



Philadelphia Insurance Companies
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FLEXI PLUS FIVE APPLICATION
 NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE
 EMPLOYMENT PRACTICES LIABILITY INSURANCE
 FIDUCIARY LIABILITY INSURANCE
 WORKPLACE VIOLENCE COVERAGE
 INTERNET LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY
 PLEASE READ YOUR POLICY CAREFULLY

Instructions

- Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/controlled subsidiaries.
- The **Applicant** is required to complete Sections 1, 2, and 7.
- The **Applicant** should complete other applicable Section(s) for which coverage is desired. (See chart below)
- Please include all requested underwriting information and attachments. Failure to supply may result in delay.

Check Coverage Desired	Section	Requested Limit	Requested Retention
<input type="checkbox"/> General Information	1	N/A	N/A
<input type="checkbox"/> Directors & Officers	2	\$	\$
<input type="checkbox"/> Employment Practices	3	\$	\$
<input type="checkbox"/> Fiduciary Liability	4	\$	\$
<input type="checkbox"/> Workplace Violence	5	\$	\$
<input type="checkbox"/> Internet Liability	6	\$	\$
<input type="checkbox"/> General Summary	7	N/A	N/A

SECTION 1 – GENERAL INFORMATION

(All Applicants must complete this Section)

1. Name of Parent Organization: _____

2. Address: _____

Telephone: (____) _____ Internet Address: www. _____

Billing Contact Name: _____

3. Standard Industrial Classification (SIC) #: _____ Federal Employer Identification (FEIN) #: _____

4. Date Established: _____ State of Incorporation: _____ Number of Members: _____ Number of Chapters: _____

5. Please describe the nature of the **Applicant's** operations: _____

6. Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
 (If No, please attach explanation)
7. The Officer of the **Applicant** designated to receive any and all notices from the Underwriter or their authorized representative concerning this insurance is:

Name	Title	Email Address
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Please Attach a Statement of Details for all "YES" Answers to Questions #8-12

- | | | |
|---|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> |
| 8. Does the Applicant publish any magazines, periodicals or newsletters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the Applicant involved in product research, product development, testing and/or certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the Applicant set standards for the qualification and performance and/or certify its members? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the Applicant engage in any disciplinary actions as a result of peer review activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the Applicant administer or sponsor any insurance programs for its members? | <input type="checkbox"/> | <input type="checkbox"/> |

FINANCIAL INFORMATION

	CURRENT YEAR	PREVIOUS YEAR
TOTAL ASSETS:	\$ _____	\$ _____
NET ASSETS / FUND BALANCE:	\$ _____	\$ _____
ANNUAL REVENUE:	\$ _____	\$ _____
CHANGE IN NET ASSETS (Excess / Deficit):	\$ _____	\$ _____

Please attach the most recent annual financial audit or 990 form.

SECTION 2 – DIRECTORS AND OFFICERS

(All **Applicants** must complete this Section)

- Directors and Officers Liability Insurance has been continuously in force since: ____ / ____ / ____.
- Provide a list of all direct and indirect subsidiaries or any other entity or organization the **Applicant** controls:

Name	Type of Business	% the Applicant Owns/Controls	Date Created/Acquired	For or Non-profit
<i>Example: ABC Foundation, Inc</i>	<i>Charitable Children's Foundation</i>	<i>100%</i>	<i>01/01/2000</i>	<i>Non-profit</i>

Additional entities listed by attachment

- Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five years? (If yes, please attach details)

	<u>Yes</u>	<u>No</u>
Anti-trust, copyright or patent litigation?	<input type="checkbox"/>	<input type="checkbox"/>
Any disciplinary action by any regulatory agency or association?	<input type="checkbox"/>	<input type="checkbox"/>
Any action where a license was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
Any administrative proceeding charging violation of a federal or state law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
Any other criminal actions?	<input type="checkbox"/>	<input type="checkbox"/>

It is agreed that with respect to Question #3, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.

4. In the past 24 months or the next 12 months, has the **Applicant** been or anticipate being involved in any of the following? (If yes, attach details)

	<u>Yes</u>	<u>No</u>
Mergers, acquisitions or consolidation with another entity?	<input type="checkbox"/>	<input type="checkbox"/>
Changes in the board of directors or senior management (other than death or retirement)?	<input type="checkbox"/>	<input type="checkbox"/>

5. Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity? (If yes, please attach details) Yes No

SECTION 3 – EMPLOYMENT PRACTICES

(Complete this section only if Employment Practices Liability coverage is desired)

1. Employment Practices Liability Insurance has been continuously in force since: ____ / ____ / ____.

2. Please provide the following employee count information:

	Currently	One Year Ago	Two Years Ago
U.S. based employees/volunteers:			
Full Time:	_____	_____	_____
Part Time:	_____	_____	_____
Temporary:	_____	_____	_____
Leased:	_____	_____	_____
Non U.S. based employees/volunteers:	_____	_____	_____
TOTAL SUM OF ABOVE	_____	_____	_____

3. How many employees have been terminated or demoted in the past 12 months?

A) Voluntary: _____ Involuntary: _____ B) Laid Off: _____ Demoted: _____

4. Is any reduction of employees or change of status anticipated in the next year?

A) Voluntary: _____ Involuntary: _____ B) Layoffs: _____ Demotions: _____

	<u>Yes</u>	<u>No</u>
5. Does the Applicant have an employment handbook?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Applicant use an employment application for every potential employee?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Applicant have an "At Will" provision in the employment application or handbook?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the Applicant implemented an anti-sexual harassment policy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Applicant use outside employment counsel for employment advise?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 – FIDUCIARY LIABILITY

(Complete this section only if Fiduciary liability coverage is desired)

1. Fiduciary Liability Insurance has been continuously in force since: ____ / ____ / ____.

2. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Total Assets/Contributions	Plan Type*	Total Participants	Plan Administrator
Ex: The ABC Children Corp 401K Plan	2000	\$1,000,000	2	75	self

- a)
- b)
- c)

* 1=Employee Welfare Benefit Plan (as defined by ERISA), 2= Defined Contribution Plan (same), 3= Defined Benefit Plan (same), 4=Other
 * If 3 or 4, the completion of a supplemental application is required.

3. Does any plan(s) employ the investment, trustee, actuarial, legal, administrative, custodial or benefits consulting services of any outside provider? Yes No [If yes, provide details by attachment and copies of contracts with service provider(s)].

4. Has termination been requested or contemplated for any plan? Yes No (If yes, provide details by attachment)
5. Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to, an increase in participants' portion of cost? Yes No [If yes, provide details by attachment. If there has been any amendment(s), please attach copies].
6. Has any plan been spun-off (sold), transferred or terminated? Yes No (If yes, provide details by attachment)
7. Are there or have there been within the last three (3) years any known or alleged violations of ERISA or any similar statutory or common law (including applicable amendments, rules and regulations) of the United States, Canada or any state or other jurisdiction to which a plan is subject? Yes No (If yes, provide details by attachment.)
8. Does the **Applicant** have any information to suggest or indicate that any of the plans it sponsors may be under governmental or regulatory investigation with regard to the applicable plan's funding, administration or investment strategies? Yes No (If yes, provide details by attachment.)
9. Is Form 5500 filed on an annual basis for each plan? Yes No (If yes, provide a copy of the most recent 5500; If no, provide details by attachment.)

SECTION 5 – WORKPLACE VIOLENCE

(Complete this section only if Workplace Violence coverage is desired.)

1. Workplace Violence Insurance has been continuously in force since: ____ / ____ / ____.
2. The **Applicant's** total number of work locations: _____
3. The **Applicant's** total number of employees: _____
4. Does the **Applicant**:

	Yes	No
have an Employee Assistance Program?	<input type="checkbox"/>	<input type="checkbox"/>
have a progressive discipline policy?	<input type="checkbox"/>	<input type="checkbox"/>
have an employee complaint/grievance resolution procedure?	<input type="checkbox"/>	<input type="checkbox"/>
have a written policy on workplace violence that is circulated to all employees?	<input type="checkbox"/>	<input type="checkbox"/>
train employees to recognize, report, and respond to potentially hostile situations?	<input type="checkbox"/>	<input type="checkbox"/>
have a process for performing background checks for all potential employees?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 12 months, has the **Applicant** been involved with any layoffs, staff reductions or facility closings? (If yes, please attach details) Yes No
6. In the next 12 months, does the **Applicant** contemplate any layoffs, staff reductions or facility closings? (If yes, please attach details) Yes No
7. What security precautions does the **Applicant** have in place to limit access to its premises from hostile or volatile persons? (provide attachment if necessary) _____

8. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any incidents of workplace violence in the last five years? Yes No (If yes, please attach details.)

Please attach a copy of your employee and customer complaint/grievance procedures.

SECTION 6 – INTERNET LIABILITY

(Complete this section only if Internet Liability coverage is desired.)

1. Internet Liability Insurance has been continuously in force since: ____ / ____ / ____.
2. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

Internet site address	Date on-line	Average Page views per month
www.		
www.		

3. Does the **Applicant** conduct transactions (e-commerce) on the site or is the site informative only?

Informational Only
(Please go to question 6)

Transactional / E-commerce
(Please complete questions 4 & 5)

Both

4. The **Applicant's** projected annual gross revenues from the internet site: \$ _____

5. Please describe the type and purpose of the transactions performed on the site:

6. What percentage of monthly page views on the **Applicant's** internet site originates outside the U.S. and Canada?

SECTION 7 – GENERAL SUMMARY

(All **Applicants** must complete this Section)

- Has the **Applicant** given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance? Yes No
- No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the **Applicant** has applied, except: None or as noted below: (provide attachment if necessary)

3. Current Coverage

COVERAGES	Underwriter (Insurance Carrier)	Limit of Liability	Deductible	Policy Effective Dates	Premium
D&O					
EPLI					
Fiduciary					
Workplace Violence					
Internet Liability					
General Liability					
Professional Liability					

With respect to the above coverage, has any Underwriter refused, canceled or non-renewed coverage?
(Not Applicable in Missouri) Yes No (If yes, provide details)

4. Material Change

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

5. False Information

WARNING: 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 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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 DISTRICT OF COLUMBIA, MAINE 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

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 MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

6. Signature

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application will be attached and become a part of the policy.

Name: _____ Title: _____
(Please Print) (President, Chairman or Executive Director)

Date: _____ Signature: _____

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.

Executive Perils

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dba: Executive Perils Insurance Services

Produced By: (Section to be completed by Agent/Broker)

Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No: _____

Address (Street, City, State, Zip) : _____