VICTOR

Navigators

APPLICATION FOR NOT-FOR-PROFIT DIRECTORS AND OFFICERS LIABILITY INSURANCE, EMPLOYMENT PRACTICES LIABILITY INSURANCE AND FIDUCIARY LIABILITY INSURANCE

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR CLAIMS WHICH ARE FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE DISCOVERY PERIOD. COVERAGE UNDER THE POLICY CEASES UPON TERMINATION OF THE POLICY, EXCEPT FOR AUTOMATIC DISCOVERY PERIOD COVERAGE, UNLESS THE INSURED PURCHASES OPTIONAL DISCOVERY PERIOD COVERAGE.

COSTS OF DEFENSE ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY AND SHALL BE APPLIED AGAINST THE RETENTION. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE REDUCED BY UP TO 50% BY COSTS OF DEFENSE. FURTHER NOTE THAT COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE RETENTION BY UP TO 50% OF THE RETENTION AMOUNT.

THE POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE.

THE POLICY PROVIDES FOR AUTOMATIC DISCOVERY PERIOD COVERAGE OF 60 DAYS, OPTIONAL DISCOVERY PERIOD COVERAGE OF UP TO 1 YEAR, AND ADDITIONAL OPTIONAL DISCOVERY PERIOD COVERAGE OF UP TO 3 YEARS FOR DIRECTORS AND OFFICERS LIABILITY COVERAGE. COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF THE POLICY, AUTOMATIC DISCOVERY PERIOD OR OPTIONAL DISCOVERY PERIOD OR ADDITIONAL OPTIONAL DISCOVERY PERIOD. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

THE RETROACTIVE DATE MAY NOT BE CHANGED DURING THE TERM OF THE CLAIMS MADE RELATIONSHIP AND ANY EXTENDED REPORTING PERIOD.

PLEASE READ AND REVIEW THE POLICY AND PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

1.	GENERAL INFORMATION						
A.	Name of Applicant:						
B.	Principal Address:						
	City:		State:		ZIP:		
	Website Address:		IRS Tax Exempt? ☐ Yes ☐ No				
C.	State of Incorporation:		Date of incorporation:				
D.	Contact person designated to receive correspondence from the insurer: Name:		Title:				
	E-mail address:		Phone:				
E.	Description of Operations*:						
	*If condo, homeowner, or community association, the appropriate Supplemental Application must be completed.						
F.	Is there or has there been any dispute as to the Applicant's tax exempt status? (If yes, please provide specific details.)					☐ Yes	☐ No
G.	Does the Applicant have any subsidiaries or control any other entity for which it is requesting coverage under this policy? (If yes, please attach a description of the operations, ownership and tax status of each entity.)					☐ Yes	☐ No
H.	Was the Applicant created by, or now controlled by a governmental agency?					☐ Yes	☐ No
I.	Does the Applicant engage in any of the following? :						
	1.	Accreditation Programs				☐ Yes	☐ No
	2.	Certification Programs				☐ Yes	☐ No
	3.	Development/Administration of Ethics Codes				☐ Yes	☐ No

	4.	Member Peer Review/Disciplinary Actions	☐ Yes	☐ No
	5.	Sponsorship of Insurance Programs	☐ Yes	☐ No
	6.	Standard Setting	☐ Yes	☐ No
	7.	Own or control any political action committees	☐ Yes	☐ No
	8.	Medical treatment at a non-residential facility	☐ Yes	☐ No
	9.	Medical treatment with residential facilities	☐ Yes	☐ No
	10.	Counseling or rehabilitation services	☐ Yes	☐ No
	11.	Third party medical services	☐ Yes	☐ No
	12.	Fund own research and development	☐ Yes	☐ No
	13.	Transportation services for others	☐ Yes	☐ No
	If yes to any of the above, please attach complete details:			

2.	EMPLOYEES:						
Full-Time:		Part-time:		Volunteers		Seasonal	

A.	How many employees have been involuntarily terminated in the last year?		B.	How many employees have voluntarily left in the last year?
C.	Are there any anticipated reductions in staff over the next year? If yes, please provide details.	☐ Yes ☐ No		

3.	HUMAN RESOURCES (This section must be completed by Applicants with more than 25 employees.)		
Does the Applicant have:			
A.	An employee handbook?	☐ Yes	☐ No
B.	An employment at-will statement?	☐ Yes	☐ No
C.	A written policy prohibiting discrimination?	☐ Yes	☐ No
D.	A written policy prohibiting sexual harassment?	☐ Yes	☐ No

4.	FINANCIAL INFORMATION:		
		Most recent fiscal year	Prior fiscal year
A.	Total Annual Revenue (grants, donations, membership dues, etc.)	$	$
B.	Net Income/Loss	$	$
C.	Total Assets	$	$
D.	Fund Balance, Net Assets, or Equity*	$	$
*If Fund Balance, Net Assets, or Equity is negative, please include the most recent financial statement and an explanation.			

5.	FIDUCIARY LIABILITY SECTION: (Complete the following for all Plans if Fiduciary Coverage is desired. Attach a schedule if necessary.) **NOTE**: Multi-employer plans are NOT eligible for coverage.		
I.	Under Status, insert the appropriate letter:	Under Type, insert the appropriate number:	
A.	Benefits exclusively from insurance or annuity contracts	1.	Defined Benefit
B.	Investments by bank or trust company	2.	Defined Contribution
C.	Investment Manager appointed [ERISA 402(c)(3)]	3.	Welfare
D.	Investments under Plan or sponsor control	4.	Other (specify)

Plan Name	Status	Reporting Year	Asset Value	Type	Contributions	Number of Participants
			$			
			$			
			$			
			$			

II.	Have any Plans been, or will any plans be terminated, suspended, merged, dissolved, or converted to a cash balance plan within the next 24 months?	☐ Yes	☐ No
III.	Have procedures been adopted to ensure that each Plan is administered according to the terms, and that it complies in form and operation with ERISA, the Internal Revenue Code of 1986, and other applicable laws and regulations?	☐ Yes	☐ No

6.	INSURANCE COVERAGE INFORMATION					
Current Policy Effective Dates: to				Requested Policy Effective Dates: to		
COVERAGE		LIMIT		RETENTION		CURRENT PREMIUM
		Current	Requested	Current	Requested	
A.	Directors & Officers Liability	$	$	$	$	
B.	Employment Practices Liability	$	$	$	$	
C.	Fiduciary Liability	$	$	$	$	
Aggregate Policy Limit		$	$	Are limits to be: Shared ☐		or Separate ☐
Include Third Party Sexual Harassment/Discrimination? ☐ Yes ☐ No						
Defense costs: Within the aggregate? ☐ Outside the aggregate? ☐						
Missouri Applicants/Agents: DO NOT Answer This Question Has the Applicant been declined, canceled or non-renewed for any of the coverages to which this application relates?						☐ Yes ☐ No

7.	LOSS HISTORY:	
a)	Have any employment-related claims, administrative proceedings, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance during the past five years, whether insured or not?	☐ Yes* ☐ No
b)	In the past five years, has the Applicant or any person in his or her capacity as a director, officer, trustee, employee or volunteer of the Applicant, been involved in any claim, proceeding or litigation or is a claim, litigation or proceeding now pending against the Applicant or any person in his or her capacity as a director, officer, trustee, employee or volunteer of the Applicant?	☐ Yes* ☐ No
c)	Does the Applicant or any person in his or her capacity as a director, officer, trustee, or any person responsible for insurance, complaints or claim reporting, have knowledge of any act, error, omission, fact, incident, situation, unresolved dispute or any other circumstance that is or could be the basis for a claim under the proposed insurance policy?	☐ Yes* ☐ No
	* If Yes to a, b, or c above, please provide complete details on a separate attachment. Currently valued loss runs will be required for any losses reported to an insurer.	

REPORT KNOWLEDGE OF SUCH INCIDENTS TO YOUR CURRENT INSURER PRIOR TO YOUR CURRENT POLICY EXPIRATION. IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING OUT OF ANY SITUATION THAT IS OR SHOULD HAVE BEEN REPORTED IN a, b, or c ABOVE IS EXCLUDED FROM THE PROPOSED INSURANCE.

8.	As part of this Application, please submit the following documents with respect to the Applicant:
	☐ Annual financial statements if requesting $3,000,000 limit or greater **and** if the fund balance, net assets, or equity is negative ☐ A copy of the by-laws and articles of incorporation if Applicant was established within the past three years ☐ A copy of the by-laws if Applicant is a condominium, homeowners, or community association ☐ Current Employee handbook if greater than 100 employees

DECLARATIONS AND SIGNATURE

NOTICE TO **APPLICANT** – PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER FULL INVESTIGATION INQUIRY OF EVERY DIRECTOR, OFFICER, TRUSTEE, OR ANY PERSON RESPONSIBLE FOR INSURANCE, COMPLAINTS OR CLAIM REPORTING, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE, OR THE **APPLICANT** TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF SUCH POLICY IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE **APPLICANT** WILL NOTIFY THE INSURER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTANDS THAT:

(I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD;

(II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "COSTS OF DEFENSE," AS PROVIDED IN THE POLICY AND, IN SUCH EVENT, THE INSURER WILL NOT BE RESPONSIBLE FOR THE CONTINUED "COSTS OF DEFENSE" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE REDUCED BY UP TO 50% BY COSTS OF DEFENSE; AND

(III) "COSTS OF DEFENSE" WILL BE APPLIED AGAINST THE RETENTION BY UP TO 50% OF THE RETENTION AMOUNT.

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.

THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR OF THE APPLICANT

SIGNATURE	DATE
PRINT NAME	TITLE

AGENT OR BROKER INFORMATION

PRODUCED BY (Insurance Agent or Broker contact)	AGENCY OR BROKERAGE NAME	
AGENCY OR BROKERAGE FEDERAL TAXPAYER ID	AGENT OR BROKER LICENSE NUMBER/EXPIRATION DATE	
ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL ADDRESS:		
PHONE NUMBER:	FAX NUMBER:	