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, then this **Policy** will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the **Insured Entity** knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, then this **Policy** will be void as to that person or persons and the **Insured Entity**;
- this Proposal Form has been completed as respects the entire **Insured Entity**;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Dated	Chairperson of the Board of Directors, President, Chief Executive Officer or Executive Director (Signature)
Title	Chairperson of the Board of Directors, President, Chief Executive Officer or Executive Director (Print Name)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, LLC, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 NEW MEXICO, 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 APPLICANTS OF KENTUCKY: 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 APPLICANTS OF MINNESOTA, NEW JERSEY, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, 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 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 APPLICANTS OF FLORIDA: 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 OF THE THIRD DEGREE.

NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND 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 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.