

## YOUTH GROUP ORGANIZATIONS SUPPLEMENTAL

Named Insured:  
Location Address:  
E-mail:  
FEIN Number:  
Person to contact for safety questions/mailings/info:  
Web Address:

### REQUIREMENTS FOR SUBMISSION

- Completed and signed/dated PHL Youth Group Organizations Supplemental Application
- Completed ACORD Applications
- Currently valued insurance company loss runs for current policy period plus three (3) prior years
- Statement of Values (for blanket and/or agreed amount property coverage)
- Athletic Participants sample Waiver Forms
- Brochures / Promotional Materials

This application consists of the following sections. Complete all sections that apply. Some questions may not apply to Applicant's operations. In that case, please put an N/A in the space for the answer.

Section I - General Application Information	Section XI - Drivers
Section II - Management Practices	Section XII - Hired and Non-Owned
Section III - Professional Liability	Section XIII - Day Care
Section IV - Hiring / Screening	Section XIV - Camps
Section V - Sexual Abuse	Section XV - Activities
Section VI - Swimming Pools	Section XVI - Trips / Field Trips / Travel
Section VII - Premises / Life Safety	Section XVII - Special Needs Participants
Section VIII - Kitchen Exposure	Section XVIII - Facility Rental
Section IX - Security	Section XIX - D & O / Employment Practice Liability
Section X - Automobile	

### SECTION I - GENERAL APPLICATION INFORMATION

- Type of program:
 

Boys' & Girls' Club	Boy Scouts	Girl Scouts
Indian Guides	Camp Fire Councils	JCC
Other (describe):		
- What are the Applicant's hours of operation? From: \_\_\_\_\_ To: \_\_\_\_\_  
 Number of members: \_\_\_\_\_ Number of active members: \_\_\_\_\_ Staff to child ratio: \_\_\_\_\_
- How long has the Applicants director been in his or her position with there facility?  
 How many total years experience does the director have as a facility director?  
 Does the director or any other employee train outside groups in anything, such as  
 CPR or lifesaving? Yes      No  
 If yes, describe: \_\_\_\_\_



- |     |   |     |     |
|-----|---|-----|-----|
| 9.  | Does the Applicant have a plan for medical emergencies?                 |     |     |
| 10. | Is there always someone trained in CPR and first aid on the premises?   |     |     |
| 11. | Does the Applicant have Automatic External Defibrillator(s)?            | Yes | No  |
|     | Are staff members trained to use it?                                    | Yes | No  |
| 12. | Does the Applicant have a written and enforced no smoking policy?       | Yes | No  |
| 13. | Are "no smoking" signs posted in all areas not designated from smoking? | Yes | No  |
| 14. | Are smoke detectors installed in all sleeping area?                     | N/A | Yes |

<b>SECTION III – PROFESSIONAL LIABILITY</b>
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**Hiring Practices**

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Does the Applicant require their staff (paid and volunteer) to complete an employment application?   | Yes | No |
|     | If no, please explain:   |     |    |
| 2.  | Does the Applicant conduct a personal interview for each prospective staff member?                   | Yes | No |
| 3.  | Does the Applicant verify education references?  | Yes | No |
| 4.  | Does the Applicant verify employment related references?   | Yes | No |
| 5.  | Does the Applicant verify licenses and other credentials?  | Yes | No |
| 6.  | Does the Applicant obtain criminal background checks on all staff members <u>before</u> hiring them? | Yes | No |
| 7.  | Does the Applicant require drug tests on all staff members, including drivers?                       | Yes | No |
|     | If yes,           Before hiring                      After hiring                      Random        |     |    |
| 8.  | What are the Applicant's procedures for evaluating all these reports?                                |     |    |
| 9.  | What action does the Applicant take if any report is considered unfavorable?                         |     |    |
| 10. | Does the Applicant share written job descriptions with all staff members?                            | Yes | No |
| 11. | Name of executive director / manager:  |     |    |
| 12. | Number of years experience in this field:                      Number of years at this facility:     |     |    |
| 13. | Specialized training or education:   |     |    |
| 14. | Are any staff members under eighteen (18) years of age?  | Yes | No |
|     | If yes, list their position(s) and how they are supervised:  |     |    |
| 15. | What is the staff turnover rate for the last twelve (12) months?                                     |     |    |
| 16. | Does the Applicant provide workers compensation for:   |     |    |
|     | All staff members           Workshop Employees           Contractors           Consultants           |     |    |
| 17. | Is the staff required to report to the administrator all incidences that may result in a claim?      | Yes | No |
|     | If yes, is a written report kept?  | Yes | No |
| 18. | Are they reviewed?   | Yes | No |
| 19. | Are clients referred to specialists when appropriate?  | Yes | No |
| 20. | Are files maintained to protect confidentiality of clients?  | Yes | No |
| 21. | Does the Applicant do any consulting work?   | Yes | No |
|     | If yes, please explain:  |     |    |
| 22. | Does the Applicant's current insurance program provide professional liability coverage?              | Yes | No |
|     | If yes:   Occurrence                      Claims Made – Retroactive date:                            |     |    |
|     | Limits: \$                                      Effective dates:                                     |     |    |
|     | Carrier:   |     |    |
| 23. | Do psychiatrists prescribe experimental drugs / treatment?   | Yes | No |
| 24. | Has anyone ever had a patient who committed suicide?   | Yes | No |
| 25. | Does the Applicant's psychiatrist get a second opinion when uncertain of the diagnosis?              | Yes | No |

26. **Physicians and Psychiatrists**

<b>Name:</b>	<b>Dr.</b>	<b>Dr.</b>	<b>Dr.</b>
Specialty:			
Board certified or eligible:			
Years in practice:			
License Number:			
Hours per week for Applicant:			
Employed or Contracted?			
Does each individual carry his / her own malpractice insurance?	Yes No	Yes No	Yes No
If yes, does coverage include acts while working for center?	Yes No	Yes No	Yes No
If yes, does coverage include contingent coverage for center?	Yes No	Yes No	Yes No
Any claims past five (5) years?	Yes No	Yes No	Yes No

27. **Staff**

POSITION	Employees		Volunteers		Contractors		Interns	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Adult Care Worker								
Child Care Worker								
Clergy								
Clerical / Office Staff								
Community Support Specialist								
Counselor								
Dentist / Dental Hygienist								
Home Health Aide								
Nurse Assistant								
Nurse Practitioner								
Nurse – LPN								
Nurse – RN								
Nutritionist / Dietician								
Optometrist								
Paramedic / EMT								
Pharmacist								
Physician Assistant								
Physician								
Planned Events Worker								
Psychiatrist								
Psychologist								
Recreational Instructor								
Resident Home Care Provider								
Resident Manager								
Social Worker – Bachelors (BSW)								
Social Worker – Masters (MSW)								
Teacher / Tutor / Aide								
Technician – Medical Lab								
Therapist – Occupational								
Therapist – Physical								
Therapist – Speech / Hearing								

Therapist – Other:								
Other Positions (specify):								
Total:								

28. **Consultant / Independent Contractors**
- Are there written agreements with independent contractors? Yes No
- Are certificates of malpractice / professional liability insurance obtained and maintained for all contracted service providers (independent contractors)? Yes No
- Please indicate the limits of liability: \$

**SECTION IV – HIRING / SCREENING**

1. Are employees screened to rule out drug, alcohol and sexual abuse? Yes No
2. Check all methods used in hiring all employees or independent contractors:
- Drug Testing? Yes No
  - Criminal Background Checks – Federal Yes No
  - Criminal Background Checks – State Yes No
  - Reference Checks Yes No
  - Personal Interview Yes No
  - Sexual Abuse Registry Yes No
  - Validate Work History Yes No
  - Validate Education Yes No
  - Verify Current Certification / Professional License Yes No
  - Validate Driver's License Yes No
  - Validate Personal Auto Insurance and Limits (if operating owned vehicle during company hours) Yes No
3. How are references checked:            Written            Verbal            Both
- If verbal only, please explain:
4. Are all of the above methods done prior to hiring? Yes No
- If no, please explain:

**SECTION V – SEXUAL ABUSE** **N/A**

1. Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No
2. During new staff orientation, does the Applicant discuss sexual abuse, how to recognize the signs, and what to do if a client reports that someone molested him or her? Yes No
3. Does the Applicant's state permit Applicant to do criminal background investigations? Yes No
4. Does the Applicant perform criminal background investigations on all current employees and volunteers? Yes No
- How long has Applicant been performing these checks?            Years
- For how many years does the Applicant keep these records on file after employee's leaves?            Years
5. Does the Applicant verify employment-related references? Yes No
6. Does the Applicant conduct a personal interview? Yes No
7. Does the Applicant's supervision plan monitor staff in day-to-day relationships with Clients? Yes No
8. Does the Applicant have written procedures for dealing with sexual abuse? Yes No

**MANDATORY: Provide a copy**

9. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No  
 If yes, please complete:  
 A. Is that individual still employed with the Applicant's organization? Yes No  
 B. Was a claim made against the organization? Yes No  
 C. What changes were made to prevent recurrence?  
 D. Was the case settled? Yes No  
 E. What were the monetary damages awarded to the victim? \$  
**Provide complete details on a separate document.**
10. Regarding coverage for abuse & molestation; does Applicant's current insurance program:  
 Exclude coverage  
 Limit coverage (please indicate limit of liability) \$  
 Neither exclude or limit coverage
11. Please indicate age range of clients:  
 Remarks:

<b>SECTION VI – SWIMMING POOLS</b>	<b>N/A</b>
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- |   |     |    |
|---|-----|----|
| 1. Is there a training lifeguard on duty?<br>If yes, how many? During what hours?   | Yes | No |
| 2. The pool area includes:<br>Jacuzzi    Whirlpool    Hot Tub    Spa    Kiddie Pool    Water Slide    Trampoline                                    |     |    |
| 3. Is the pool completely fenced with a self-locking gate?<br>If yes, what is the height?   | Yes | No |
| 4. Pool location:    Indoor                  Outdoor  |     |    |
| 5. Is there a diving board?<br>If yes, what is the height?  | Yes | No |
| 6. Are depths clearly marked?   | Yes | No |
| 7. Is life saving equipment readily accessible?   | Yes | No |
| 8. Is walking surface around the pool non-skid and in good condition?   | Yes | No |
| 9. Is the staff trained in water safety?  | Yes | No |
| 10. Are all areas of the pool, including the bottom, visible at all times?  | Yes | No |
| 11. Are "swim at your own risk" signs posted with pool rules?<br>Do the posted rules meet state and local regulations?                              | Yes | No |
| 12. Is the storage of pool chemicals secured?   | Yes | No |
| 13. How often is the pool cleaned?  |     |    |
| 14. Does the Applicant have specific guidelines regarding closing the pool due to water contamination?  | Yes | No |
| 15. Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa safety act?<br>If no, provide time table and action plan: | Yes | No |



<b>SECTION VIII – KITCHEN EXPOSURE</b>	<b>N/A</b>
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|--|-----|----|
| 1. Is cooking permitted on the premises?   | Yes | No |
| 2. Is the actual cooking of food prepared and cooked by the staff?   | Yes | No |
| 3. Are there fire extinguishers in the cooking area available?   | Yes | No |
| 4. The cooking equipment is: Residential Commercial  |     |    |
| 5. Cooking equipment is equipped with:<br>Nothing Hoods Ducts Exhaust Fans Automatic Fire Suppression System Automatic Fuel shut off control   |     |    |
| 6. How often is the cooking equipment cleaned?   |     |    |
| 7. Is the cleaning equipment: Cleaned by Applicant Cleaning Contractor<br>If Applicant use's deep fat fryers, grills, or other cooking equipment other than a range, microwave or countertop electric heating device, please complete the following. |     |    |
| 8. Do all deep fat fryers have high limit switches?  | Yes | No |
| 9. Does the extinguishing system have an accessible manual release control?  | Yes | No |
| 10. List the brand name and age of the extinguishing system:   |     |    |
| 11. Is the system U.L. listed?   | Yes | No |
| 12. Is there an inspection / maintenance agreement?<br>If yes, what is the frequency?  | Yes | No |
| 13. How often is the hood and ductwork professional cleaned?   |     |    |
| 14. What is the frequency and method of cleaning hoods and grease filters?   |     |    |
| 15. All grills equipped with grease traps?   | Yes | No |
| 16. Are all flammables and combustibles (like paper goods, etc.) stored separately from ignition sources (like cooking areas, propane, etc.)?  | Yes | No |

<b>SECTION IX - SECURITY</b>
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- |  |     |    |
|--|-----|----|
| 1. Does the Applicant have a written crisis management / emergency plan in effect?<br>Does the plan apply to both on-premises and off-premises situations? | Yes | No |
| 2. How often are evacuation drills performed?  |     |    |
| 3. Describe the type of security measures currently in place to prevent the general public from gaining access to the building and the clients.            |     |    |
| 4. Has the Applicant ever received any citations or warning issued by any state or governmental entity?<br>Please explain:                                 | Yes | No |

<b>SECTION X - AUTOMOBILE</b>	<b>N/A</b>
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- |  |     |    |
|--|-----|----|
| 1. Are all vehicles listed on the ACORD application titled to the Applicant?<br>If no, please explain: | Yes | No |
| 2. Where does the Applicant keep there own vehicles?<br>Garage Driveway Parking Lot Other:             |     |    |
| 3. Are keys locked and secured away from non-drivers when not in use?                                  | Yes | No |
| 4. Are vehicles with eight (8) or more seating capacity equipped with an audile backup warning device? | Yes | No |

- |  |     |    |
|--|-----|----|
| 5. Does the Applicant provide pickup or delivery of donated merchandise?   | Yes | No |
| 6. Does the Applicant provide transportation for:<br>Staff      Clients / Residents      Visitors / Public      Meals                  |     |    |
| If yes for clients / residents, is more than one staff member required in the vehicle?   | Yes | No |
| If yes for meals, what precautions do you take to prevent food spoilage?   |     |    |
| 7. Does the Applicant transport clients / residents for other human services agencies?<br>If yes, please explain:                      | Yes | No |
| 8. Does the Applicant provide transportation for field trips?<br>If the Applicant does not provide transportation, how is it provided? | Yes | No |
| If vehicles are hired for field trips, are they hired with a driver?   | Yes | No |
| 9. Do employees / volunteers transport clients in their own vehicles?<br>If yes, how often?  | Yes | No |
| 10. Are vehicles checked after passengers disembark to make sure no one is left behind?  | Yes | No |
| 11. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passenger?                                | Yes | No |
| 12. Does the Applicant require seat belts to be worn by all occupants?   | Yes | No |
| 13. Does the Applicant have a vehicle maintenance program in place?  | Yes | No |

<b>SECTION XI - DRIVERS</b>	<b>N/A</b>
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- |  |     |    |
|--|-----|----|
| 1. Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? | Yes | No |
| Does the Applicant obtain MVRs on all drivers?   | Yes | No |
| If yes, how often?   |     |    |
| 2. What are the Applicant's procedures for dealing with driver accidents or violations?  |     |    |
| 3. Are all drivers at least twenty-one (21) years of age?<br>How many drivers are over age sixty-five (65)?                      | Yes | No |
| 4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles?    |     |    |
| 5. Do any drivers have a Commercial Driver's License (CDL)?  | Yes | No |
| 6. Explain the Applicant's driver safety program:  |     |    |
| 7. Is training provided for new employees / volunteers prior to their transporting clients?<br>If yes, please explain:           | Yes | No |
| 8. Does anyone besides employees or volunteers drive the Applicant's vehicles?<br>If yes, please explain:                        | Yes | No |
| 9. Does the Applicant allow personal use of the Applicant's agency vehicles?<br>If yes, by whom and for what reasons?            | Yes | No |



3. Indicate if a file containing the following information is maintained on each child:
- |   |     |            |
|---|-----|------------|
| A. Immunization records of the children being immunized successfully, and updated annually?           | Yes | No         |
| B. Records for each child indicating unusual conditions the child has?                                | Yes | No         |
| C. Signed releases for emergency medical treatment/dispensing of medication obtained from parents?    | Yes | No         |
| D. Written instructions from child's physician for dispensing of child's medication?                  | Yes | No         |
| E. Is food properly covered, stored and served in accordance with applicable government requirements? | Yes | No         |
| F. Does the Applicant have an accident/health policy?   | Yes | No         |
| Is coverage mandatory for all children?   | Yes | No         |
| Provide Carrier:  |     |            |
| Policy Term:  |     | Limits: \$ |

<b>SECTION XIV - CAMPS</b>	<b>N/A</b>
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- |  |               |             |
|--|---------------|-------------|
| 1. Is written permission / waiver of liability obtained from every child's parent or guardian? | Yes           | No          |
| 2. Does the camp provide overnight services?<br>If yes, what is the average length of stay?    | Yes           | No          |
| 3. Total number of days in operation annually:   |               |             |
| 4. Number of children at each camp:  |               |             |
| 5. Number of staff members at each camp:   |               |             |
| 6. What are the qualifications of staff working with children?                                 |               |             |
| 7. Are sleeping quarters co-ed?  | Yes           | No          |
| 8. Are restrooms / showers co-ed?  | Yes           | No          |
| 9. If well water, how often is it tested?  |               |             |
| 10. Indicate and describe if any of the following exposures exists in the camp operations:     |               |             |
| Obstacle course  | Rock climbing | Motor boats |
| Diving boards  | Water skiing  | Jet skis    |
|  |               | Horses      |
|  |               | Archery     |
|  |               | Lakes       |
|  |               | Pools       |
|  |               | Guns        |

<b>SECTION XV - ACTIVITIES</b>
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- |  |                          |               |
|--|--------------------------|---------------|
| 1. Does the Applicant require all participants in organized sporting activities to carry Accident Medical Insurance? | Yes                      | No            |
| 2. Does the Applicant require permission/release form for participation in athletic activities?                      | Yes                      | No            |
| 3. Are all instructors your employees?   | Yes                      | No            |
| 4. Please check all activities offered:  |                          |               |
| Archery  | Football (touch or flag) | Skating       |
| Baseball   | Go Karts                 | Rugby         |
| Basketball   | Gymnastics               | Scuba Diving  |
| Bicycle Trips  | Hiking / Backpacking     | Skateboarding |
| Boxing   | Hockey, Ice              | Soccer        |
| Ceramics / Pottery   | Martial Arts             | Softball      |
| Cheerleading   | Motorbikes/Minibikes     | Swimming      |
| Cross Country Track  | Motorcycles/ATVs         | Trampoline    |
| Community Service  | Mountain Biking or BMX   | Wall Climbing |
| Diving   | Paintball                | Woodworking   |
| Environmental Education  | Rocketry, Model Rockets  | Wrestling     |
| Field Hockey   | Roller Skating / In-Line |               |
| Football (tackle)  |                          |               |
| Other Unique Activities (Describe):  |                          |               |

**Depending on the activities indicated additional Underwriting information maybe necessary. Some activities maybe excluded from coverage after our evaluation.**

<b>SECTION XVI – TRIPS / FIELD TRIPS / TRAVEL</b>	<b>N/A</b>
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- |  |     |    |
|--|-----|----|
| 1. How many trips are sponsored each year?   |     |    |
| 2. Are all trips within the United States, U.S. Territories, or Canada?<br>If no, where are trips taken?   | Yes | No |
| 3. Do any trips last more than one day?<br>If yes, describe duration, destination(s) and purpose:  | Yes | No |
| 4. What is the ratio of adult staff to participants by age group?  |     |    |
| 5. Are signed permission and waiver agreements obtained from the custodial parents(s) for all trips a participant takes?<br>If no, explain Applicants procedure for permissions and waivers: | Yes | No |
| 6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip?              | Yes | No |
| 7. Do all participants wear identification tags or identifiable clothing on all trips?   | Yes | No |
| 8. Does the Applicant hire an outside firm to arrange the trips?   | Yes | No |
| 9. Are participants allowed to drive their own cars on trips?<br>If yes, are they allowed to transport other participants?   | Yes | No |
| 10. Is proof of insurance required for anyone who drives their own vehicle on a sponsored trip?  | Yes | No |
| 11. Is there a formal policy regarding emergencies and trained personnel on all trips?   | Yes | No |

<b>SECTION XVII – SPECIAL NEEDS PARTICIPANTS</b>	<b>N/A</b>
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- |   |     |    |
|---|-----|----|
| 1. What percent of the Applicant’s participants have special needs?                    %  |     |    |
| 2. Does any of the Applicant’s supervisory personnel have experience in an area relevant to the special needs participants you serve?<br>If yes, describe type, training, and length of experience: | Yes | No |
| 3. Are staff ratios adjusted for special needs participants?<br>If yes, what is the ratio?                    staff to                    special needs participants                                | Yes | No |
| 4. Is the supervisory staff informed about the limitations/abilities of the special needs participants regarding activities, diet, medical requirements, etc.?                                      | Yes | No |
| 5. Does the Applicant’s crisis management plan include contingency plans for these participants?  | Yes | No |
| 6. Does the Applicant provide additional services, such as counseling hot lines, seminars, or other activities specific to special needs populations or their families?<br>If yes, describe:        | Yes | No |

<b>SECTION XVIII– FACILITY RENTAL</b>	<b>N/A</b>
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- |   |     |    |
|---|-----|----|
| 1. Does the Applicant rent to outside groups?   | Yes | No |
| 2. Is a written lease required for every rental?  | Yes | No |
| 3. Does the Applicant obtain certificate of insurance with liability limits of at least \$1,000,000?<br>If yes, is the Applicant named as an additional insured on the lessees’ liability insurance policy? | Yes | No |
| 4. What are the Applicant’s gross receipts from all rental operations? \$   | Yes | No |

5. What activities are offered to rental groups?

Does the Applicant provide supervision of any of these activities? Yes    No

If yes, which activities?

Number of individuals/day:                  Number of rental days/week:                  Number of weeks/year:

6. Are all safety requirements spelled out in writing in the lease agreement? Yes    No

**SECTION XIX – DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY** **N/A**

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

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

<b>FINANCIAL INFORMATION</b>	<b>CURRENT FISCAL YEAR</b>	<b>PREVIOUS FISCAL YEAR</b>
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. 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.E.: ABC FOUNDATION / CHARITABLE FOUNDATION	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the past five (5) years? If yes, please attach details? Yes    No  
Any disciplinary action by any regulatory agency or association? Yes    No  
Any administrative proceeding charging violation of a federal or state law or regulation? Yes    No  
Any other criminal actions? Yes    No

**EMPLOYMENT PRACTICE LIABILITY INFORMATION:**

1. Please provide the following employee count information:  
U.S. based employees:  
Total Full-Time:    Total Part-Time:  
Volunteers:    Temporary:  
Leased:    Total Non U.S. based employees:

**TOTAL SUM OF ABOVE:**

2. Is any reduction of employees or change of status anticipated in the next year?  
Voluntary:    Involuntary:    Layoffs:

3. Does the Applicant have an employment handbook? Yes    No

4. Does the Applicant use an employment application for every potential employee? Yes No  
 5. Does the Applicant use outside employment counsel for employment advise? Yes No

**CURRENT COVERAGE:**

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

**WARRANTY INFORMATION:**

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** Yes No  
 If yes, please provide details:
2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was 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. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years?  
 None or as noted below:

**With regard to question 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.**

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, statement, 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.

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

\_\_\_\_\_  
 Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO 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.

## FRAUD NOTICE STATEMENTS

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

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF 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."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF 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 AGENCIES."

**RESIDENTS OF 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."

**RESIDENTS OF FLORIDA RESIDENTS 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."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "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."

**RESIDENTS OF 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) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF 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."

**RESIDENTS OF 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."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF 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."

**RESIDENTS OF 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 AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF 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."

Name (Please Print/Type)

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 Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)