CIU
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Application For Non Profit Organization Management Indemnity Package

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM MADE AGAINST ANY OF THE INSUREDS DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES (AS DEFINED IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE), AND COSTS, CHARGES AND EXPENSES SHALL BE APPLIED TO THE RETENTIONS.

General Instructions for Completing This Application

1. Please type or print in ink.

2. Please read carefully and answer <u>all</u> questions. If a question is not applicable, so state.

3. The Application must be signed by an executive officer.

4. This Application and all exhibits shall be held in confidence.

5. Please read the Policy for which application is made (the "Policy") prior to completing this Application.

6. The terms as used herein shall have the meanings as defined in the Policy.

I. General Information

1. Name of Organization: _____

Address: _____
(Number) (Street)

_____
(City) (State) (Zip Code)

Officer designated to receive correspondence and notices from the Insurer:

Name: _____

Title: _____

Phone Number: _____

2. Internal Revenue Service Code: _____

3. Nature of Operations:

- ☐ Ballet/Opera/Theatre Company
- ☐ Blood Bank/Tissue Bank
- ☐ Camp
- ☐ Chamber of Commerce
- ☐ Charitable Organization/Shelter
- ☐ Child Care/Day Care/Elder Care Facility
- ☐ Colleges and Universities
- ☐ Community Development Organization
- ☐ Community Health Centers
- ☐ Convention Center
- ☐ Cooperatives
- ☐ Family Planning Center
- ☐ Foundation
- ☐ Fraternal Society or Association
- ☐ Golf or Country Club
- ☐ Other (please specify):
- ☐ Health System
- ☐ Hospitals/HMO/PPO
- ☐ Labor Union
- ☐ Museums/Libraries/Aquarium/Zoo
- ☐ Assisted Living Facility/Nursing Home
- ☐ Religious Organizations/Church
- ☐ Research/Development Institute
- ☐ Social or Recreational Club
- ☐ Social Welfare Organization
- ☐ Sports Associations
- ☐ Trade Association Non-Credentialing
- ☐ Trade Associations Credentialing
- ☐ Trusts
- ☐ Veterans Association
- ☐ Yacht Club

4. Has the Organization been in operation longer than three (3) years? ☐ Yes ☐ No

5. Is the Organization involved in any labor/union negotiations or collective bargaining activities? ☐ Yes ☐ No

II. **Prior Insurance Information and Activities Information**

1. Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

Coverage	Yes	No	Limits	Continuity Date
Employment Practices Liability	☐	☐		
Insured Persons and Organization Liability	☐	☐		
Fiduciary Liability	☐	☐		
Crime Insurance	☐	☐		

2. CLAIMS INFORMATION:

a. Has there been, or is there now pending, any **Claim(s)** against any proposed **Insured**? ☐ Yes ☐ No

b. Does any proposed **Insured** have knowledge or information of any act, error, omission, fact, circumstance, inquiry or investigation which might give rise to a **Claim** under the proposed **Policy**? ☐ Yes ☐ No

c. During the last 3 years have any of the **Insureds** been involved in any administrative proceedings before the Equal Employment Opportunity Commission, the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs, or any state or local government agency whose purpose is to address employment-related claims? ☐ Yes ☐ No

d. Have any **Insureds** ever been the subject of a disciplinary action or required to comply with any judicial or administrative agreement, order, decree or judgment? ☐ Yes ☐ No

If "Yes" to any of Questions II.2.a, II.2.b, II.2.c, or II.2.d, please attach a detailed explanation including date of claim, claimant, nature of claim, defense costs, indemnity amount, reserve amount and current status for each claim, notice or circumstance.

It is agreed that with respect to questions II.2.a, II.2.b, II.2.c, and II.2.d, above, if such **Claim**, knowledge, information, proceeding, agreement, order, decree or judgment exists, any **Claim** arising therefrom is excluded from the proposed coverage.

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 provided 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 (or any supplemental application, questionnaire or similar document) containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment or loss or benefit is a crime punishable by fines or imprisonment, or both.

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 MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 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 cont to exceed five thousand dollars and the stated value of the claim 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 OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

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 TENNESSEE, VIRGINIA AND WASHINGTON 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.

NOTICE TO ALL APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSUREDS, REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS . THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION

AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS ,ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND REPRESENTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:

_____

(Must be signed by an Officer of the Applicant)

Print Name and Title

_____/_____/_____

Date (Mo./Day/Yr.)

FOR FLORIDA APPLICANTS ONLY:

Agent Name: _____

Agent License Identification Number: _____

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____

FOR MISSOURI AND WYOMING APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Applicant's Signature:

_____
(Must be signed by an Officer of the Applicant)

Print Name and Title

_____/_____/_____
Date (Mo./Day/Yr.)

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed on and the same document.

Please fully complete and attach the Information for the Coverage Section (s) desired.

Employment Practices Coverage Section Information

Is the Organization seeking Employment Practices coverage? If yes, please answer the following questions. ☐ Yes ☐ No

1. Total number of employees:
   - Full-Time: _____
   - Part-Time: _____
   - Temporary, Seasonal: _____
   - Leased: _____
   - Independent Contractors: _____
   - Volunteers: _____

2. Does the organization anticipate in the next 12 months, or has the Organization transacted in the last 12 months, any consolidations or layoffs affecting 35% or more of the employee or Volunteers of the Organization? ☐ Yes ☐ No

3. Describe the internal controls the Company maintains for Employment Practices.

   a) Does the Company publish and distribute an employee handbook to every employee? ☐ Yes ☐ No

   b) Are there written procedures for handling employee complaints of discrimination or sexual harassment? ☐ Yes ☐ No

   c) Are there written procedures for handling employee grievances or complaints? ☐ Yes ☐ No

4. Please provide the following information for the Risk Manager/Human Resource Manager (or equivalent position) of the Company:

   Name: _____ Direct Phone Number: _____

   Title: _____ Fax Number: _____

   E-mail Address: _____

Insured Person and Organization Coverage Section Information

Is the Organization seeking Directors & Officers and Organization coverage? If yes, please answer the following questions. ☐ Yes ☐ No

1. Describe the following financial information of the Organization for the most recent fiscal year-end.

   a) Total Assets _____

   b) Does the Organization have a negative Fund balance? If **Yes**, please provide complete financial statements ☐ Yes ☐ No

2. Number of for-profit subsidiaries the Organization owns: _____ Exact number if more than 1

3. Are the annual revenues for the subsidiaries referenced above greater than $250,000? If **Yes**, please provide complete financial statements ☐ Yes ☐ No

4. Are board members Elected? ☐ Yes ☐ No

5. Do board meet more than 3 times a year? ☐ Yes ☐ No

6. Does organization do peer review, credentialing or standard setting? ☐ Yes ☐ No

   If yes please explain:

Fiduciary Coverage Section Information

Is the Organization seeking Fiduciary Liability coverage? If yes, please answer the following questions. ☐ Yes ☐ No

1. Does the Company have more than five (5) plans to be covered under the proposed insurance? If yes, please provide details on a separate page. ☐ Yes ☐ No

2. Indicate the type of plans to be insured:
   Pension: _____
   Welfare Benefit: _____
   Profit Sharing: _____
   Employee Stock Ownership: _____
   Independent Contractors: _____

3. Total number of employees currently enrolled in all plans:

☐	0 to 10	☐	151 to 225
☐	11 to 30	☐	226 to 300
☐	31 to 50	☐	301 to 400
☐	51 to 75	☐	401 to 500
☐	76 to 100	☐	Over 500
☐	101 to 150		Exact number, if over 500: _____

4. Total asset value of all plans combined for the most recent fiscal year.
   - ☐ $0 to 1,000,000
   - ☐ $1,000,001 to 5,000,000
   - ☐ $5,000,001 to 25,000,000
   - ☐ $25,000,001 to 100,000,000
   - ☐ Over $100,000,000

5. Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? ☐ Yes ☐ No

6. Are any of the plans under funded by more than 30%? If yes, please provide details on a separate page. ☐ Yes ☐ No

7. Are more than 10% of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to the Company? If yes, please provide details on a separate page. ☐ Yes ☐ No

Crime Coverage Section Information

Is the Organization seeking Crime coverage?
If yes, please answer the following questions. ☐ Yes ☐ No

1. Indicate Limit(s) of Liability requested:

Insuring Agreement	Limits Requested
Employee Theft	
Forgery or Alteration	
Inside the Premised-Money & Securities	
Inside the Premises-Robbery/Safe Burglary (Other Property)	
Outside the Premises	
Computer Fraud	
Funds Transfer Fraud	
Money Orders & Counterfeit Paper Currency	
Credit Card Forgery	
Other (specify)	

2. Total number of employees:

"Employees"/"Premises"	U.S	Other	TOTAL
Total Revenues:	$	$	$
Total number of "Premises"			
Total number of "Employee"(s)			
% of employees who regularly handle, have access to or maintain records of money, securities or other property	%	%	%

3. General Information

a. Did the organization initiate and/or complete any facility or office closings, any material changes in the staffing model (including reductions or increases in staff), within the past 18 months? ☐ Yes ☐ No

b. Does the organization have a Code of Business Conduct that applies to all "employees"? ☐ Yes ☐ No

4. Audit Procedures

a. Does an independent CPA conduct a fully opinioned audit annually? ☐ Yes ☐ No

b. Does the organization have an Internal Audit Department? ☐ Yes ☐ No

5. Internal Controls

a. Do all outgoing checks require at least two (2) signatures? ☐ Yes ☐ No

b. Does the organization require reconciliation of all active bank accounts, at least monthly? ☐ Yes ☐ No

c. Does the organization have any exposure of money, precious metals or stones at any single location, valued at $5,000 or greater? ☐ Yes ☐ No

6. Vendor Controls

a. Does the organization have a procedure in place to verify the existence and ownership of all new vendors, prior to adding them to an authorized master vendor list? ☐ Yes ☐ No

7. Inventory Controls:

a. Are physical inventory counts conducted, at least annually, and reconciled against the perpetual inventorying system? ☐ Yes ☐ No