



# Allen Financial Insurance Group

**FLEXI PLUS FIVE APPLICATION**  
NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE  
EMPLOYMENT PRACTICES LIABILITY INSURANCE  
FIDUCIARY LIABILITY INSURANCE  
WORKPLACE VIOLENCE COVERAGE  
INTERNET LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY  
PLEASE READ YOUR POLICY CAREFULLY

**Instructions:**

- Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/controlled subsidiaries.
- The **Applicant** is required to complete Sections 1, 2, and 7.
- The **Applicant** should complete other applicable Section(s) for which coverage is desired. (See chart below)

Check Coverage Desired	Section	Requested Limit	Requested Retention
<input type="checkbox"/> General Information	1	N/A	N/A
<input type="checkbox"/> Directors & Officers	2	\$	\$
<input type="checkbox"/> Employment Practices	3	\$	\$
<input type="checkbox"/> Fiduciary Liability	4	\$	\$
<input type="checkbox"/> Workplace Violence	5	\$	\$
<input type="checkbox"/> Internet Liability	6	\$	\$
<input type="checkbox"/> General Summary	7	N/A	N/A

**SECTION 1 – GENERAL INFORMATION**  
(All Applicants must complete this section)

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

2. Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Internet Address: www. \_\_\_\_\_

3. Date Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

4. Standard Industrial Classification (SIC) #: \_\_\_\_\_

4a. Federal Employer Identification (FEIN) #: \_\_\_\_\_

5. Please describe the nature of the **Applicant's** operations: \_\_\_\_\_

6. Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code?  Yes  No If no, provide an explanation.

7. The Officer of the **Applicant** designated to receive any and all notices from the **Underwriter** or their authorized representative concerning this insurance is:

Name

Title

E-mail Address

8. Number of Members: \_\_\_\_\_ Number of Chapters: \_\_\_\_\_

**Please attach details for all "YES" answers to questions 8 – 12.**

9. Does the **Applicant** publish any magazines, periodicals or newsletters?  Yes  No

10. Is the **Applicant** involved in product research, product development, testing and/or certification?  Yes  No

11. Does the **Applicant** set standards for the qualification and performance and/or certify its members?  
 Yes  No

12. Does the **Applicant** engage in any disciplinary actions as a result of peer review activities?  Yes  No

13. Does the **Applicant** administer or sponsor any insurance programs for its members?  Yes  No

<b>FINANCIAL INFORMATION</b>	<b>CURRENT FISCAL YEAR</b>	<b>PREVIOUS FISCAL YEAR</b>
TOTAL ASSETS:	\$ _____	\$ _____
NET ASSETS / FUND BALANCE:	\$ _____	\$ _____
ANNUAL REVENUE:	\$ _____	\$ _____
NET REVENUE	\$ _____	\$ _____

**Please attach the most recent annual financial audit or 990 form.**

**SECTION 2 – DIRECTORS AND OFFICERS  
 (All Applicants must complete this section)**

1. Directors and Officers Liability Insurance has been continuously in force since: \_\_\_\_\_

2. Provide a list of all direct and indirect subsidiaries or any other entity or organization the **Applicant** controls:

<b>Name/Type of Business</b>	<b>Percent the Applicant Owns/Controls</b>	<b>Date Created/ Acquired</b>	<b>For Profit / Non-Profit</b>
<i>Example: ABC Foundation, Inc/ Charitable Children's Foundation</i>	<i>100%</i>	<i>01/01/2000</i>	<i>Non-Profit</i>

Additional entities listed by attachment

3. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? **If yes, please attach details.**

- Anti-trust, copyright or patent litigation?  Yes  No
- Any disciplinary action by any regulatory agency or association?  Yes  No
- Any action where a license was revoked or suspended?  Yes  No
- Any administrative proceeding charging violation of a federal or state law or regulation?  Yes  No
- Any other criminal actions?  Yes  No

**It is agreed that with respect to Question #3, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.**

4. In the past twenty-four (24) months or the next twelve (12) months, has the **Applicant** been, or anticipate being involved in any of the following?  
 Mergers, acquisitions or consolidation with another entity? **If yes, please attach details.**  Yes  No  
 Changes in the board of directors or senior management (other than death or retirement)?  Yes  No **If yes, please attach details.**
5. Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity?  Yes  No **If yes, please attach details.**

**SECTION 3 – EMPLOYMENT PRACTICES**  
 (Complete this section only if Employment Practices Liability coverage is desired.)

1. Employment Practices Liability Insurance has been continuously in force since: \_\_\_\_\_

2. Please provide the following employee count information:

U.S. based employees/volunteers:	Currently	One Year Ago	Two Years Ago
Full Time employees:	_____	_____	_____
Part Time employees:	_____	_____	_____
Temporary employees:	_____	_____	_____
Volunteers:	_____	_____	_____
<b>Non U.S. based employees/volunteers:</b>	_____	_____	_____
<b>TOTAL SUM OF ABOVE:</b>	_____	_____	_____

3. How many employees have been terminated or demoted in the past twelve (12) months?  
 Voluntary: \_\_\_\_\_ Involuntary: \_\_\_\_\_ Laid Off: \_\_\_\_\_ Demoted: \_\_\_\_\_

4. Is any reduction of employees or change of status anticipated in the next year?  
 Voluntary: \_\_\_\_\_ Involuntary: \_\_\_\_\_ Layoffs: \_\_\_\_\_ Demotions: \_\_\_\_\_

5. Does the **Applicant** have an employment handbook?  Yes  No
6. Does the **Applicant** use an employment application for every potential employee?  Yes  No
7. Does the **Applicant** have an "At Will" provision in the employment application or handbook?  Yes  No
8. Has the **Applicant** implemented an anti-sexual harassment policy?  Yes  No
9. Has the **Applicant** implemented an anti-discrimination policy?  Yes  No
10. Does the **Applicant** use outside employment counsel for employment advise?  Yes  No

**SECTION 4 – FIDUCIARY LIABILITY**  
 (Complete this section only if Fiduciary liability coverage is desired.)

1. Fiduciary Liability Insurance has been continuously in force since: \_\_\_\_\_

2. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Assets/ Contributions	Type*	Participants	Administrator
<b>Example:</b> The ABC Children Corp 401K Plan	2000	\$1,000,00	2	75	self
a) _____	_____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____	_____
d) _____	_____	_____	_____	_____	_____

\* 1=Employee Welfare Benefit Plan (as defined by ERISA), 2= Defined Contribution Plan (as defined by ERISA), 3= Defined Benefit Plan (as defined by ERISA), 4=Other. If Type is 3 or 4 a Fiduciary Liability Supplemental Application must be completed.

**Please attach a separate page or use the additional information page provided at the end of the application.**

3. Does any plan(s) employ the investment, trustee, actuarial, legal, administrative, custodial or benefits consulting services of any outside provider?  Yes  No **If yes, please attach details.**
4. Has termination been requested or contemplated for any plan?  Yes  No
5. Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to, an increase in participants' portion of cost?  Yes  No **If yes, please attach details. If there has been any amendment(s), please attach copies.**
6. Has any plan been spun-off (sold), transferred or terminated?  Yes  No **If yes, please attach details.**
7. Are there or have there been within the last three (3) years any known or alleged violations of ERISA or any similar statutory or common law (including applicable amendments, rules and regulations) of the United States, Canada or any state or other jurisdiction to which a plan is subject?  Yes  No **If yes, please attach details.**
8. Does the **Applicant** have any information to suggest or indicate that any of the plans it sponsors may be under governmental or regulatory investigation with regard to the applicable plan's funding, administration or investment strategies?  Yes  No **If yes, please attach details.**
9. Is Form 5500 filed on an annual basis for each plan?  Yes  No **If yes, provide a copy of the most recent 5500; if no, please attach details.**

**SECTION 5 – WORKPLACE VIOLENCE**  
**(Complete this section only if Workplace Violence coverage is desired.)**

**Please attach a copy of your employee and customer complaint/grievance procedures.**

1. Workplace Violence Insurance has been continuously in force since: \_\_\_\_\_
2. The **Applicant's** total number of work locations: \_\_\_\_\_
3. The **Applicant's** total number of employees: \_\_\_\_\_
4. Does the **Applicant**:
 

have an employee assistance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have a progressive disciplinary policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have an employee complaint/grievance resolution procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have a written policy on workplace violence that is circulated to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
train employees to recognize, report, and respond to potentially hostile situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have a process for performing background checks for all potential employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the past twelve (12) months, has the **Applicant** been involved with any layoffs, staff reductions, or facility closings?  Yes  No **If yes, please attach details.**
6. In the next twelve (12) months, does the **Applicant** contemplate any layoffs, staff reductions, or facility closings?  Yes  No **If yes, please attach details.**
7. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any incidents of workplace violence in the last five years?  Yes  No **If yes, please attach details.**

**SECTION 6 – INTERNET LIABILITY**  
 (Complete this section only if Internet Liability coverage is desired.)

1. Internet Liability Insurance has been continuously in force since: \_\_\_\_\_

2. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

<u>Internet site address</u>	<u>Date on-line</u>	<u>Average page views per month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Does the **Applicant** conduct transactions (e-commerce) on the site or is the site informative only?

- Transactional / E-commerce (Please complete questions 4, 5 & 6)  
 Informational Only (Please go to question 6)  
 Both (Please complete questions 4, 5, & 6)

4. The **Applicant's** projected annual gross revenues from the internet site: \$ \_\_\_\_\_

5. Please describe the type and purpose of the transactions performed on the site: \_\_\_\_\_

6. What percentage of monthly page views on the **Applicant's** internet site originates outside the U.S. and Canada? \_\_\_\_\_ %

**SECTION 7 – GENERAL SUMMARY**  
 (All Applicants must complete this section.)

1. Has the **Applicant** given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance?  Yes  No **If yes, complete a Claim Supplemental for each incident.**

2. No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the **Applicant** has applied, except: None  or as noted below:

3. Current Coverage

<b>COVERAGES</b>	<b>Insurance Company</b>	<b>Limit of Liability</b>	<b>Deductible</b>	<b>Policy Effective Dates</b>	<b>Premium</b>
D&O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$
General Liability		\$	\$		\$
Professional Liability		\$	\$		\$

4. With respect to the above coverage, has any Underwriter refused, canceled or non-renewed coverage? (Not Applicable in Missouri)  Yes  No If yes, provide details.

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Material Change

If there is any material change to the answers of this Application's questions prior to the policy inception date, the Applicant must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

False Information

**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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL 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 NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**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 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 MINNESOTA AND OHIO APPLICANTS:** 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, WHICH IS A CRIME.

**NOTICE TO OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**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 FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**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 DISTRICT OF COLUMBIA, MAINE AND VIRGINIA 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 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 MARYLAND APPLICANTS:** 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 MAY BE GUILTY OF INSURANCE FRAUD.

**NOTICE TO OREGON AND TEXAS APPLICANTS:** ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

**NOTICE TO TENNESSEE 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.

Signature

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application will be attached and become a part of the policy.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title ( MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Agent/Broker)

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No: \_\_\_\_\_

Address (Street, City, State, Zip) :

\_\_\_\_\_