

**APPLICATION FORM
NON PROFIT ORGANIZATION LIABILITY POLICY
INCLUDING EMPLOYMENT PRACTICES LIABILITY COVERAGE**

NOTICE: THIS POLICY, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY "CLAIM" (AS DEFINED HEREIN) FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE OPTIONAL EXTENSION PERIOD APPLIES. UPON TERMINATION OF COVERAGE FOR ANY REASON, A 60-DAY AUTOMATIC OPTIONAL EXTENSION PERIOD WILL APPLY. FOR AN ADDITIONAL PREMIUM, CALCULATED AT 120% OF THE TOTAL PREMIUM FOR THIS POLICY, AN ADDITIONAL OPTIONAL EXTENSION PERIOD CAN BE PURCHASED FOR A PERIOD OF THREE YEARS. NO COVERAGE WILL EXIST AFTER THE EXPIRATION OF THE OPTIONAL EXTENSION PERIOD, WHICH MAY RESULT IN A POTENTIAL COVERAGE GAP IF PRIOR ACTS COVERAGE IS NOT SUBSEQUENTLY PROVIDED BY ANOTHER INSURER. DURING THE FIRST SEVERAL YEARS OF A CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY. THE INSURER IS NOT OBLIGATED TO DEFEND ANY CLAIM OR PAY ANY LOSS OR DEFENSE COSTS AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF DAMAGES OR SETTLEMENTS.

1. Name of Organization: _____

Address: _____

2. (a) What is Organization's Legal Structure? _____

(b) What is the function of the Organization? _____

(c) When Organized? _____

Does the Organization have any affiliated or subsidiary company operating for profit?

(If yes, give details) _____

4. Within the scope of the proposed insurance:
Has any claim been made, or is now pending against the Organization or any person proposed for insurance or does any Director, Trustee, Officer or Employee have any knowledge or information of any act, error, omission or breach of duty which he reasonable should expect could give rise to a claim against him or the Organization? (If yes, give details)

5. The Organization and/or its Directors, Trustees, Officers and Employees have not been involved in or have any knowledge or pending Federal, State or local legal actions or proceedings against the Organization and/or its Directors, Trustees, Officers and Employees, except as follows (if answer is none, so state): _____

6. No fact, circumstance or situation indicating the reasonable foreseeability of a claim or action is now known to any Director, Trustee, Officer, Employee or Organization; and it is agreed by all concerned that if there is knowledge of any such fact, circumstance, or situation any claim subsequently emanating therefrom shall be excluded from coverage under the insurance being applied for.

7. No similar insurance on behalf of the Organization has been canceled or renewal thereof refused, except as follows (if answer none, so state): _____

8. Is any Directors and Officers Liability Insurance currently in force? If so, give details: _____

The undersigned declares that to the best of his knowledge and belief the statements set forth herein are true. Although the signing of this proposal form does not bind the undersigned, on behalf of the Organization to effect insurance, the undersigned, on behalf of the Organization, agrees that this form and said statements shall be the basis of any quotation which may be submitted. The Insurer is hereby authorized to make any investigation and inquiry in connection with this proposal. Attached and made a part of this proposal by reference are copies of the By-Laws and Latest Annual Report, CPA Audit, or IRS Form 990.

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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000.00) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed: _____
(Chairman, President or Executive Director)

Date: _____

NOTE: Application must be signed and dated within 30 days of binding should order be given.

FRAUD WARNING NOTICE LIST

ARIZONA, ARKANSAS, CALIFORNIA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, PENNSYLVANIA AND VIRGINIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine and Virginia, insurance benefits may also be denied.

COLORADO FRAUD WARNING: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

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

OHIO FRAUD WARNING: 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.

OKLAHOMA FRAUD 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.

TENNESSEE WC FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

UTAH WC FRAUD WARNING: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Applicant's Signature _____ Date _____
Agent's Signature _____ Date _____