

NOTE: 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.



**Proposal Form For  
Non-Profit Organization  
Executive Protection and  
Employment Practices Liability  
Insurance**

1. Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. The officer designated as agent of the Organization and all of the Insureds to receive any and all notices from the Insurer or an authorized representative concerning this insurance:

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

3. Describe the Organization's purpose and the nature of operation(s):

\_\_\_\_\_

4. a. Date organized \_\_\_\_\_ b. Tax status:  Taxable or  Tax Exempt under of IRC Sec. 501(c) \_\_\_\_\_

5. a. Number of Employees \_\_\_\_\_ b. Annual Salary/Wages Expense \$ \_\_\_\_\_ c. Total Assets \$ \_\_\_\_\_

6. Please attach the following information on all Subsidiaries. If "None", please indicate:  None  
(a) Name; (b) Date of acquisition/creation; (c) Percent of control; (d) Nature of operation; (e) Operated for profit or non-profit; and (f) Name of parent organization. Please attach the most recent annual report or annual audit/examination or internal financial statement for each Subsidiary.

**COVERAGE IS NOT AUTOMATICALLY PROVIDED FOR ALL SUBSIDIARIES. TERMS AND CONDITIONS OF COVERAGE FOR SUBSIDIARIES ARE DETAILED IN SECTION III D.**

7. Provide the following information if a Condo/Homeowners Association: (If not, skip to question 8.)

a. Number of Units/Lots \_\_\_\_\_ b. Average Unit/Lot Value \_\_\_\_\_ c. % of Units/Lots Sold \_\_\_\_\_

d. Has control of the Association been transferred from the Builder/Developer? YES NO

e. If control has been transferred, does the Builder/Developer maintain any representation on the Association's Board of Directors or other governing body? *If "Yes", please attach details.*

8. Have there been any changes in senior management (Executive Director, President, Executive Vice President, etc.) for reasons other than death, retirement at the normal retirement age or term limitations? *If "Yes", please attach details.*

9. a. What was the approximate turnover rate for employees in the last twelve months? \_\_\_\_\_ %

b. Did the turnover rate of employees exceed historical levels of the past five years? *If "Yes", please attach details*

10. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed within the last three years? *If "Yes", please attach details.*

11. Does the Organization or any proposed Insured perform any of the following:

a. Promote, sponsor or provide any form of insurance to members or non-members?

b. Take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities?

c. Engage in any labor negotiations?

YES NO

d. Provide any other professional services?

e. Engage in any business transactions with businesses which are controlled by any proposed Insured Persons ?

f. Engage in any form of research, development or experimentation? *If "Yes", for any of the above, please attach details.*

12. Does the Organization or any proposed Insured have knowledge of any Federal, State or local legal proceedings, investigations or claims against the Organization and/or any proposed Insured during the past five years? *If "Yes", please attach details.*

**PERTAINING TO QUESTION 12, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.**

13. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? *If "Yes", please attach details.*

**IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.**

14. Current Executive Protection and Employment Practices Liability Insurance, Directors' & Officers' Liability Insurance or similar coverage (answer each item):

a. Carrier \_\_\_\_\_ b. Limit \_\_\_\_\_

c. Retention \_\_\_\_\_ d. Policy Expiration \_\_\_\_\_ e. Premium \_\_\_\_\_

f. Has any carrier refused, cancelled or non-renewed similar coverage? *If "Yes", please attach details.*

g. Have any notices been provided to any previous carrier? *If "Yes", please provide details.*

The undersigned President (or Executive Director) declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance, but it is agreed that this Proposal Form and any material submitted therewith are the representations of the proposed Insureds and are material. It is further agreed that this Proposal Form and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this Proposal Form and any attachments thereto will be attached to and become a part of the Policy.

It is represented that the particulars and statements contained in this Proposal Form, including all materials submitted herewith, are true and are the basis of the Policy and are to be considered as incorporated in and constituting part of the Policy. However, the Policy shall not be voided or rescinded and coverage shall not be excluded as a result of any untrue statement in this Proposal Form, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

By \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR

Title \_\_\_\_\_

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

**PLEASE NOTE: A copy of the Organization's latest annual report or annual audit/examination or internal financial statement must be provided at the time the completed Proposal Form is submitted. This Proposal Form, including any material submitted therewith, shall be treated in strictest confidence.**

Please submit this Proposal Form including documentation to: **GREAT AMERICAN INSURANCE COMPANIES  
EXECUTIVE LIABILITY DIVISION  
P.O. BOX 66943  
CHICAGO, ILLINOIS 60666**



*ExecPro<sup>SM</sup>*  
**Proposal Form**

for  
A-Side Excess and Difference in Conditions  
Liability Insurance Policy

Name of Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Internet Website address: \_\_\_\_\_

The Officer designated as agent of the Company and of all Insured Persons to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

Name \_\_\_\_\_ Title \_\_\_\_\_

**Part I – BACKGROUND INFORMATION**

1. The Company has continuously operated since: \_\_\_\_\_
2. Stock ownership:
  - (a) Ticker symbol and exchange: \_\_\_\_\_
  - (b) Number of common shares outstanding: \_\_\_\_\_
  - (c) Number of common shareholders: \_\_\_\_\_
  - (d) Number of common shares owned by the Directors and Officers: \_\_\_\_\_
  - (e) Does any shareholder own, directly or beneficially, 10% or more of any class of the Company's stock?  Yes  No  
If "Yes", in an attachment to this Proposal Form, provide name(s), percentage of holdings and, if applicable, indicate the shareholder's representative on the board of directors.
3. Does the Company have a policy governing trading in Company securities or trading based upon non-public information by Directors, Officers and employees? If "Yes", respond to (a) and (b) below.  Yes  No
  - (a) Are Directors and Officers required to sign an agreement attesting to their compliance with this policy?  Yes  No
  - (b) Does the Company have procedures in place to monitor compliance with this policy?  Yes  NoIf "No" to any of the above items, provide details in an attachment to this Proposal Form.
4. Have there been any changes in senior management (Board Chairman, President, Executive Vice President, etc.) in the last three years for reasons other than death or retirement at the normal retirement age?  Yes  No  
If "Yes", provide details in an attachment to this Proposal Form.
5. By attachment to this Proposal Form, provide the name, percentage of direct or indirect ownership, and nature of operations of all Subsidiaries (including Subsidiaries of Subsidiaries). If "None", please indicate:  None

**IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS LISTED IN THE ATTACHMENT REQUESTED ABOVE.**

6. During the last three years, has the Company or its Subsidiaries been involved, or is the Company or its Subsidiaries presently involved or contemplating becoming involved, during the next 12 months, in any of the following:
- (a) consolidation or merger with any other entity?  Yes  No
- (b) acquisition of the assets of an entity which did or will increase the assets of the Company by 25% or more?  Yes  No
- (c) sale, distribution or divestiture of any subsidiary which accounted for 10% or more of annual revenue?  Yes  No
- (d) bankruptcy proceeding, reorganization or other arrangement with creditors under federal, or state law?  Yes  No
- If "Yes" to any of the above, provide details of each transaction in an attachment to this Proposal Form.**
7. During the last three years, has any regulatory agency denied or indicated that they would deny any contemplated merger, acquisition or divestment involving the Company or its Subsidiaries?  Yes  No
- If "Yes", provide details in an attachment to this Proposal Form.**
8. During the last 18 months, has the Company or its Subsidiaries completed or is the Company or its Subsidiaries considering completing within the next 12 months a filing for a public offering of securities either pursuant to the Securities Act of 1933 or exempt from registration under SEC Regulations?  Yes  No
- If "Yes", provide a copy of the prospectus or provide details of the Company's plans.**

**Part II – REGULATORY INFORMATION (Required for Insurance Companies and Financial Institutions only.  
If not applicable, skip to Part III)**

9. During the last two years, have any Directors or Officers been alerted to any of the following conditions:
- (a) Problems involving extensions of credit to Directors, Officers, or corporations controlled thereby?  Yes  No
- (b) Significant violations of laws or regulations?  Yes  No
- (c) Conflict of interest transactions?  Yes  No
- If "Yes" to any of the above, provide details and current status in an attachment to this Proposal Form.**
10. Have all criticisms noted in the last regulatory examination been reviewed and appropriate corrective steps taken by the Board of Directors?  Yes  No
- If "No", provide details in an attachment to this Proposal Form.**
11. During the past five years, has the Company or any Subsidiary received an Order to Cease and Desist from any regulatory agency, or otherwise entered into any other type of written agreement with any regulatory agency concerning the operation of the Company or any Subsidiary?  Yes  No
- If "Yes", provide details in an attachment to this Proposal Form.**

**Part III – PRIOR ACTIVITIES**

12. Have there been during the last five years, or are there now pending, any civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against:
- (a) the Company or its Subsidiaries?  Yes  No
- (b) any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or its Subsidiaries?  Yes  No
- If "Yes" to either of the above, provide details in an attachment to this Proposal Form.**

**IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED FROM THE PROPOSED COVERAGE.**

13. Is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance or situation involving the Company or its Subsidiaries or the Directors or Officers of the Company or its Subsidiaries which he or she has reason to believe might result in any future Claim under the Policy to which this Proposal Form will be attached?  Yes  No
- If "Yes", please provide details in an attachment to this Proposal Form.**

**IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.**

**Part IV – INSURANCE INFORMATION**

14. Provide the following insurance information:

Professional Liability    Limit \_\_\_\_\_ Retention \_\_\_\_\_ Policy Period \_\_\_\_\_

15. Current or Previous Directors' and Officers' Liability Insurance:

(a) Insurer    Limit    Retention    Premium    Policy Period

\_\_\_\_\_

- (b) Has any Claim been made under any D & O policy or has notice been given to any D & O Insurer?     Yes    No
- (c) Has any Insurer refused, cancelled or non-renewed D & O coverage?     Yes    No

**If “Yes” to either (b) or (c) above, provide details in an attachment to this Proposal Form.**

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director and Officer proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Person(s) that the particulars and statements contained in the Proposal Form(s), any information provided therewith and any public documents filed by the Company on the SEC's Electronic Data Gathering, Analysis, and Retrieval system (“EDGAR”), (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of the Policy. The Proposal Form and any information provided therewith shall be construed as a separate Proposal Form for coverage by each Insured Person. There shall be no coverage for any Claims made with respect to any Insured Person(s) who had knowledge, as of the effective date of the Policy Period, of any facts that were not truthfully and accurately disclosed in the Proposal Form. No statement in the Proposal Form or knowledge possessed by any one Insured Person shall be imputed to any other Insured Person(s) for the purpose of determining the availability of coverage with respect to Claims made against any other Insured Person(s).

The acts, omissions, knowledge, or warranties of any Insured Person(s) shall not be imputed to any other Insured Person(s) with respect to the coverage applicable under this Policy.

**FALSE INFORMATION**

**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 reported 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.

Also provide: Agent name \_\_\_\_\_ License number \_\_\_\_\_

**IOWA APPLICANTS:**

Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
(PRODUCER)

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 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 MEXICO 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 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 YORK 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 and 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 (\$5,000.00) and the stated value 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.

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 the 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 include imprisonment, fines and denial of insurance benefits.

**This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company.**

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Signature	Title	Date
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One copy of each of the following documents is attached to and made part of the Proposal Form :

- (a) The most recent Annual Report (Complete Audited Financial Statement).
- (b) Latest Interim Financial Statement.
- (c) If applicable, the most recent 10K, 10Q, and any other document filed with the Securities and Exchange Commission.
- (d) If applicable, the Notice to Stockholders and Proxy Statement for the last scheduled meeting.
- (e) If applicable, the most recent year end and quarterly Convention Statements.
- (f) If applicable, the most recent year end and quarterly Call Reports.

**NOTE:** This Proposal including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:  
Great American Insurance Companies, Executive Liability Division  
P.O. Box 66943  
Chicago, IL 60666



# Specialty Non Profit Package

## SPECIALTY NON PROFIT PACKAGE APPLICATION

All questions must answered and application must be signed by applicant.

### SECTION I. Background Information:

1. Name of Organization: \_\_\_\_\_
2. Primary Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Description of Operation: \_\_\_\_\_
4. Number of Years in Operation: \_\_\_\_\_
5. Does the organization have tax exempt status as defined by the I.R.S.?  Yes  No
6. Website Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### SECTION II. Property (Complete this section for each location to be insured):

7. Building Address (if different from above): \_\_\_\_\_ Zip Code: \_\_\_\_\_
8. Mortgagee Clause (if applicable): \_\_\_\_\_
9. Building Value (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_
10. Personal Property Limit (at 80% Coinsurance/Replacement Cost): \_\_\_\_\_
11. Square Footage: \_\_\_\_\_
12. Building Age: \_\_\_\_\_ Age of the Roof: \_\_\_\_\_
13. If the roof is flat, has it been re-coated in the past 10 years?  Yes  No
14. Building Construction (please check one):  
 Frame     Joisted Masonry     Non-Combustible     Masonry Non-Combustible     Fire Resistive
15. Is all electrical wiring on functional and operational circuit breakers:  Yes  No
16. Aluminum Wiring:  Yes  No    Burglar Alarms:  Yes  No  
Functioning Smoke Detectors:  Yes  No    Protection Class (1-10): \_\_\_\_\_
17. Property claims Paid, Reserved or Pending during the last 5 years: \_\_\_\_\_

\* Note: For any additional coverages other than those listed above you will need to attach the appropriate ACORD application page.

### SECTION III. General Liability:

- Limit of Coverage Selected:     \$300,000/\$600,000     \$500,000/\$1,000,000     \$1,000,000/\$2,000,000
18. General Liability claims Paid, Reserved or Pending during the last 5 years: \_\_\_\_\_
  19. Additional Insureds to be included (List name, address and relationship to the applicant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  20. HIRED AND NONOWNED AUTO:  Check if coverage is desired
    - a. Does organization have an automobile policy in place?  Yes  No
    - b. Does organization own any autos or lease any autos on a long term basis?  Yes  No
    - c. Does organization require its employees or volunteers to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  No
    - d. Does organization require its employees or volunteers to transport clients?  Yes  No
    - e. Does organization regularly deliver goods or products?  Yes  No

**SECTION IV. Non Profit Directors & Officers and Employment Practices Liability:**

21. Is the Organization involved in product research, development, testing and/or certification?  Yes  No
22. Does the Organization engage in any disciplinary actions as a result of peer review activities?  Yes  No
23. Does the Organization administer or sponsor any insurance programs?  Yes  No
24. Is the Organization involved in any accreditation or standard setting activities?  Yes  No
25. Is the Organization involved in any labor/union negotiations or collective bargaining activities?  Yes  No
26. Total number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
27. Number of members: \_\_\_\_\_ Number of chapters: \_\_\_\_\_  
 If there are chapters, is coverage requested for them under this Policy?  Yes  No
28. Does the Applicant have any Subsidiaries requiring coverage?  Yes  No  
 If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).
29. Name and title of individual designated to receive all notices on behalf of the Insured: \_\_\_\_\_  
 Title \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Directors and Officers Liability Insurance carried:**

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____

30. Does the organization currently carry General Liability Insurance?  Yes  No
31. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

\* Fund balance = Total Assets - Total Liabilities

32. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization?  Yes  No  
 (If yes, please forward a completed USLI supplemental claims application.)
33. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers?  Yes  No  
 (If yes, please forward a completed USLI supplemental claims application.)

**SECTION V. Fiduciary Liability (Available for 100 employees or less)**

34. Does each Pension Plan use an outside Investment Manager?  Yes  No  
 (If No, Fiduciary will not be offered.)
35. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards?  Yes  No  
 If no, please attach details.
36. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan?  Yes  No  
 If yes, please attach details.
37. Has there been or is there now pending any claims(s) against any proposed Insured arising out of any Plan?  Yes  No  
 If yes, please attach details.
38. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage?  Yes  No  
 If yes, please attach details.

**SPECIAL EVENTS/LIQUOR LIABILITY**

- Do you host any Special Events located off premises involving those other than your employees?  Yes  No  
 If YES, please complete our Non Profit Package Special Events/Liquor Liability Addendum for each event (NPP ADD SPE 10/04).



**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**Virginia Notice:** You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance," is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**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.

**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.

**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.

**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 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.

**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.

**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.

**Tennessee and Virginia 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.

**Fraud Statement (All Other States):** 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.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(President, Chairperson or Executive Director)

If the primary address of the location listed in item #1 is in the state of New York, Iowa, or Florida, the states of New York, Iowa and Florida require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Agent or Broker License number \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_



# First Nonprofit<sup>®</sup> Insurance Company

Owned by, governed by and dedicated to the nonprofit community since 1978.

111 North Canal Street, Suite 801  
Chicago, Illinois 60606  
800.526.4352  
Fax: 312.930.0375

## I. Nonprofit General Profile Questionnaire

This questionnaire provides us with general information about your submission that is not included on the Acord form and will help you to determine which additional questionnaires to complete.

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ URL/Web site \_\_\_\_\_

Executive Director Phone \_\_\_\_\_ Email \_\_\_\_\_

Insurance Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Loss Control Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ Is your organization 501(c)3?  Yes  No

Estimated Annual Payroll \_\_\_\_\_ Revenue \_\_\_\_\_ Expenses \_\_\_\_\_

Description of Operations (Please attach brochures, annual report or newsletters.)

List the number of locations, their counties and brief description of occupancy per location.

List professional organizations, associations or accreditations. (Please explain by attaching a separate sheet if necessary.)

If your licensing or accreditation has ever been revoked, suspended or denied, describe.

Square Footage of office \_\_\_\_\_

If your property, liability, auto or professional insurance has been cancelled or non-renewed in the past three years, please describe.

**Human Resources Questions**

Organizational Staffing Profile		Employees		Volunteers		Independent Contractors	
		FT	PT	FT	PT	FT	PT
Executive/Administrative							
Clerical/Data Entry/Filing							
Maintenance/Service/Janitorial							
Drivers							
Interns							
Social Workers, degreed							
Counselors							
Residential On-Site Property Staff							
Teachers:	Montessori/Preschool						
	K – 8 <sup>th</sup> grade						
	9 <sup>th</sup> – 12 <sup>th</sup> grade						
Aides:	Montessori/Preschool						
	K – 8 <sup>th</sup> grade						
	9 <sup>th</sup> – 12 <sup>th</sup> grade						
Therapists:	Speech						
	Occupational						
	Physical						
RNs/LPNs							
Psychologists							
Phlebotomists							
Medical Doctors							
Psychiatrists							
Homemaker Services							
Other (Describe)							
Total Number							

What is your annual staff turnover rate? \_\_\_\_\_

What is the average pay for professional employees? \_\_\_\_\_ Non-professional employees? \_\_\_\_\_

Does each staff member have a written job description?  Yes  No

Prior to hire do you obtain the following:(Yes or No)	Employees	Volunteers	Independent Contractors
Application for employment			
Check personal/business references			
Education credentials			
Motor vehicle records			
Conduct criminal background check			
State or governmental regulatory authority screening			
Pre-employment background check			
Keep investigation records in personnel files			

Does your organization have orientation program for all staff?  Yes  No

**Organization Questions**

After hire, do you provide the following staff training? (Yes or No)	Employees	Volunteers	Independent Contractors
Organization policies and procedures			
Job responsibilities			
Emergency procedures			
Driver training and safety			
Emergency procedures including first aid and evacuations			
How to recognize signs of physical/sexual abuse			

Does your organization utilize any services of independent contractors?  Yes  No  
(i.e. professional staff, medical staff, transportation services, caterer, etc.)

**If yes, complete the following for each exposure and attach a separate sheet if necessary.**

Do your independent contractors have a signed written agreements specifying status as independent contractors and not employees?  Yes  No

Does the contract specify services to be provided?  Yes  No

Do they provide you with certificate of insurance providing proof of insurance for services rendered?  Yes  No

Are minimum limits of coverage requested? If so, what are minimum limits?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Does the independent contractor's insurance list your organization as additional insured?  Yes  No

How often do you update certificate? \_\_\_\_\_ Verify license of provider? \_\_\_\_\_

**Operations and Exposures**

If...	Complete Questionnaire #
you need professional coverage for your professional staff including social workers, counselors, therapists, psychologists and teachers.	2
you need coverage for medical professionals in your incidental medical exposures.	2
you need sexual abuse coverage	3
you have a non-owned or hired automobile exposure.	4
you operate any residential facility, group homes, or apartments.	5
you operate any child care, day care, Montessori, or head start programs.	6
you sponsor any fundraisers or special events	7
you have any builders risk, renovations or rehabilitation work in progress at any location.	8
you operate a sheltered workshop or vocational training program.	9
you operate a recreation center, camp, swimming pool, scuba program or offer horsebackriding.	10
you have any other recreation activities.	10
you have any operations involving foster care or adoptions.	11
you need workers' compensation coverage	12

**In order to better evaluate your exposures, please provide the following information**

- Brochure, annual report, newsletters**
- Loss history for 3-5 years**
- Audited fiscal year end financial statement**

**This form has been completed by:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**This account has been submitted by:**

Producer Name \_\_\_\_\_

Insurance Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_