



ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.
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RESOLUTE PORTFOLIO SM

For Not-For-Profit Organizations

(Inclusive of Directors & Officers Liability, Employment Practices Liability and Fiduciary Liability)
INSURANCE APPLICATION

NOTICE: THE INSURANCE POLICY FOR WHICH THIS APPLICATION IS SUBMITTED, PROVIDES CLAIMS-MADE COVERAGE, WHICH GENERALLY APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS THEREIN.

THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Please answer all questions and submit the requested information:

1. GENERAL INFORMATION
a) Name of Parent Organization:
b) Address:
c) Nature of Business:
d) Date of Incorporation:
e) Organization Website:
f) NAICS Code:
g) Does the Organization 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 Organization's tax status? Yes ___ No ___
h) Does the Organization act as or participate in a peer review group or committee for assessing qualifications and performance or others or the quality of products manufactured, sold, handled, or distributed? Yes ___ No ___
i) Does the Organization take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes ___ No ___

j) Please list all Subsidiaries for which coverage is desired.

Name	Nature of Business	Date Acquired or Created	Tax Status

2. COVERAGE REQUESTED

a) Proposed Effective Date: _____

b) Coverage Sections and Limits of Liability requested:

Coverage Desired (indicate with an X)	Coverage Section	Separate Limit of Liability (indicate Yes or No)	Combined Limit of Liability (indicate Yes or No)	Limit of Liability Requested (\$)
	Directors & Officers Liability (D&O) and Employment Practices (EPL)			
	Fiduciary Liability			

c) Optional Coverages and Sub-limits of Liability requested:

Coverage Desired (indicate with an X)	Coverage	Sub-limit of Liability Requested (\$)
	Third-Party EPL Coverage (part of the D&O and EPL Limit of Liability)	
	Voluntary Compliance Program Coverage (part of the Fiduciary Limit of Liability)	

3. ORGANIZATION INFORMATION

a) Please provide the following information for the Organization (including all Subsidiaries)

	Current Fiscal Year ____/____/____	Prior Fiscal Year ____/____/____
Total Revenue/Contributions		
Total Assets		
Net Income (Loss)		
Fund Balance		

b) Does the Applicant or any of its Subsidiaries receive any percent of revenues from government sources? Yes _____ No _____ If yes, please provide percentage of revenues received from such sources. _____.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL COVERAGE SECTIONS, PLUS THE ADDITIONAL INFORMATION REQUESTED WITHIN THE COVERAGE SECTIONS IN WHICH COVERAGE IS REQUESTED:

- Most recent audited Financial Statement, Annual Report (if audited financials are not available, submit unaudited financials with treasurer’s warranty letter)
- Complete List of Directors and Officers; position and affiliation with outside organizations
- Other information deemed necessary by the Underwriter or that may be helpful in evaluating your risk

4. DIRECTORS & OFFICERS LIABILITY AND EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

(Complete Question 4 only if such Coverage Section is requested)

a) BUSINESS ACTIVITIES

i) Have there been any changes to the board of directors, executive officers or senior management of the Organization during the past year or do they expect any within the next year?

Yes ___ No ___ If yes, please provide complete details.

ii) Has the Organization in the last three years completed or agreed to, or does it contemplate in the next twelve (12) months any acquisition, merger or sale of assets or operations?

Yes ___ No ___

If yes, please provide complete details.

b) Please provide the following information for the Organization (including Subsidiaries)

i) Total Number of Employees: _____

ii)

<u>Type of employee</u>	<u>Total number current year</u>	<u>Total number previous year</u>
Full Time		
Part Time		
Foreign		
Volunteers		
Independent Contractors		
Leased Employees		

iii) Total number of employees in the following jurisdiction(s): If none, check here _____

<u>Jurisdiction</u>	<u>Number of employees</u>	<u>Jurisdiction</u>	<u>Number of employees</u>
California		Alabama	
Michigan		Arizona	
Florida		Washington DC	
New Jersey		Illinois	
Texas		Massachusetts	
New York		Minnesota	
		Oregon	

iv) Have there been any layoffs within the past 24 months or are any expected over the next 12 months? Yes ____ No ____ If yes, please provide details.

v) Number of employees with total annual compensation greater than \$100,000? _____

vi) Human Resource Practices and Policies:

	Yes	No
A. Full Time HR Professional		
B. Employee Handbook or written guidelines		
C. Are the handbook and guidelines uniform for all locations and all Subsidiaries?		
D. At Will Statement		
E. Employee training (i.e.: harassment, discrimination)		
F. Annual written performance reviews for all employees		
G. All terminations are reviewed by: (advise for each) - Human Resources - In-House Counsel - Outside Counsel		

vii) Is the Organization required to file an affirmative action plan with the Office of Federal Contract Compliance Programs (OFCCP)? Yes ___ No ___

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Copy of all Human Resource Policies and Procedures including the Employee Handbook
- Bylaws, including copies of indemnification provisions

Optional Coverage: Third-Party EPL Coverage

(Complete the below questions only if Third-Party EPL Coverage is requested)

- a) Does the Organization have written procedures:
 - i) describing conduct when working with third-parties, such as customers and vendors, including anti-discrimination and/or anti-harassment statements? Yes ____ No ____
 - ii) for responding to complaints of discrimination or harassment by third-parties? Yes ___ No ___
- b) What percentage of the Organization's employees deal with the general public, work at customer locations or perform a majority of their functions off-site? _____
- c) Has the Organization had any loss history as a result of receiving complaints from a non-employee? Yes ___ No ___ If yes, please provide complete listing, including number of complaints, defense and/or settlement costs.

5. FIDUCIARY LIABILITY COVERAGE SECTION

(Complete Question 5 only if such Coverage Section is requested)

a) For Each Plan to be covered, please list the following:

Plan Name and Plan Number	Type of Plan *	Number of Participants	Plan Assets	Plan Status**

* Welfare (W), Defined Benefit (DB), Defined Contribution (DC), ESOP (ESOP), Other (O)

** Active (A), Merged (M), Sold (S), Terminated (T), Frozen (F)

b) Are any Plans under funded or over funded by 10-25% or greater than 25%? Yes ___ No ___
If yes, please provide details. _____

c) Have any Plan benefits been modified within the last two years? Yes ___ No ___ If yes, please provide details. _____

d) Are Plans managed by an independent third-party administrator/investment manager?
Yes ___ No ___ If yes, please provide details.

i) How often is the third-party’s performance reviewed? _____

ii) How often are the third-party guidelines reviewed and established? _____

e) Does the Organization have any non-qualified plans? Yes ___ No ___ If yes, please provide details.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Latest Audited Plan financials and 5500 reports for the 5 largest plans (in terms of total plan assets)
- Latest audited plan financial or schedule of investments for any non-qualified plan

ALL Applicants must complete the below questions 6 and 7.

6. PREVIOUS INSURANCE:

a) Please provide the following details regarding the Organization's insurance programs:

Coverage	Yes	None	Limit of Liability	Retention	Premium	Policy Period
D&O						
EPL						
Fiduciary						

b) Have any of the Organization’s prior carriers cancelled or indicated an intent to not offer renewal terms?

Yes ___ No ___ If yes, provide details. _____

c) Has any person or entity for whom this insurance is being applied given written notice under the provisions of any prior or current insurance policy of facts or circumstances that might give rise to a Claim being made against any person or entity for whom this insurance is being applied?

Yes ___ No ___ If yes, please provide details. _____

d) Have any payments been made on behalf of any person or entity for whom this insurance is being applied under any policy of insurance similar to any proposed insurance hereunder? Yes ___ No ___

If yes, please provide details. _____

7. PRIOR KNOWLEDGE (RENEWAL APPLICANTS: Question 7. need not be answered).

a) No person or entities for whom this insurance is being applied have any knowledge of any fact, circumstance, situation, or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a Claim which may fall within the scope of coverage of the proposed insurance? Yes ___ No ___

If yes, please provide complete details (use supplemental attachment if additional space is necessary).

b) No Claims have been made against any person(s) or entities for whom this insurance is being applied.

Yes ___ No ___ If yes, please provide details. _____

c) No person(s) or entity(ies) proposed for whom this insurance is being applied has knowledge of any inquiry, investigation or communication that he/she/it has reason to believe might give rise to a Claim that might fall within the scope of the coverage of the proposed insurance. Yes ___ No ___

If yes, please provide details.

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS WITH REGARD TO QUESTIONS 7 a), b) or c), REGARDLESS OF WHETHER IT IS DISCLOSED IN THIS APPLICATION, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLIGENCE, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR AND THE INSURER SHALL NOT BE LIABLE FOR SUCH LOSS AND, TO THE EXTENT THIS POLICY PROVIDES DUTY TO DEFEND COVERAGE, THE INSURER SHALL HAVE NO DUTY TO DEFEND.

NOTICES TO ORGANIZATION:

The undersigned authorized representative of the Organization declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Application. The undersigned authorized representative 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 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 agreement to bind insurance.

The submission of this Application by the Organization to the Insurer or signing of this Application by the Organization does not obligate the Insurer to issue the insurance. It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become a 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. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

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 OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

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 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 CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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 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 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 TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO 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."

NOTICE TO 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF 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 ALL OTHER 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."

DECLARATION AND SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE IS MAKING THE REPRESENTATIONS IN THIS APPLICATION ON BEHALF OF THE ORGANIZATION AND ALL ENTITIES OR PERSONS PROPOSED FOR COVERAGE UNDER THE POLICY.

Signed: _____

Title: _____
(President, CEO or CFO)

Date: _____

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