



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:

| 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) |
|----------|--------------------------|---|-------------------|---------------------------|--|
| 1. _____ | _____                    | _____                                     | _____             | _____                     | _____  |
| 2. _____ | _____                    | _____                                     | _____             | _____                     | _____  |
| 3. _____ | _____                    | _____                                     | _____             | _____                     | _____  |
| 4. _____ | _____                    | _____                                     | _____             | _____                     | _____  |

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.)

Yes      No

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).

| <u>Insurer</u> | <u>Policy Period</u> | <u>Limit</u> | <u>Deductible</u> | <u>Premium</u> |
|----------------|----------------------|--------------|-------------------|----------------|
|----------------|----------------------|--------------|-------------------|----------------|

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

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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):

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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:

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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.



*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*