



3. Years of Operation?

<input type="checkbox"/>	Less than 1 Year	<input type="checkbox"/>	1 > 2 Years	<input type="checkbox"/>	2 > 3 Years
<input type="checkbox"/>	3 > 5 Years	<input type="checkbox"/>	5 Years and Over		

4. Has the Applicant undergone any extraordinary financial transactions in the past year? Please check all that apply and attach complete details.

Defeasance of Bonds                       Merger or Consolidation                       Sale or Acquisition  
 Change of Non-Profit/For-Profit Status     Changes in Operations/Nature of Business  
 Belated/Untimely Receipt of Grant Funds    Other (describe): \_\_\_\_\_

**Section C. DIRECTORS AND OFFICERS INFORMATION**

- Does the Applicant's the charter or by-laws contain indemnification provisions?  Yes  No
- Does the Applicant provide medical services or medical advice?  Yes  No
- Does the Applicant provide childcare services?  Yes  No
- Does the Applicant act as a general partner of any limited partnership(s) and/or a partnership Manager of any general partnership(s), and/or joint venture Manager of any joint venture(s)?  Yes  No

**Section D. EMPLOYMENT PRACTICES INFORMATION**

1. Enter the TOTAL number of employees (by type) in the boxes below.

*Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)*

a. Number Employees in ALL States/Jurisdictions:

	Domestic		Foreign
	Union	Non-Union	
Full Time	_____	_____	_____
Part Time	_____	_____	_____

Total Number of Independent Contractors	_____
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b. Number of Employees located in CALIFORNIA ONLY:

	Domestic		Foreign
	Union	Non-Union	
Full Time	_____	_____	_____
Part Time	_____	_____	_____

Total Number of Independent Contractors	_____
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c. Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):

	Domestic		Foreign
	Union	Non-Union	
Full Time	_____	_____	_____
Part Time	_____	_____	_____

Total Number of Independent Contractors	_____
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2. Does the Applicant have a Human Resources or Personnel Department (or equivalent sufficiently executing the duties of such Departments)?  Yes  No
3. By what means does the applicant ensure that each employee is aware of his or her rights under state and federal employment laws, including the right to work free from discrimination or harassment in the workplace?
4.  Employee Handbook  Website  Handouts/Bulletins  Verbal  None
5. Does the Applicant conduct employee training with regards to discrimination and harassment?  Yes  No
6. Has a discrimination or harassment claim been filed against an executive or officer in the past year?  
 Yes  No  
If "Yes," please describe the claim, the disposition of same and the disciplinary action taken against that executive or officer.
7. Does the Applicant ensure that each employee is aware of state and federal discrimination, sexual harassment and civil rights laws with respect to third parties (i.e. clients or customers)?  Yes  No
8. Has the Applicant implemented a formal procedure for recording and handling the discrimination, sexual harassment and civil rights complaints of third parties (i.e. customers or clients)?  Yes  No
9. What percentage of employees have been involuntarily terminated (with or without cause) within the last 24 months?  None  1-10%  11-25%  Over 25%
10. What percentage of employees does the Applicant anticipate laying off in the next 12 months?  
 None  1-10%  11-25%  Over 25%
11. Is it the Applicant's practice to provide severance packages to affected employees when layoffs occur?  Yes  No
12. Is it the Applicant's practice to obtain releases from liability from affected employees when layoffs occur?  
 Yes  No

**Section E. SOCIAL WELFARE INFORMATION** This Section is to be completed by Social Welfare Organizations.

If not applicable, please check here and skip to Section F.

Please complete this Section if this is the insured nature of business.

1. Is the Applicant Chartered by a National Organization?  Yes  No  
If "Yes," does the National Organization provide the following training? Please check all that apply below.  
 Sexual misconduct training  Financial management training  Both
2. Does the Applicant provide physical therapy?  Yes  No
3. Does the Applicant provide prescription medication services?  Yes  No

4. Does the Applicant provide on-premise housing?  Yes  No

If "Yes," please check all that apply below.

Short-Term Housing  Long-Term Housing  Both

5. Are employees/volunteers of the Applicant pre-screened to an acceptable level (i.e. use of background/criminal checks) by the Applicant or by a third party vendor or law enforcement agency? Yes  No

If "Yes," by whom?  Applicant  Vendor \_\_\_\_\_  Law Enforcement Agency \_\_\_\_\_

**Section F. POLICY COVERAGE DETAILS**

1. Amount of aggregate limit requested: \$ \_\_\_\_\_

2. Self-Insured Retention for D&O and EPLI (Each Loss): (D&O) \$ \_\_\_\_\_ (EPLI) \$ \_\_\_\_\_

**WE HAVE THE RIGHT TO ASK FOR THE FOLLOWING ADDITIONAL INFORMATION:**

- 1. Latest Applicant Financials (with Treasurer's Warranty Letter if not audited.)
- 2. Any and all additional information or documentation the Insurer may require to underwrite this policy.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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.

**NOTICE TO 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 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: 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.

**NOTICE TO 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 IN THE THIRD DEGREE.

**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 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.

**NOTICE TO 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.

**NOTICE TO MAINE 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 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 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.

**NOTICE TO 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 (365:15-1-10, 36 §3613.1).

**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 TENNESSEE, VIRGINIA AND WASHINGTON 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.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT 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.

Signed \_\_\_\_\_ Attest \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_ Broker \_\_\_\_\_

Title \_\_\_\_\_ License # \_\_\_\_\_  
(Must be signed by President, Chairman,  
Chief Executive Officer, Chief Financial Officer,  
Executive Director) Address \_\_\_\_\_

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges the he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_  
(Must be signed by President, Chairman,  
Chief Executive Officer, Chief Financial Officer,  
Executive Director)