

**Non-Profit Application**

**NOTE: THE NON-PROFIT ORGANIZATION AND EMPLOYMENT PRACTICES LIABILITY AND FIDUCIARY LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES", AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY TO DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.**

Wherever used in this Application, the term "Applicant" shall mean the Parent Organization and all Subsidiaries.

AGENCY	CODE	AGENT NAME	POLICY NUMBER
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**Applicant:** \_\_\_\_\_ Principal address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Proposed Policy Period: \_\_\_\_\_

Purpose and General Nature of Operations: \_\_\_\_\_

Primary SIC Code: \_\_\_\_\_

**Applicant** has continually been operating since: \_\_\_\_\_

Number of Members: \_\_\_\_\_ Number of Chapters: \_\_\_\_\_

Does the **Applicant** currently have tax exempt status under the U.S. Internal Revenue Code?  Yes  No

Does the **Applicant** have any for-profit Subsidiaries?  Yes  No

Plan sponsor is a  Single Employer or  Controlled Group of Corporations

<b>I. REQUESTED COVERAGE PARTS:</b>	<b><u>REQUESTED LIMIT OF LIABILITY/RETENTION</u></b>
<input type="checkbox"/> Non-Profit Organization and Employment Practices Liability.....	_____ / _____
<input type="checkbox"/> Fiduciary Liability .....	_____ / _____
<input type="checkbox"/> Fidelity (all Basic Insuring Agreements) <input type="checkbox"/> Insuring Agreements A & B only	_____ / _____
<input type="checkbox"/> Kidnap and Ransom/Extortion.....	_____ / _____

<b>II. AGGREGATE LIMIT OF LIABILITY:</b> (choose all that apply)	
<input type="checkbox"/> Aggregate Limit of Liability for all desired <b>Coverage Parts</b> combined:	Amount \$ _____
<input type="checkbox"/> Aggregate Limit of Liability for all desired <b>Liability Coverage Parts</b> combined:	Amount \$ _____
<input type="checkbox"/> Aggregate Limit of Liability for all desired <b>Crime Coverage Parts</b> combined:	Amount \$ _____

<b>III. TYPE OF LIABILITY COVERAGE:</b> (choose one)		
<input type="checkbox"/> Duty to Defend	<input type="checkbox"/> Reimbursement	

**IV. CURRENT INSURANCE INFORMATION:**

Please indicate if you have the following insurance products:

Policy	Limit	Deductible/ Retention	Insurance Company	Policy Period	Premium
Non-Profit Organization Liability					
General Liability					
Fiduciary Liability					
Fidelity					
Kidnap and Ransom/Extortion					

**V. FINANCIAL DATA:** (most recent fiscal year end)

Total Assets: \_\_\_\_\_ Total Liabilities: \_\_\_\_\_  
 Fund Balance: \_\_\_\_\_ Current Assets: \_\_\_\_\_  
 Annual Revenue: \_\_\_\_\_ Current Liabilities: \_\_\_\_\_  
 Net Income: \_\_\_\_\_ Long-Term Debt: \_\_\_\_\_

**VI. ADDITIONAL INFORMATION:**

1. Total number of employees for last three years:

**Year:** \_\_\_\_\_  
 Full Time: \_\_\_\_\_  
 Part Time: \_\_\_\_\_  
 Total: \_\_\_\_\_

2. Locations of **Applicant** by state or country (if foreign) and number of employees for each (attach schedule if necessary):

State or Country	# Employees	# Locations
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Total Pension and Welfare Plan assets/contributions for latest fiscal year: \_\_\_\_\_

4. Has the **Applicant** or any Subsidiary within the last year agreed to, or do they contemplate within the next twelve months, any merger or consolidation with another entity or acquisition of another entity? If Yes, please provide details in an attachment.  Yes  No

5. Have any officers or other employees been terminated within the last 24 months? If Yes, how many employees? \_\_\_\_\_ how many officers? \_\_\_\_\_  Yes  No

6. Is a reduction of employees anticipated in the next 12 months? If Yes, how many? \_\_\_\_\_  Yes  No

7. Is the **Applicant** involved in any litigation or proceedings that would fall within the scope of the proposed insurance? If Yes, please provide details in an attachment.  Yes  No

8. Have there been any claims made or losses sustained under prior similar insurance in the past three years? If Yes, please provide details in an attachment.  Yes  No

**THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.**

**Attention: Insureds in KY**

**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.**

SIGNATURE OF APPLICANT:		DATE:
NAME (printed):	TITLE:	

**NOTE: This Application must be signed by the PRESIDENT, CHAIRPERSON or EXECUTIVE DIRECTOR of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.**