

**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 AND REPORTED POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE OR REPORTED DURING THE "POLICY PERIOD" OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "COSTS OF DEFENSE," AND "COSTS OF DEFENSE" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

<b>1. GENERAL INFORMATION</b>			
A.	Name of Applicant:		
B.	Principal Address:		
	City:	State:	ZIP:
	Website Address:	IRS Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H.	Was the Applicant created by, or now controlled by a governmental agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I.	Are there any subsidiaries for which you are requesting coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Name of Organization:		
	Are the subsidiaries non-profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J.	Does the Applicant engage in any of the following? :		
	1. Accreditation Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Certification Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. Development/Administration of Ethics Codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4. Member Peer Review/Disciplinary Actions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5. Sponsorship of Insurance Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6. Standard Setting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7. Own or control any political action committees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8. Medical treatment at a non-residential facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	9. Medical treatment with residential facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	10. Counseling or rehabilitation services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	11. Third party medical services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12. Fund own research and development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	13. Transportation services for others	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	14. Publish newsletters or articles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	15. Maintain a website or social media page	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	16. Professional Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes to any of the above, please attach complete details:		
K.	Does the applicant have any programs directly involving any of the following? (if yes, add Abuse/Molestation exclusion endorsement)		
	1. Children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Developmentally disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. Elderly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<b>EMPLOYEES:</b>		
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
3.	<b>HUMAN RESOURCES (This section must be completed by Applicants with more than 25 employees.)</b>		
	Does the Applicant have:		
A.	An employee handbook?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	An employment at-will statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	A written policy prohibiting discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	A written policy prohibiting sexual harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	A full time Human Resources Manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there written anti-discrimination and anti-harassment policies in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are HR manuals less than two years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	How many employees make more than \$100,000 per year?		
4.	<b>FINANCIAL INFORMATION:</b>		
		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*	\$	\$
	<b>*If Fund Balance, Net Assets, or Equity is negative, please include the most recent financial statement and an explanation.</b>		
5.	<b>FIDUCIARY LIABILITY SECTION: NOTE: Multi-employer plans are NOT eligible for coverage.</b>		
	(Complete the following for all Plans if Fiduciary Coverage is desired. Attach a schedule if necessary.)		
I.	Under <b>Status</b> , insert the appropriate letter:	Under <b>Type</b> , 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	Type	Status/ Multi-Employer Plan	Reporting Year/ # of Participants	Plan Assets/ Contributions		
				\$		
				\$		
				\$		
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? * If Yes, please explain or submit explanation separately.			<input type="checkbox"/> Yes* <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are pension plan(s) offered?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are the pension plan(s) underfunded?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, provide the percentage underfunded			%		
6.	<b>INSURANCE COVERAGE INFORMATION</b>					
Current Policy Effective Dates:		to	Requested Policy Effective Dates:			
COVERAGE		LIMIT		RETENTION		CURRENT PREMIUM
		Current	Requested	Current	Requested	
A.	Directors & Officers Liability	\$	\$	\$	\$	\$
B.	Employment Practices Liability	\$	\$	\$	\$	\$
C.	Fiduciary Liability	\$	\$	\$	\$	\$
D.	Aggregate Policy Limit	\$	\$	<b>TOTAL PREMIUM</b>		\$
Are limits to be: Shared <input type="checkbox"/> or Separate <input type="checkbox"/>						
Include Third Party Sexual Harassment/Discrimination? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Defense costs: Within the aggregate? <input type="checkbox"/> Outside the aggregate? <input type="checkbox"/>						
7.	<b>CRIME SECTION:</b>					
	A. Number of Locations					
	B. SIC Code					
	C. Total cash on hand					\$
	D. Policies and Procedures					
1. Which segregation of duties are in place?						
<input type="checkbox"/>	Bank deposits	<input type="checkbox"/>	Check signing			
<input type="checkbox"/>	Bank withdrawals/payments	<input type="checkbox"/>	None of the above			
2. Which of the following practices are in place?						
<input type="checkbox"/>	Vendor approval process	<input type="checkbox"/>	Segregation of purchase order and payment approval process			
<input type="checkbox"/>	Inventory management and reconciliation	<input type="checkbox"/>	None of the above			
3. Which background checks and investigative practices are followed?						
<input type="checkbox"/>	Prior employment check	<input type="checkbox"/>	Education background check			
<input type="checkbox"/>	Criminal record check	<input type="checkbox"/>	Drug test			
<input type="checkbox"/>	Credit history check	<input type="checkbox"/>	None of the above			
4. Which audit controls are in place?						
<input type="checkbox"/>	CPA Annual Financial Audit and preparation of all supplemental midterm financial statements					
<input type="checkbox"/>	CPA Annual Financial Statement preparation – Compilation or Review; preparation of at least 1 midterm financial statement					
<input type="checkbox"/>	Formal Internal Audit Department or employee(s) with internal audit type of responsibilities					
<input type="checkbox"/>	None of the above					
5. Which disbursement and check handling controls are in place?						
<input type="checkbox"/>	Monthly reconciliation of bank statements					
<input type="checkbox"/>	Countersignature of checks					
<input type="checkbox"/>	Incoming checks stamped for “deposit only”					
<input type="checkbox"/>	Dual authorization of wire transfers					

<input type="checkbox"/>	Documentation of check voucher and supporting invoice
<input type="checkbox"/>	None of the above
6. What computer security and fund transfer controls are in place?	
<input type="checkbox"/>	Established a software security procedure to detect unusual account activity and system intrusion
<input type="checkbox"/>	Procedures in place to separate fund transfer approval, initiation, and confirmation and call back procedures
<input type="checkbox"/>	Procedure in place to change computer passwords and access codes regularly and upon employee termination
<input type="checkbox"/>	Procedures in place to document EDP systems, programs and rules together with all changes thereto
<input type="checkbox"/>	Procedures in place to monitor computer programmer usage of live data systems
<input type="checkbox"/>	None of the above
7. Which locations exposures exist?	
<input type="checkbox"/>	Warehousing of inventory and/or commodity products
<input type="checkbox"/>	Distribution centers with concentrations of product
<input type="checkbox"/>	Retail locations
<input type="checkbox"/>	Any location with extraordinary cash or high value inventory exposure
<input type="checkbox"/>	More than 50% of total insured locations outside of United States for company of this size and type
<input type="checkbox"/>	None of the above
8. Unique and Material or Significant Exposure?	
<input type="checkbox"/>	Precious metals or gemstones
<input type="checkbox"/>	Scrap metal
<input type="checkbox"/>	Art collections and other valuable collectibles
<input type="checkbox"/>	Proprietary trading activity
<input type="checkbox"/>	Manage assets or business operations of others
<input type="checkbox"/>	Narcotics and prescription drugs
<input type="checkbox"/>	More than a nominal exposure to any of the above exposures
<input type="checkbox"/>	None of the above

**INSURANCE COVERAGE INFORMATION**

Current Policy Effective Dates:		to	Requested Policy Effective Dates:		to
Coverage Requested	Limit	Retention	Coverage Requested	Limit	Retention
Employee Theft	\$	\$	Computer Fraud	\$	\$
Employee Theft of Client Property	\$	\$	Computer Program And Electronic Data Restoration Expense	\$	\$
Forgery and Alternation	\$	\$	Funds Transfer Fraud	\$	\$
On premises	\$	\$	Personal Accounts Forgery and Alteration	\$	\$
In Transit	\$	\$	Identity Fraud Expense Reimbursement	\$	\$
Money Orders and Counterfeit Currency	\$	\$	Claim Expenses	\$	\$

<b>8. KIDNAP RANSOM EXTORTION SECTION:</b>			
A. Do you have any employees/volunteers residing in one of the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Do any employees/volunteer travel in one or more of the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. Please provide the following information:			
1. Number of days out of the U.S. or Canada per year			
2. Name of country			
3. Titles of individuals traveling			
4. Have you had any past incidences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Are any employees in possession of high-valued easily portable goods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

6.	Does the organization have religious connections/connotations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Is the applicant a well known/highly visible organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does the applicant have high values of cash, securities, or other valuables on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Is the applicant tied to highly controversial or politically charged issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	None of the above apply	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**INSURANCE COVERAGE INFORMATION**

Current Policy Effective Dates: _____ to _____		Requested Policy Effective Dates: _____ to _____	
COVERAGE	LIMIT		CURRENT PREMIUM
	Current	Requested	
Kidnap Ransom Extortion	\$ _____	\$ _____	\$ _____

<b>Missouri Applicants/Agents: DO NOT Answer This Question</b>	
Has the Applicant been declined, canceled or non-renewed for any of the coverages to which this application relates?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. PRIOR LOSS HISTORY:</b>			
<input type="checkbox"/>	None - No claims/circumstances reported in the past five years	<input type="checkbox"/>	Notice of a circumstance in the last five years
<input type="checkbox"/>	A claim with reserves in the last five years	<input type="checkbox"/>	Multiple claims or notices in the last five years
Prior & Pending Date - D&O		Prior & Pending Date - EPL	
Prior & Pending Date - Fiduciary			

	D&O	EPL	FIDUCIARY	CRIME	K&R
Notice of a circumstance in the last five years					
A Claim with reserves in the last five years					
Multiple claims or notices in the last five years					

DATE OF LOSS/ CIRCUMSTANCE	DESCRIPTION OF LOSS/ CIRCUMSTANCE	TOTAL PAID
		\$
		\$
		\$
		\$

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?	<input type="checkbox"/> Yes* <input type="checkbox"/> 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?	<input type="checkbox"/> Yes* <input type="checkbox"/> 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?	<input type="checkbox"/> Yes* <input type="checkbox"/> 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.**

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

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR) IN THE STATES OF DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

ARKANSAS 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 FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: 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.

DISTRICT OF COLUMBIA APPLICANTS: 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.

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: 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 PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

LOUISIANA 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 FINES AND CONFINEMENT IN PRISON.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.

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.

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.

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.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 APPLICANTS: 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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**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," 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; AND
- (iii) "COSTS OF DEFENSE" WILL BE APPLIED AGAINST THE RETENTION.

**Remarks**

**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:	