



ARIZONA APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY "CLAIM" (AS DEFINED IN THE POLICY) FIRST MADE AGAINST THE "INSUREDS" (AS DEFINED IN THE POLICY) DURING THE "POLICY PERIOD" (AS DEFINED IN THE POLICY). THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE COSTS" (AS DEFINED IN THE POLICY), AND SUCH DEFENSE COSTS SHALL BE SUBJECT TO THE APPLICABLE RETENTION.

Complete this Application in full and attach the following documents with respect to the Applicant and each Subsidiary:

- a) Latest available CPA Audit. If a CPA audit is not available, Applicant may submit their latest available 990 or an internally generated financial report including a balance sheet and Income Statement;
b) Current listing of Directors and Officers and outside affiliations;
c) Copies of Publications; and
d) Charter and by-laws if a corporation or the trust agreement, constitution or other chartering document if another form or organization, and all current amendments.

If coverage is bound, this Application and the materials submitted with it will be attached to the Policy and will constitute a part thereof. Many of the terms used herein are defined in the Policy, including the endorsements thereto.

All questions must be answered. If a question is not applicable, state "NOT APPLICABLE". If the answer to any question is none, state "NONE". If a space is insufficient to answer any question fully, attach a separate sheet(s).

- 1. a) Name of Applicant: (Applicant means the Parent Organization acting on behalf of all Insureds.)
b) Principal address:
c) State of incorporation or charter:
d) Incorporated or chartered as a
e) Applicant has continually been operating since:
f) Purpose and general nature of operations:
g) Number of Members: _____ Number of Chapters: _____
h) Does the Applicant now have tax exempt status under the U.S. Internal Revenue Code?
_____ Yes _____ No.

2. a) List all Subsidiaries (as defined in the Policy) and provide the information requested for each Subsidiary:

Table with 6 columns: Name, Date Acquired or Created, Purposes and General Nature of Operations, Number of Members, Is Subsidiary Tax Exempt?, Relationship to Applicant (% of Voting Stock Owned if a Stock Company). Rows 1-4 are blank for entry.

b) Do any of the Subsidiaries listed in Item 2(a) engage in activities for profit? _____ Yes _____ No. (If Yes, explain fully on a separate attachment to this Application.)

3. a) Total number of: Full time employees: _____ Part time employees: _____

- b) How many officers or other employees have resigned or retired within the last 24 months:
Employees: _____ Officers: _____
- c) How many officers or other employees have been terminated (with or without cause) within the last 24 months:
Employees: _____ Officers: _____
- d) Is a reduction of employees anticipated in the next 12 months? _____ Yes _____ No. If Yes, what percentage of total employees? _____
- e) Does Applicant have a written procedure for hiring and firing employees? _____ Yes _____ No. (If Yes, please attach a copy.)
- f) Does a lawyer or human resource officer review involuntary employment terminations prior to termination of any employee? _____ Yes _____ No.

4. Does the Applicant or its Subsidiaries have any owners or other persons who profit from the operation except as salaried employees? _____ Yes _____ No. (If Yes, explain fully on a separate attachment to this Application.)

- 5. a) Does the Applicant or its Subsidiaries receive donations or contributions from the general public?
_____ Yes _____ No.
- b) Are contributions generally solicited? _____ Yes _____ No.
- c) Out of the total contributions received what is the net percentage which is actually distributed to the intended beneficiaries of the charity?

6. Are any of the persons proposed for insurance indebted to the Applicant or its Subsidiaries?
_____ Yes _____ No. (If Yes, explain fully on a separate attachment to this Application.)

7. Does the Applicant perform any of the following services: (If Yes, explain fully on a separate attachment to this Application.)

	<u>Yes</u>	<u>No</u>
a) Engage in or sponsor product or service research, standards development, experimentation or performance testing;	_____	_____
b) Negotiate labor contracts or provide arbitration services;	_____	_____
c) Conduct professional ethics or peer review activities;	_____	_____
d) Conduct accreditation activities;	_____	_____
e) Certify, endorse or license members or members' products/services;	_____	_____
f) Promote, sponsor or provide any form of insurance to its members or non-members;	_____	_____
g) Sponsor or operate a political action committee;	_____	_____
h) Provide a referral service, legal aid service or computer service to its members or non-members;	_____	_____
i) Promote or sponsor any type of group travel, convention, parade, or other similar event, or assume any liability in connection therewith;	_____	_____
j) Provide administrative or management services for any other entity(ies).	_____	_____

8. Is the Applicant and/or any of its Subsidiaries managed or administered by any third-party under contract or agreement?
_____ Yes _____ No. (If Yes, explain fully on a separate attachment to this Application and attach a copy of contract or agreement.)

9. a) List current Non-Profit Management Liability Insurance policy(ies).

b) Has any similar insurance carried by the Applicant or its Subsidiaries been declined, canceled or not renewed?
_____ Yes _____ No. If Yes, explain

c) Has the carrier(s) of any such similar insurance ever been given notice of claim or possible claim by the Applicant or its Subsidiaries? _____ Yes _____ No. (If Yes, explain fully on a separate attachment to this Application.)

d) Does the Applicant and its Subsidiaries currently carry General Liability Insurance? _____ Yes _____ No. If Yes:
Insurer: _____ Limit of Liability: _____

10. 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?
_____ Yes _____ No. (If Yes, explain fully on a separate attachment to this Application.)

11. If insurance had been in force similar to that proposed under this Application, no Claim which would have fallen within the scope of such insurance has been made or is now pending against the Applicant or any person proposed for this insurance, except as follows (include loss payments and defense costs):

If the answer is "none", check here: ___ None.

12. a) There has not been, nor is there now pending, any claim against the Applicant or any person in their capacity as director, trustee, officer, employee, committee member, or volunteer of the Applicant or its Subsidiaries, except as follows:

If the answer is "none", check here: ___ None.

b) Has such claim been the subject of notice to any insurer? _____ Yes _____ No.
(If Yes, explain fully on a separate attachment to this Application.)

13. Neither the Applicant nor any person proposed for insurance has knowledge or information of any fact, circumstance or situation which might give rise to a Claim under the proposed Policy, except as follows:

If there is no such knowledge or information, check here: ___ None.

14. Within the last three years, has the Applicant or its Subsidiaries received any inquiry, complaint, assessment, fine or notice of hearing from any local, state or federal regulatory authority (including the Internal Revenue Service) or congressional or legislative committee or been involved in any anti-trust, tax, copyright or patent litigation or proceeding?

_____ Yes _____ No. (If Yes, explain fully on a separate attachment to this Application.)

15. It is agreed with respect to Questions 11, 12, 13, and 14 above, that if such knowledge or information exists (whether or not disclosed), in addition to any other remedy the Insurer may have, any Claim arising therefrom will be excluded from this proposed coverage; however, this exclusion shall apply only with respect to the Insured Persons having such knowledge or information if the Policy so provides.

16. a) Requested effective date of policy:

b) Requested Limit of Liability:

IT IS AGREED BY THE APPLICANT, ITS SUBSIDIARIES AND THE PERSONS PROPOSED FOR INSURANCE THAT THE PARTICULARS AND STATEMENTS MADE IN THIS APPLICATION, TOGETHER WITH ALL ATTACHMENTS TO THIS APPLICATION AND ANY OTHER MATERIALS SUBMITTED TO THE INSURER (ALL OF WHICH ATTACHMENTS AND MATERIALS SHALL BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO), SHALL BE THE REPRESENTATIONS OF THE APPLICANT, ITS SUBSIDIARIES AND THE PERSONS PROPOSED FOR INSURANCE AND SHALL BE DEEMED TO BE MATERIAL TO THE ACCEPTANCE OF THE RISK OR THE HAZARD ASSUMED BY THE INSURER UNDER THIS POLICY. IT IS FURTHER AGREED BY THE APPLICANT, ITS SUBSIDIARIES AND THE PERSONS PROPOSED FOR INSURANCE THAT THIS POLICY, IF ISSUED, IS ISSUED IN RELIANCE UPON THE TRUTH OF SUCH REPRESENTATIONS WHICH ARE INCORPORATED INTO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES AND ALL PERSONS PROPOSED FOR INSURANCE REPRESENTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE AND CORRECT AND DO NOT OMIT OR MISSTATE ANY MATERIAL FACT.

SIGNING OF THE APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS HEREIN PRIOR TO THE ISSUANCE DATE OF THE POLICY, WHICH WOULD RENDER THIS APPLICATION FORM INACCURATE OR INCOMPLETE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING AND, IF NECESSARY, ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

Signature Date
(Must be signed by Chairman of the Board or President.)

Agency/Broker

Agent/Broker (Individual)

Name (printed)

Address

Title

Attention: Insureds in AR, FL, KY, ME, MN, NJ, OH, and PA

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.

Attention: Insureds in DC:

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.

Attention: Insureds in NY

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.

Attention: Insureds in CO

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.

Attention: Insureds in TN and VA

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.

Attention: Insureds in LA and NM

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.

Attention: Insureds in OK

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.

Attaches to all Applications