

Non-profit Management Liability - FL ONLY

Application for Non-profit Organization and Management Liability Insurance - FL ONLY V082020

NOTICE: EXCEPT AS OTHERWISE PROVIDED IN THE POLICY, THE POLICY SHALL ONLY APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER IN ACCORD WITH THE PROVISIONS OF THE POLICY. PLEASE READ THIS APPLICATION AND THE POLICY CAREFULLY.

Instructions for Completing this Application

Please read carefully. Fully answer all questions and submit all requested information. Terms appearing in **bold** in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. This **Application** consists of the information contained herein, all materials submitted herewith and any other information or materials included within the definition of **Application** in the Policy. All such materials shall be held in confidence.

General Information

1. The Applicant Company, which is to be the entity named in Item 1. of the Declarations (the "Applicant"):

Principal Address: _____

City: _____ State: _____ Zip Code: _____

2. Officer designated to receive correspondence and notices from the **Insurer**:

o Name of Officer: _____ o Title: _____

3. Please provide the following information with respect to the Applicant:

a. Purpose or Description of Operations: _____

b. Date of Incorporation: _____

c. Is the Applicant exempt from Federal income tax? Yes No

d. Has there been any dispute regarding the Applicant's tax exempt status? Yes No

e. Website address (if applicable): _____

f. Is the Applicant applying for insurance for any entity other than the Applicant? Yes* No

o If "Yes," please provide the following information for each:

| Name of Entity | Non-profit or For Profit | Type of Operation or Business |
|----------------|--------------------------|-------------------------------|
| | | |
| | | |
| | | |

Financial Information

1. Please provide the following information for the past two fiscal years:

| Fiscal year-ended | Total Gross Revenue | Net Revenue | Total Assets | Net Assets |
|-------------------|---------------------|-------------|--------------|------------|
| | | | | |
| | | | | |

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2. Based upon the Applicant's financial condition, has anyone questioned within the last three (3) years whether the Applicant will continue as a going concern? Yes No
3. Please attach the Applicant's CPA-prepared financial statements or IRS Form 990 for the last two (2) fiscal years if any of the following apply to the Applicant for either of the last two (2) fiscal years:
 - o Total gross revenues exceeded \$2,000,000
 - o Total assets exceeded \$5,000,000
 - o Either net revenues or net worth were negative
 - o The answer to 2 above is "Yes."

Employment Information

Please provide the following information for the Applicant and any **Subsidiary** for which coverage is requested:

1. Number of employees: o Full Time: _____ o Part Time: _____
2. Does the Applicant employ a full-time Human Resource Manager? Yes No
3. Does the Applicant utilize an employee handbook? Yes No
4. Does the Applicant distribute to all employees written policy statements regarding:
 - o Anti-discrimination Yes No
 - o Anti-sexual harassment Yes No

Insurance Information

Please provide the following information regarding any Directors & Officers/Organization Liability and General Liability insurance currently maintained by the Applicant:

| Insurer | Expiration Date | Limit | Deductible | Premium |
|---------|-----------------|-------|------------|---------|
| D&O: | | | | |
| GL: | | | | |

Loss/Claims History

1. Has any **Insurer** cancelled or refused to renew any previous insurance, whether primary or excess, within the past 3 years? Yes No
2. Within the past 3 years, has any **Claim** been made against any proposed **Insured** which would have been within the scope of coverage afforded by the proposed Policy? Yes* No
 - o If "Yes," please attach a summary description of each Claim and any Loss payments by any **Insureds** or **Insurers**.
3. Within the past 3 years, has any person or entity for whom this insurance is intended given notice under the provisions of any other previous or current similar primary or excess insurance policy of any facts or circumstances which may give rise to a **Claim**? Yes* No
 - o If "Yes," please attach complete details.

IT IS UNDERSTOOD AND AGREED THAT WITH RESPECT TO QUESTIONS 2 AND 3 ABOVE, IF SUCH **CLAIMS** OR NOTICE OF FACTS OR CIRCUMSTANCES EXIST, THEN THOSE **CLAIMS** AND ANY OTHER **CLAIMS** ARISING FROM SUCH **CLAIMS** OR NOTICED FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

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Prior Knowledge

Does any person or entity for whom this insurance is intended have any knowledge or information of any actual or alleged act, error, omission, fact or circumstance which may reasonably be expected to give rise to a Claim within the scope of coverage afforded by the proposed Policy? Yes* No

o If "Yes," please attach complete details.

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

The person signing this **Application** declares that to the best of his or her knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all **Insured(s)** to facilitate the proper and accurate completion of this **Application** for the proposed Policy. Signing of this **Application** does not bind the undersigned to purchase the insurance, but it is agreed that this **Application** shall be the basis of the contract should a Policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** and the information in the materials submitted herewith or incorporated herein are true and shall be deemed material to the decision of the **Insurer** to issue the insurance.

The undersigned agrees that if after the date of this **Application** and prior to the effective date of any Policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** or the information in the materials submitted herewith or incorporated herein inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would complete, update or correct such information. Under such circumstances, any outstanding quotations may be modified or withdrawn at the sole discretion of the **Insurer**.

This **Application** and any material submitted herewith shall be maintained on file by the **Insurer**, shall be deemed attached as if physically attached to the proposed Policy and shall be considered as incorporated into and constituting a part of the proposed Policy. The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**. All such notices must be submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

Fraud Warning

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.

This **Application** must be signed by the Chairman of the Board, President or Executive Director of the Applicant.

Date: _____ Signature: _____

Print Name: _____ Title: _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

For Producers Use Only

Agency Name and Address: _____

Agent's Florida License I.D.#: _____ Agent's Signature: _____