

RENEWAL
PLATINUM MANAGEMENT PROTECTION
Non-Profit Application

NOTICE: ALL COVERAGES FOR WHICH THIS APPLICATION IS MADE ARE WRITTEN ON A CLAIMS MADE BASIS, MEANING EXCEPT AS OTHERWISE PROVIDED, APPLY ONLY TO **CLAIMS** FIRST MADE AGAINST **INSUREDS** DURING THE **POLICY PERIOD**. **DEFENSE COSTS** ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY FOR THIS POLICY.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. WORDS AND PHRASES WHICH ARE PRINTED IN BOLD ITALIC TYPEFACE HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION III. OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS SHALL SERVE AS THE BASIS OF THE POLICY, AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE **INSURER** RELIES UPON THE APPLICATION IN ISSUING THE POLICY. COMPLETION OF ANY SECTION OF THIS APPLICATION DOES NOT IN ANY WAY IMPLY SUCH COVERAGE UNDER THE POLICY. COVERAGE IS AFFORDED ONLY IF AND TO THE EXTENT INDICATED BY THE TERMS AND CONDITIONS OF THE POLICY IF ISSUED.

1. GENERAL INFORMATION *(This section must be completed)*

Proposed named Organization :			Website Address:
Street Address:			State of Incorporation:
City:	State:	Zip Code:	Date of Incorporation:
Description of operations/nature of services:			

2. ORGANIZATION LIABILITY SECTION *(This section must be completed)*

- A. Does the proposed named **Organization** have tax exempt status as defined by the IRS? Yes No
- B. Is there or has there been any dispute as to the **Organization's** tax exempt status? Yes No
If "Yes," provide details.
- C. Have there been any changes, other than electoral, in senior management in the last 3 years? Yes No
If "Yes," provide details.
- D. Does the proposed named **Organization** have any **Subsidiaries**, or control any other entity or organization? Yes No

If "Yes" list **Subsidiaries/controlled entities** below and provide requested information for each.

Name	Description of Operations	Date acquired or Created	For Profit or Non Profit	Relationship to Applicant and % Applicant owns

E. Has the proposed named **Organization** or any entity included in question 2.D:

(Attach full details with respect to each "Yes" answer referencing the specific question.)

1. been involved in any merger, consolidation, acquisition, or divestment or sale of its operation within the last 12 months, or is such being considered within the next 12 months? Yes No
2. promoted, sponsored or provided any form of insurance program to its members or non-members within the last 12 months, or is such being considered within the next 12 months? Yes No
3. conducted professional ethics or peer review activities, accreditation or certification activities, or endorsed or licensed members or members' products within the last 12 months, or is such being considered within the next 12 months? Yes No
4. considered creating any new **Subsidiaries** or entities it will control within the next 12 months? Yes No

F. During the past 5 years has the proposed named **Organization** or any entity included in question 2.D, or any director, officer, trustee, or **Employee** thereof been involved in any:

(If "Yes" attach full details.)

1. Anti-trust, copyright, patent or trademark litigation? Yes No
2. Civil or criminal actions or administrative proceedings charging a violation of any federal, state, or local antitrust, fair trade, or securities laws or regulations? Yes No
3. Representative actions, class actions, or derivative suits? Yes No
4. Other criminal proceedings? Yes No

3. EMPLOYMENT PRACTICES LIABILITY SECTION (Only complete if coverage is requested)

A. **Employee** census of the proposed named **Organization** and all of its **Subsidiaries** /Entities it controls:

Location	Full-Time	Full-Time 1 year ago	Part-Time	Part-Time 1 year ago	Leased*	Independent Contractors**
California						
Florida						
Michigan						
New Jersey						
Texas						
All Other States						
Foreign						
TOTAL						

*If leased employees, attach copy of contract with leasing firm.

**If Independent Contractors, attach detailed job description(s) and employment relationship.

B. Current Number of Full-Time Union **Employees** _____ Current Number of Part-Time Union **Employees** _____

C. Salary ranges and terminations (excluding leased employees and independent contractors):

<u>Salary Ranges</u>	<u>Total # of Full & Part-Time Employees</u>	<u># Involuntarily terminated in the past 12 months</u>
\$0 to \$25,000	_____	_____
\$25,001 to \$50,000	_____	_____
\$50,001 to \$100,000	_____	_____
Over \$100,000	_____	_____

D. Does the proposed named **Organization** and each of its **Subsidiaries/Entities** it controls:

1. have a full-time Human Resources ("HR") Manager? Yes No
2. use employment applications for all applicants? Yes No
3. maintain an "at-will" relationship that is expressed in writing with all **Employees** who are not under contract? Yes No
4. distribute an employee handbook to all **Employees**? Yes No
5. require **Employees** to sign a handbook acknowledgment statement? Yes No
6. have a written anti-harassment and discrimination policy? Yes No
7. provide harassment /discrimination training to **Employees**, managers, and supervisors? Yes No
8. have a formal employment grievance procedure? Yes No
9. consult outside counsel prior to terminating any **Employee**? Yes No
10. require officer or executive director approval prior to terminating any **Employee**? Yes No
11. conduct exit interviews with each terminated **Employee**? Yes No
12. have a formal written severance policy? Yes No
13. have a formal out-placement program for **Employees** terminated as a result of downsizing, layoffs, or staff reduction? Yes No
14. have an Employee Assistance Program? Yes No
15. have a written policy on workplace violence that is circulated to all **Employees**? Yes No
16. train Supervisors and Managers to recognize, report, and respond to potentially hostile **Employees** or situations? Yes No
17. use any psychological, drug, or polygraph tests for screening applicants? Yes No

E. Has the proposed named **Organization**, or any entity included in question 2.D closed any location, facility, branch or office, or has it implemented staff reductions or layoffs within the last 18 months? Yes No

If "Yes"

1. # of **Employees** terminated _____
2. Date(s) _____
3. Was severance provided to each? Yes No
4. Were releases secured from each **Employee**? Yes No

F. Does the proposed named **Organization** or any entity included in question 2.D anticipate closing any location, facility, branch or office, or implementing staff reductions or layoffs in the next 18 months? **If "Yes" please advise details.** Yes No

G. During the past 5 years has the proposed named **Organization** or any entity included in question 2.D, or any director, officer, or **Employee** thereof been involved in any:

- 1. employment or labor-related litigation? Yes No
- 2. administrative proceeding before the Equal Employment Opportunity Commission ("EEOC") or the U.S. Department of Labor including the Office of Federal Contract Compliance Programs ("OFCCP") or other federal, state or local government agency? Yes No
- 3. **Claims** or suits by a non-employee for harassment, discrimination, or any other civil rights violation? Yes No

If "Yes" to any of the above provide an attachment for each such **Claim** or incident including:

- (a) Specific allegation(s).
- (b) Date of incident(s).
- (c) Parties involved and their positions.
- (d) If matter is closed, amounts paid in indemnity and the amount paid for defense expense.
- (e) If matter is open, amount for defense expenses paid to date and outstanding indemnity reserve or attorney's estimate of damages.

4. FIDUCIARY LIABILITY SECTION *(Only complete if coverage is requested)*

A. **Sponsored Plan** Information (continue on separate sheet if necessary):

Plan #	Name of Sponsored Plan	Date Established	Total Plan Assets	Type of Plan*	# of Participants
1.					
2.					
3.					

**DC-Defined Contribution; DB-Defined Benefit; ESOP-Employee Stock Ownership Plan; ME-Multi Employer Plan*

B. Complete the following chart for all plans listed in A above:

Plan #	Administrator	Investment Manager	CPA	Actuary	Legal Counsel
1.					
2.					
3.					

- C. Has an actuary certified that the **Sponsored Plans** are adequately funded? Yes No
- D. Are there any current outstanding delinquent contributions? Yes No
- E. Has any **Sponsored Plan** been merged or terminated in the past 2 years or is such merger or termination anticipated in the next 2 years? Yes No
- F. Have the **Sponsored Plans** been reviewed to assure that there are no violations of any Plan trust agreements, prohibited transactions, or party-in-interest rules? Yes No
- G. Have any **Sponsored Plans** experienced any event reportable to the Pension Benefit Guaranty Corporation ("PBGC")? Yes No
- H. Has the IRS withdrawn or threatened to withdraw the tax-exempt status of any **Sponsored Plan**? Yes No

- I. Has any **Sponsored Plan** been the subject of an investigation by any government agency? Yes No
- J. Does the **Organization**, any director, officer, or **Employee** have final authority over determination of whether benefits will be paid under any **Sponsored Plan**? Yes No
- K. Do any **Sponsored Plans** hold assets invested in **Company** securities or **Company** real property? Yes No
- L. During the past 5 years have any of the proposed **Insureds** been:
 - 1. Accused or found guilty of, or held liable for a breach of ERISA or similar law? Yes No
 - 2. Involved in any civil or criminal action regarding any of the **Sponsored Plans**? Yes No
 - 3. Named in any **Claims** (other than for benefits) against the **Sponsored Plans** or any of their current or past fiduciaries? Yes No

If "Yes" to any of the above, attach full details.

5. CURRENT OR PREVIOUS INSURANCE

A. Answer each item indicating the most recent policy (IF NONE, CHECK BOX PROVIDED):

Policy	Insurance Company (Not Agent)	Effective and Expiration dates	Limit of Liability	Self Insured Retention or Deductible	Premium
Directors & Officers Liability None <input type="checkbox"/>			\$	\$	\$
Employment Practices Liability None <input type="checkbox"/>			\$	\$	\$
Fiduciary Liability None <input type="checkbox"/>			\$	\$	\$
Professional Liability None <input type="checkbox"/>			\$	\$	\$
General Liability None <input type="checkbox"/>			\$	\$	\$

B. Has any Insurer canceled or non-renewed any coverage applied for herein? (not applicable in Missouri) (If "Yes," provide details including reason stated by Insurer.) Yes No

NOTICE TO CALIFORNIA APPLICANTS: "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."

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 AGENCIES."

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 OF 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 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 DENIAL OF INSURANCE BENEFITS."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO MISSOURI APPLICANTS: "DEFENSE COSTS PAID UNDER THE POLICY PROVISIONS WILL REDUCE THE AVAILABLE LIMIT OF LIABILITY AND MAY EXHAUST THEM COMPLETELY."

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 OHIO APPLICANTS: "ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING 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 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."

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)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.

The signatory declares that to the best of his or her knowledge the statements herein are true. The signatory agrees that if the information supplied on this application changes between the date of this application and the effective date of the proposed insurance the undersigned shall notify the *Insurer* of such and shall provide the *Insurer* with information that would complete, update, or correct the application. The *Insurer* may withdraw or modify any of the terms or conditions of coverage accordingly.

Signature*: _____ Date Signed: ____/____/____

Print Name: _____

Title*: President Chief Executive Officer Chairperson of the Board of Directors

***MUST BE SIGNED BY THE PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHAIRPERSON OF THE BOARD OF DIRECTORS WHO IS AUTHORIZED TO SIGN ON BEHALF OF ALL INSUREDS.**

COMPLETION AND/OR SIGNING OF THE APPLICATION DOES NOT BIND THE SIGNATORY TO PURCHASE, NOR THE *INSURER* TO PROVIDE ANY INSURANCE POLICY; HOWEVER, NO POLICY CAN BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.