

RENEWAL APPLICATION FORM

NON PROFIT ORGANIZATION LIABILITY POLICY  
INCLUDING EMPLOYMENT PRACTICES LIABILITY COVERAGE

THIS IS A PROPOSAL FORM FOR A POLICY RELATING TO CLAIMS MADE AGAINST THE INSURED PARTY  
DURING THE CURRENCY OF THE SAID POLICY. PLEASE READ THE POLICY CAREFULLY.

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

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

2. Does the Organization have any affiliated or subsidiary company operating for profit?  
(if yes, give details) \_\_\_\_\_

3. Have there been any changes in the Organization operations? (if yes, give details)  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate various Limit(s) of Liability for which quotes are desired.  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. 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 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 connections with this proposal.

6. Attached and made part of this proposal by reference is a copy of the Latest Annual Report or CPA Audit.

Signed: \_\_\_\_\_  
(Chairman, President or Executive Director)

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

**Fraud Warning Notice:** If a state fraud warning notice applies, please attach form #55306 to this application.

Broker or Agent Name		License #	
City	State	Date Submitted	

## 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 \_\_\_\_\_