

FLEXI PLUS FIVE RENEWAL 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 |
|------------------------|---------|-----------------|---------------------|
| General Information | 1 | N/A | N/A |
| Directors & Officers | 2 | \$ | \$ |
| Employment Practices | 3 | \$ | \$ |
| Fiduciary Liability | 4 | \$ | \$ |
| Workplace Violence | 5 | \$ | \$ |
| Internet Liability | 6 | \$ | \$ |
| General Summary | 7 | N/A | N/A |

SECTION 1 – GENERAL INFORMATION
(All Applicants must complete this Section)

1. Name of Parent Organization:

2. Change in Address: None or Change in internet address: None or

www.

Billing contact name:

3. Has there been any changes in the **Applicant's** operations? Yes No **If yes, please provide details.**

4. Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If no, provide an explanation.

5. 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

E-mail Address

| FINANCIAL INFORMATION | CURRENT FISCAL YEAR | PREVIOUS FISCAL YEAR |
|------------------------------|---------------------|----------------------|
| TOTAL ASSETS: | \$ | \$ |
| NET ASSETS / FUND BALANCE: | \$ | \$ |
| ANNUAL REVENUE: | \$ | \$ |
| NET REVENUE | \$ | \$ |

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

**SECTION 2 – DIRECTORS AND OFFICERS
(All Applicants must complete this Section)**

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

- Creation of any new subsidiaries? Yes No
- Mergers, acquisitions or consolidation with another entity? Yes No
- Changes in the board of directors or senior management (other than death or retirement)? Yes No

**SECTION 3 – EMPLOYMENT PRACTICES
(Complete this section only if Employment Practices Liability coverage is desired.)**

1. Please provide the following employee count information:

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

2. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary: Involuntary: Laid Off: Demoted:

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

Voluntary: Involuntary: Lay Offs: Demotions:

4. Has the Applicant implemented any new employment practice/human resource policies or procedures?

Yes No **If yes, please provide details.**

SECTION 4 – FIDUCIARY LIABILITY
(Complete this section only if Fiduciary liability coverage is desired.)

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

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

- a)
- b)
- c)
- d)

Please attach a separate page or use the additional information page provided at the end of the application.

* 1=Employee Welfare Benefit Plan (as defined by ERISA), 2= Defined Contribution Plan (as defined by ERISA), 3= Defined Benefit Plan (as defined by ERISA), 4=Other. **If Type is 3 or 4 a Fiduciary Liability Supplemental Application must be completed.**

2. Have there been any changes to any plan listed above? Yes No **If yes, please attach details.**

3. Has any plan requested or contemplated filing a request for termination? Yes No **If yes, please attach details.**

4. Has any plan been spun-off (sold), transferred or terminated? Yes No **If yes, please attach details.**
Please attach a Form 5500 for each plan listed above.

SECTION 5 – WORKPLACE VIOLENCE
(Complete this section only if Workplace Violence coverage is desired.)

1. Has the **Applicant** added additional work locations? Yes No **If yes, please attach details.**

2. The **Applicant's** total number of employees:

3. Has the Applicant implemented any new employment procedures, office procedures, or security procedures? Yes No **If yes, please attach details.**

4. In the past twelve (12) months or in the next twelve (12) months, has the **Applicant** been involved with or anticipate any layoffs, staff reductions, or facility closings? Yes No **If yes, please attach details.**

SECTION 6 – INTERNET LIABILITY
(Complete this section only if Internet Liability coverage is desired.)

1. Has the **Applicant** created any new websites? Yes No **If yes please provide the site address(es)?**

2. Has the **Applicant** made any material changes to the existing site? Yes No **If yes, please provide details.**

SECTION 7 – GENERAL SUMMARY
(All Applicants must complete this Section.)

1. Has the **Applicant** been the subject or involved in any litigation in the past twelve (12) month? Yes No
If yes, please complete a supplemental claim form.

2. In the next twelve (12) months, does the Applicant anticipate any substantial change or reorganization of operations? Yes No **If yes, please provide details.**

If there is any material change to the answers of the 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.

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.

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 (Please Print)

Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR)**

Signature

Date

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.

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) :

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date