NON-PROFIT ORGANIZATION MANAGEMENT LIABILITY APPLICATION

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY THAT APPLIES ONLY TO THOSE CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER DURING THE POLICY PERIOD, OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS SHALL BE REDUCED OR TOTALLY EXHAUSTED BY PAYMENT OF DEFENSE EXPENSES.

I. GENERAL INFORMATION SECTION

1. (a) Name of Organization:

   (b) Organization Address:

2. Date Organized:
3. Nature of Operations:
4. Indicate Coverage and Limit Requested:

D&O Liability Insurance Coverage:	Yes ☐	No ☐	Limit Requested: $
Employment Practices Liability Coverage:	Yes ☐	No ☐	Limit Requested: $
Third Party Liability Coverage:	Yes ☐	No ☐	
Fiduciary Liability Insurance Coverage:	Yes ☐	No ☐	Limit Requested: $

5. Indicate the Type of Limit Requested:

   ☐ Shared Limit of Liability for multiple Coverage Sections

   ☐ Separate Limit of Liability for each Coverage Section

   ☐ Combination of Shared and Separate Limits (provide details):

6. Please provide the following financial information for the Applicant and its Subsidiaries:

	Current Year	Prior Year
Date of Financial Statement:		
Total Assets:	$	$
Total Liabilities:	$	$
Fund Balance:	$	$
Total Revenues:	$	$
Net Income or Net Loss:	$	$

7. Provide the following information on all Subsidiaries of the Insured Organization. If "None", check here: None ☐

Subsidiary Name	Nature of Business	Percent Owned by the Insured Organization	Date Created or Acquired

8. As part of this Application, please submit the following with respect to the Applicant:

Directors & Officers Liability Coverage:

(a) Complete Copy of Latest Annual Report. If audited Financials, Please include auditors notes and a copy of Latest Interim Financial Statement

(b) Current List of Directors And Officers

(c) Complete Copy of By Laws and Articles of Incorporation

Employment Practices Liability Coverage:

(a) EEO-1 Report (If Required By Federal Law)

(b) Employee Handbook

Fiduciary Liability Coverage:

(a) A copy of the most recently filed Form 5500 or most recent Audited Plan Financial Statements

II. INSURANCE INFORMATION

1. Please list current insurance:

Type of Coverage		Insurer	Limits	Retention	Premium	Expiration Date
Directors & Officers	☐ None					
EPL	☐ None					
Fiduciary Liability	☐ None					

2. Has any similar insurance been declined, cancelled or non-renewed? Yes ☐ No ☐
If "Yes", please provide details on a separate page.

3. Loss experience (Attach full details of all claims during the past five (5) years that would fall within the scope of proposed insurance.)
If no losses, check "None": None ☐

III. DIRECTORS & OFFICERS LIABILITY SECTION *(Please complete only if coverage requested)*

1. Has the Organization been involved in any merger or acquisition within the past twelve (12) months or are they contemplating any merger or acquisition in the next twelve (12) months? Yes ☐ No ☐
If "Yes", please provide details on a separate page.

2. (a) Does the Organization currently have a Tax Exempt Status under the U.S. Internal Revenue Code? Yes ☐ No ☐
If "No", please provide details on a separate page.

(b) Have there been or is there now any pending dispute regarding the Organization's Tax Exempt Status? Yes ☐ No ☐

If "Yes", please provide details on a separate page.

3.	Does the organization have an incident response plan for data breaches that is tested at least annually?	Yes	☐	No	☐
	If "No", please provide details on a separate page.				
4.	If applicable, is the organization currently Payment Card Industry Data Security Standard (PCI/DSS) compliant?	Yes	☐	No	☐
	If "No", please provide details on a separate page.				
5.	Does the organization purchase First Party and Third Party Network Security and Privacy Insurance Coverage?	Yes	☐	No	☐
6.	If applicable, is the organization Health Insurance Portability & Accountability Act (HIPAA) / Health Information Technology for Economic & Clinical Health (HITECH) compliant?	Yes	☐	No	☐
	If "No", please provide details on a separate page.				
7.	Does the organization receive more than 10% of their revenues from any governmental source?	Yes	☐	No	☐
8.	Does the organization offer, sell, advertise, market or solicit any product or service, or debt collection, employing any automatic/robo dialing, mobile phone texting, faxing, or any other type of communications based mechanism or strategy governed under the rules and regulations of the Telephone Consumer Protection Act of 1991 (TCPA), The Fair Debt Collection Practices Act or any laws governing unsolicited advertising or contacts for collections or promotion of goods or services?	Yes	☐	No	☐
9.	Does the organization have a contract or agreement with any third party vendor to perform the above services on their behalf?	Yes	☐	No	☐

IV. EMPLOYMENT PRACTICES LIABILITY SECTION *(Please complete only if coverage requested)*

1. Number of Employees:

Full time:	Part time:	Independent Contractors:	Volunteers:	Total:

2. List total number of Employees in the following states:

CA _____ FL _____ NJ _____ NY _____ TX _____

3. Turnover percentage of Employees within the past three (3) years?

Year 1 _____ Year 2 _____ Year 3 _____

4.	Does the Organization anticipate making any reductions in the work force within the next twelve (12) months?	Yes	☐	No	☐
	If "Yes", please provide details on a separate page				

5. Percentage of employees with salaries (including bonuses):

Less than $50,000 _____ $50,000 to $100,000 _____ $100,000 to $250,000 _____ More than $250,000

6.	Does the Organization have a human resources department?	Yes	☐	No	☐
	If "No", who is responsible for this function?				
7.	Does the Organization have an Employee manual or handbook governing the terms and conditions of employment? If "Yes", please supply a copy.	Yes	☐	No	☐
	(a) Is it distributed to all employees?	Yes	☐	No	☐

	(b)	Does it require that employees sign and acknowledge its receipt?							Yes	☐	No	☐
8.	Does the Organization have written guidelines or procedures for addressing human resource											
	personnel management in the following areas:											
	(a)	Hiring/Interviewing?	Yes	☐	No	☐	(g)	Termination Procedures?	Yes	☐	No	☐
	(b)	Employee at-will statement & employee contract disclaimer?	Yes	☐	No	☐	(h)	Disability Accommodations?	Yes	☐	No	☐
	(c)	Discrimination?	Yes	☐	No	☐	(i)	Sexual Harassment?	Yes	☐	No	☐
	(d)	Discipline?	Yes	☐	No	☐	(j)	Workplace Harassment?	Yes	☐	No	☐
	(e)	Employment Evaluations?	Yes	☐	No	☐	(k)	New employee orientation?	Yes	☐	No	☐
	(f)	Unlawful harassment or discrimination of third parties?	Yes	☐	No	☐	(l)	Employee complaint/grievance procedures?	Yes	☐	No	☐
9.	Does the Organization conduct employee and supervisor training in the areas mentioned above?								Yes	☐	No	☐
10.	Do you and others on your behalf or at your direction collect, store or transmit biometric											
	information for employees and/or third parties, including but not limited to fingerprints, retina											
	scans, or time clocks that rely on individual identifiers?								Yes	☐	No	☐
	(a)	Do you have a general Biometric Information Privacy Act policy that addresses the										
		nature and purpose of the act?							Yes	☐	No	☐
	(b)	Do you receive written consent and a release from each individual employee or third party?							Yes	☐	No	☐
11.	Do you formally disseminate written policies pertaining to the Biometric Information Privacy Act											
	that clearly address retention and destruction guidelines?								Yes	☐	No	☐
12.	Do you require each employee to sign an arbitration agreement with a class action waiver?								Yes	☐	No	☐

V. FIDUCIARY LIABILITY SECTION *(Please complete only if coverage requested)*

1. Please provide the following information for the largest four Plans of the Applicant:

Plan Name	*Plan Type	**Plan Status	Total Plan Assets ($)	Annual Contributions	Number of Participants
			$		
			$		
			$		
			$		

*Plan Types: Defined Benefit (DB); Defined Contributions (DC); Self-Funded Welfare Benefit Plan (W); Other (O) – Attach explanation

**Plan Status: Active (A); Frozen (F); Sold (S); Termination (T) – If any plan has been termination, indicate date of transaction

2.	Is each plan reviewed periodically to assure there are no violations of ERISA (e.g., prohibited				
	transactions or party-in-interest rules)?	Yes	☐	No	☐
	If "No", please provide details on a separate page				
3.	Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout				
	notification requirements and other provisions of ERISA or similar foreign law; or (b) hold				
	employer securities or employer real property in violation of ERISA or in excess of ERISA limits?	Yes	☐	No	☐

	If “Yes”, please provide details on a separate page				
4.	Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign				
	agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c)				
	filed for an exemption from a prohibited transaction; or (d) received an adverse opinion as to its				
	financial condition by an independent public accountant?	Yes	☐	No	☐
	If “Yes”, please provide details on a separate page				
5.	If any plan is a defined benefit plan, has such plan (a) experienced an event reportable to the				
	PBGC; (b) not been certified by an actuary to be adequately funded in accordance with				
	ERISA’s minimum funding standard; or (c) been converted into a cash balance plan benefit or				
	s such conversion expected in the next 12 months? If there are no defined benefit plans,	Yes	☐	No	☐
	please check “N/A”.	N/A	☐		
6.	Has any plan (a) been amended within the last 12 months in a way that will result in the				
	reduction of benefits or are any such amendments anticipated within the next 12 months; or (b)				
	been merged with another plan, terminated or sold within the past 2 years or is any such				
	merger, termination or sale anticipated in the next 12 months?	Yes	☐	No	☐
	If “Yes”, please provide details of implementation, disclosure and any relevant blackout periods.				
7.	Are there any outstanding or delinquent plan contributions or plan loans, leases or debt				
	obligations that are in default or classified as uncollectible?	Yes	☐	No	☐
	If “Yes”, please provide details on a separate page				
8.	Does the employer, committee or employer representatives, or union board of trustees have				
	final say over the determination of whether benefits will be paid under any healthcare plan				
	sponsored by the Organization?	Yes	☐	No	☐
	If “Yes”, please identify the names of such plans on a separate page				
9.	Does any plan invest in a mutual fund, collective trust or similar investment pool that receives				
	investment management services from the Organization for a fee?	Yes	☐	No	☐
	If “Yes”:				
	How often are these fees reviewed by the trustees for fairness?				
	Are these fees disclosed to participants?	Yes	☐	No	☐
10.	Does the Insured Organization handle any investment decisions in house?	Yes	☐	No	☐
	If “Yes”, please provide details on a separate page				
11.	Have there been any mergers of Plans or any Plan terminations during the last 24 months?	Yes	☐	No	☐
	(If “Yes”, please provide details on a separate page)				
12.	Are any Plans non-compliant with plan agreements or ERISA?				
	(If “Yes”, please provide details on a separate page)	Yes	☐	No	☐
13.	Has any Plan experienced any assessment of fees, fines or penalties under any voluntary				
	compliance resolution program or by any governmental authority against any plan?	Yes	☐	No	☐
	(If “Yes”, please provide details on a separate page)				

VI. PRIOR KNOWLEDGE

1. Has there been, or is there now any claim(s) pending against the Organization or its Subsidiaries, or any person proposed for insurance that is based upon or arises from acts, errors or omissions in a capacity as Director, Officer, Employee or Fiduciary of the Organization or its Subsidiaries (including but not limited to demands by past, present or potential Employees and administrative proceedings)? Yes ☐ No ☐

(If "Yes", please give details)

2. Does any person proposed for this insurance have knowledge of any fact, circumstance or situation involving the Organization, its Subsidiaries or the Directors, Officers, Employees or Fiduciaries of the Organization or its Subsidiaries which he/she has reason to believe might result in any future claim(s) which might fall within the scope of proposed insurance? Yes ☐ No ☐
(If "Yes", please give details)

Without prejudice to any other rights and remedies of the Insurer, the Insureds understand and agree that if such fact, circumstance, or situation exists, whether or not disclosed in response to question 2 in Section III Prior Knowledge above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under any policy issued by the Insurer.

The undersigned authorized Officer of the Organization, on behalf of the Organization and its Subsidiaries, and on behalf of the Directors and Officers of the Organization and its Subsidiaries declares that to the best of his/her knowledge and belief, the information, particulars, documents, representations and statements contained in, attached or referred to in this application for insurance and/or as a result of the underwriting process are true and accurate and recognizes that the Insurer, in issuing this policy, will rely on such information, particulars, documents, representations and statements.

Although the signing of this application does not bind the undersigned to effect insurance, the undersigned agrees, on behalf of the Organization and its Subsidiaries, and on behalf of the Directors and Officers of the Organization and its Subsidiaries, that the information, particulars, documents, representations and statements contained in, attached or referred to in this application for insurance and/or as a result of the underwriting process shall be the basis of the contract should a policy be issued and that this application will be attached to and will become part of such policy. The Insurer is hereby authorized to make any investigation and inquiry it deems necessary in connection with this application.

NOTE: This application must be signed by the Chairman of the Board, President or Executive Director and dated within thirty (30) days of the effective date of coverage.
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 (undersigned) will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature _____ Title _____
(Chairman of the Board, President or Executive Director)

Date _____ Organization _____

Submitted By _____ Date _____
(Producer)

SIGNATURE REQUIRED

NEW YORK FRAUD STATEMENT

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.

Applicant's Signature _____ Date _____

No Signature Required

ARKANSAS, LOUISIANA, RHODE ISLAND, TEXAS AND WEST VIRGINIA FRAUD STATEMENT

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.

ALABAMA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ALASKA FRAUD STATEMENT

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA FRAUD STATEMENT

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents 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.

COLORADO FRAUD STATEMENT

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.

DELAWARE FRAUD STATEMENT

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA FRAUD STATEMENT

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.

FLORIDA FRAUD STATEMENT

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.

HAWAII FRAUD STATEMENT

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim

containing any false, incomplete or misleading information is guilty of a felony.

INDIANA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS FRAUD STATEMENT

An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY FRAUD STATEMENT

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.

MAINE FRAUD STATEMENT

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.

MARYLAND FRAUD STATEMENT

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT

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.

OHIO FRAUD STATEMENT

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.

OKLAHOMA FRAUD STATEMENT

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.

OREGON FRAUD STATEMENT

Any person who knowingly files a claim containing a false or deceptive statement for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA FRAUD STATEMENT

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.

PUERTO RICO FRAUD STATEMENT

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

TENNESSEE, VIRGINIA, AND WASHINGTON FRAUD STATEMENT

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.