

Non-Profit Organization and Individual Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION:

THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR 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 **Organization**. **Organization** as used herein is defined to include the **Parent Organization** and any **Subsidiaries**.

Provide details to all "Yes" answers, when applicable, by attachment.

Name of **Parent Organization**

Street Address

City

State

Zip Code

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

Name

Title

E-Mail Address

General Information

1. The **Organization** has been in continuous operation since: _____
2. (a) Primary Standard Industry Code (SIC): _____
- (b) Federal Employer Identification Number (FEIN) or Taxpayer Identification Number: _____
- (c) Describe the nature of the **Organization's** legal structure, purpose(s) and the nature of operation(s) (Corporation, Association, Foundation, Service, etc.): _____
3. (a) Does the **Organization** currently have a tax-exempt status under the U.S. Internal Revenue Service Code? Yes No
If "Yes", under which IRSC Section? 501(c)(3) 501(c)(4) 501(c)(6) 501(c)(7) 501(c)(10) Other _____
- (b) Have there been or are there now pending, any disputes as to the **Organization's** tax-exempt status? Yes No
4. Has the **Organization** been involved in any bankruptcy proceeding within the last 3 years or has the **Organization** contemplated filing a petition for protection under the bankruptcy code within the next 12 months? Yes No
5. Provide the following information on all **Subsidiaries** of the **Organization**. If "None", so state. None

(a) Name	(c) Percent of ownership	(d) Nature of business
(b) Date of acquisition/creation	(e) Operated for-profit or non-profit	

IT IS UNDERSTOOD AND AGREED THAT COVERAGE WILL ONLY BE PROVIDED TO SUBSIDIARIES WHICH QUALIFY AS A NOT-FOR-PROFIT ORGANIZATION UNDER THE U.S. INTERNAL REVENUE SERVICE CODE, OTHER THAN A POLITICAL ACTION COMMITTEE ORGANIZED PURSUANT TO SECTION 432 OF THE FEDERAL ELECTION CAMPAIGN ACT OF 1971 (AND AMENDMENTS THERETO), AND WHICH ARE LISTED ABOVE OR BY AN ATTACHMENT PROVIDING SIMILAR INFORMATION.

6. Which of the following services are offered by the **Organization**?

(a) Provide a referral service, legal aid service, or computer service to its members or the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Promote, sponsor or provide any form of insurance to its members or non-members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Engage in any form of research, development or experimentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled, or distributed by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Develop standards used to evaluate the quality of goods, products manufactured or services rendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) Engage in such activities as lobbying or labor negotiations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Promote any specific product to the Organization's members which will produce a profit for the Organization ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(j) Publish any magazines, periodicals or newsletters? (If "Yes", attach a sample of each.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(k) Publish any technical manuals? (If "Yes", provide details and purpose of such manual(s).)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Employee Information

7. Have there been any changes in senior management in the last 3 years? Yes No
8. (a) Current Number of employees of the **Organization**:
- | | Full Time | Part Time | Seasonal / Temporary | Volunteers |
|--------------|-----------|-----------|----------------------|------------|
| Current Year | | | | |
| Last Year | | | | |
- (b) What is the **Organization's** annual employee turnover rate for the last 12 months? _____ %
9. What percentage of the **Organization's** employees currently earns more than \$50,000? _____ %
10. Does the **Organization** currently employ a full time Human Resources professional? Yes No
11. Does the **Organization** (provide details to "No" answers by attachment): Yes No
- (a) Utilize employment applications for all prospective employees? Yes No
- (b) Require the Human Resource Department to review and approve each proposed employee termination? Yes No
- (c) Have outside employment counsel review each proposed employee termination? Yes No
- (d) Conduct mandatory periodic employee education regarding prohibited forms of harassment? Yes No
- (e) Periodically have its employment policies and procedures reviewed by outside employment counsel? Yes No
- (f) Have its employment policies and procedures distributed to all employees? Yes No
12. In the past 12 months, has the **Organization** implemented any collective bargaining agreements with any group of employees? (Provide details to "Yes" answers by attachment.) Yes No
13. Indicate which formal written policies and procedures have been implemented and attach a copy of each. If "None", so state. None
- | | | |
|---|--|--|
| <input type="checkbox"/> Employee Handbook / Manual | <input type="checkbox"/> Anti-Harassment Policy, including Sexual Harassment | <u>Employers with more than 50 Employees</u> |
| <input type="checkbox"/> Anti-Discrimination Policy – Equal Employment Opportunity (EEO) Policy | <input type="checkbox"/> Adherence to Employment "at-will" relationship with all employees | <input type="checkbox"/> Family Medical Leave Act
<u>California Employers Only</u>
<input type="checkbox"/> California Family Rights Act |

Previous Insurance Information

14. Provide the following information regarding the **Organization's** most recent insurance policies. If "None", so state. None
- | | Insurance Carrier | Expiration Date | Limit of Liability | Retention | Premium |
|--|-------------------|-----------------|--------------------|-----------|---------|
| Employment Practices Liability | | | | | |
| Directors', Trustees' and Officers' Liability | | | | | |
| General Liability
Personal injury extension? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
15. Has the Extended Reporting Period (or Discovery Period) been exercised for the **Parent Organization's** most recent Directors', Trustees' and Officers' Liability Policy or Employment Practices Liability Policy? Yes No

Litigation and Claim Information

16. During the last 5 years, has any **Organization** or any of the **Individual Insureds** 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 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
17. In 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 **Employment Practices** against the **Organization** or any of the **Individual Insureds**? Yes No
- A **Claim** is not limited to the filing of a lawsuit or complaint with the EEOC or similar state or local agency. A **Claim** may also include a written demand or threat by any current or former employee seeking relief in connection with an employment-related dispute or grievance.
- Provide details of all incidents even if the matter has since been settled or otherwise resolved.
18. During the last 5 years, has the **Organization** or any of the **Individual Insureds** thereof 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 under any of the following forums?
- (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
- Provide details of all incidents even if the matter has since been settled or otherwise resolved.

IF "YES" TO ANY PART OF QUESTION 16., 17. OR 18., PROVIDE THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT, OR BY COMPLETING A CLAIMS SUPPLEMENT FORM.

(a) Allegation	(b) Date Claim first made	(c) Paid damages/expenses including attorneys' fees	(d) Outstanding damages/expenses including attorneys' fees	(e) Total costs incurred
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19. Are the undersigned or any of the Directors, Trustees and Officers proposed for this insurance aware of any fact, circumstance or situation involving any **Insureds** that he or she has reason to believe might result in a future Claim? If "Yes", provide details by attachment. Yes No

IF "YES" TO QUESTION 19., PROVIDE DETAILS BY ATTACHMENT.

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 16., 17., 18. OR 19.

Documents Required

Submit one copy of each of the following documents. These documents will be attached to and made a part of this Proposal Form.

- (a) Provide details to all "Yes" answers, when applicable, by attachment (c) Annual Report, including audited financial statements for the last 2 years
- (b) The most recent Employee Handbook or Employee Policy Manual

Please Read Carefully

The undersigned Chairman of the Board of Directors, President, Chief Executive Officer or Executive Director declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information 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.

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;
- 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 **Individual Insureds**, except for those person or persons who executed the Proposal Form, shall be imputed to any other **Individual Insureds** and further provided that if any person who executed the Proposal Form knew that such statement or representation was inaccurate or incomplete, then this Policy will be void as to all **Insureds**;
- the information contained in this Proposal Form shall not be used by any **Insureds** as notice as provided for in section VII. of the Policy, nor will the **Insurer** recognize and/or accept the information contained herein as notice as provided for in section VII. of the Policy;
- this Proposal Form has been completed as respects the entire Organization; and
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

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 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 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 FLORIDA, KENTUCKY, MINNESOTA, NEW JERSEY, OHIO, 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 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.

	Dated:
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Chairman of the Board of Directors, President, Chief Executive Officer or Executive Director

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

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Print Name Here)

AGENT'S LICENSE NUMBER