



**FLEXI PROTECTION PLUS NEW / RENEWAL APPLICATION
NON PROFIT DIRECTORS AND OFFICERS LIABILITY INSURANCE**

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

PART I – GENERAL INFORMATION

1. Name of Parent Organization:

2. Address:

Telephone:

Internet Address: www.

3. Date Established:

State of Incorporation:

4. Standard Industrial Classification Number (SIC):

4a. Federal Employer Identification Number (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. Are the financial affairs of the **Applicant** audited annually by a Certified Public Accountant? Yes No

9. How often does the board meet? Is there an attendance requirement? Yes No

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

<u>Name / Type of Business</u>	<u>Percent the Applicant Owns / Controls</u>	<u>Date Created / Acquired</u>	<u>For Profit / Non-Profit</u>
<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

PART II – FINANCIAL INFORMATION

11. FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
TOTAL ASSETS:	\$	\$
NET ASSETS / FUND BALANCE:	\$	\$
ANNUAL REVENUE:	\$	\$
NET REVENUE:	\$	\$

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

PART III – ACTIVITIES OF THE ORGANIZATION

12. Number of members: _____ Number of chapters: _____
13. Does the **Applicant** publish any magazines, periodicals or newsletters? Yes No

Please attach a statement of details for all “YES” answers to questions 14 – 17.

14. Is the **Applicant** involved in product research, product development, testing and/or certification? Yes No
15. Does the **Applicant** set standards for the qualification and performance and/or certify its members? Yes No
16. Does the **Applicant** engage in any disciplinary actions as a result of peer review activities? Yes No
17. Does the **Applicant** administer or sponsor any insurance programs for its members? Yes No

PART IV – INSURANCE COVERAGE

DIRECTORS AND OFFICERS LIABILITY COVERAGE

18. <u>INSURER</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>POLICY TERM</u>
Expiring:	\$	\$	
Previous:	\$	\$	
Earliest:	\$	\$	

18a. Directors and Officers coverage has been in force since:

19. Does the **Applicant** carry General liability insurance? Yes No
If yes – Carrier name: _____ **Expiration date:** _____

PART V – EMPLOYER DETAILS

20. Current number of employees: Full Time: _____ Part Time: _____ Volunteers: _____
21. Do you use an employment application for all you applicants for hire? Yes No
22. Do you have an employment handbook? Yes No
23. Do you have an “At Will” provision in the employment application? Yes No
24. Do you have an “At Will” provision in the employment handbook? Yes No

25. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary: Involuntary: Laid Off:

26. Is any reduction of employees or change of status anticipated next year?

Voluntary: Involuntary: Lay Offs:

PART VI – CLAIM INFORMATION

(Do not complete this section if this is an application for a renewal policy at the same limit of liability.)

Any question answered YES, please attach a detailed explanation.

27. Has the Applicant been involved in any grievance or other administrative proceeding before any of the following agencies and/or under any of the following acts in the last five (5) years?

National Labor Relations Board:	Yes	No	Federal Labor Standards Act:	Yes	No
Fair Labor Standards Enforcement Act:	Yes	No	U.S. Department of labor:	Yes	No
Americans With Disabilities Act:	Yes	No	Civil Rights Act of 1991:	Yes	No
Age Discrimination In Employment Act:	Yes	No	Civil Rights Act of 1994:	Yes	No
Equal Employment Opportunity Commission:	Yes	No	Other Federal/State/Local Agency:	Yes	No

DO NOT COMPLETE QUESTIONS 28. AND 29.

IF THIS IS A RENEWAL OF A PHILADELPHIA INSURANCE COMPANIES’ FLEXI PROTECTION PLUS POLICY.

28. Within the last five (5) years, has any claim been made, or is now pending, against the Applicant, or any person proposed for insurance in the capacity of either Director, Officer, Trustee or Employee? Yes No
If yes, a Claim Supplemental Form must be completed, and will form a part of this application.

29. Is any person proposed for this insurance cognizant of any fact, circumstance or situation which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, or Employees? Yes No
If yes, a Claim Supplemental Form must be completed, and will form a part of this application.

PART VII – RENEWAL STATEMENT (APPLICABLE TO RENEWAL POLICIES ONLY)

It is agreed that this Renewal Application is a supplement to the Application(s), attached to the current policy and all previous policies issued by the Company providing continuous coverage and said Applications (including this Renewal Application) and any material submitted therewith constitute the complete Application which shall be the basis of the contract should a policy be issued and shall be deemed a part of such policy as if physically thereto.

PART VIII – REQUIRED INFORMATION

- A. Completed application
- B. Latest annual CPA audit or 990 tax form for each organization, including subsidiaries, to be covered by this insurance.
- C. Claim Supplemental form if questions 27., 28., or 29. are answered yes.

If there is any material change to the answers of the 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) :

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date