



U.S. SPECIALTY INSURANCE COMPANY

NON-PROFIT ORGANIZATION LIABILITY INSURANCE APPLICATION
(THIS IS AN APPLICATION FOR CLAIMS MADE INSURANCE)

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

- 1. Organization
Address
2. The following person is designated as the representative for all proposed Insureds to receive any and all notices from the Company or its authorized representatives concerning this insurance at the address set forth in Item 1.
Name Title
3. Describe the Organization's legal structure, purpose(s) and the nature of operation(s).
4. Date Organized?
5. a. Provide the number of Directors/Trustees Officers and Employees proposed for this insurance.
b. Does the Organization have an Employee Handbook that is distributed to all Employees? YES NO
c. Provide the following information for the Organization's current fiscal year:
Total Assets \$ Revenues \$
Fund Balance \$ Net Income \$
6. Provide the following information on all Subsidiaries (including Subsidiaries of Subsidiaries): If NONE, so indicate.
a. Name f. Name of parent organization
b. Date of acquisition g. Net worth or Fund Balance
c. Percentage of ownership h. Total assets
d. Nature of Operation i. Net income
e. Operated for-profit or non-profit?
7. Are any of the persons proposed for this insurance indebted to the Organization? YES NO
If YES, provide details:
8. Does the Organization or any person(s) proposed for this insurance perform any of the following? If YES, provide details:
a. Provide a referral service, legal aid service, or computer service to its members or the public? YES NO
b. Promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? YES NO

YES **NO**

- c. Promote, sponsor or provide any form of insurance to its members or non-members? _____
- d. Engage in any form of research, development, experimentation or testing? _____
- e. Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? _____
- f. Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? _____
- g. Develop standards used to evaluate the quality of goods or products manufactured or services rendered? _____
- h. Engage in such activities as lobbying or labor negotiations? _____
- i. Promote any specific product to its members which will produce a profit for the Named Organization or any person proposed for this insurance? _____
- j. Publish any magazines, periodicals, or newsletters?
(If YES, attach a sample of each.) _____
- k. Publish a technical manual?
If YES, please provide a brief explanation of the purpose of such manual(s):

- 9. a. Does the Organization now have a tax-exempt status under the U.S. Internal Revenue Code?
YES _____ NO _____
- b. Has there been or is there now pending any dispute as to the Organization's tax-exempt status?
YES _____ NO _____ If YES, provide details: _____

10. Has the Organization or any Subsidiary contemplated or been involved in any bankruptcy proceedings during the past five years or within the next 12 months? YES _____ NO _____ If YES, provide details: _____

11. Has the Organization ever loaned monies to any Director, Officer, Trustee or Employee or entered into any agreement with companies owned by any Director, Officer, Trustee or Employee? YES _____ NO _____ If YES, provide details: _____

12. Does the organization produce a CPA audited financial statement? YES _____ NO _____
If YES, have the outside auditors stated there are no material weaknesses in the Organization's system of internal controls? YES _____ NO _____ If NO, provide the latest CPA letter to management and management's response.

13. Has the Organization or its Subsidiaries or any other person(s) proposed for this insurance been involved in the last five years, or have knowledge of:
- a. Any complaint or notice from any person, employee, or job applicant alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, sexual harassment or termination? _____ NONE
_____ NONE EXCEPT FOR: _____
 - b. Any Anti-Trust, Copyright or Patent Litigation? _____ NONE _____ NONE EXCEPT FOR: _____

 - c. Any inquiry, complaint or notice from any State or Federal Regulatory Authority, agency, or body, or Congressional or Legislative Committee? _____ NONE _____ NONE EXCEPT FOR: _____

 - d. Any program or accommodation for those employees covered by the Americans with Disabilities Act, or any remediation effort with respect to any physical facilities? _____ NONE _____ NONE EXCEPT FOR: _____

 - e. Any other pending or prior civil or criminal actions/litigation? _____ NONE _____ NONE EXCEPT FOR: _____

IT IS AGREED THAT IF ANY SUCH COMPLAINT, NOTICE, INQUIRY, ACTION OR LITIGATION EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

14. After inquiry, is any person(s) proposed for this insurance aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or the Directors/Trustees, Officers, Employees, Volunteers or Committee Members of the Organization or its Subsidiaries which might result in a future Claim?
_____ NONE _____ NONE EXCEPT FOR: _____

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIMS OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

15. Is there General Liability Insurance currently in force? YES _____ NO _____ If YES, please complete the following:
- a. Carrier _____
 - b. Limit _____ Deductible _____
 - c. Expiration date _____
16. Is there Non-Profit Organization Liability Insurance currently in force? YES _____ NO _____ If YES, please complete the following:
- a. Carrier _____
 - b. Limit _____ Deductible _____
 - c. Expiration date _____

d. Has any insurance been cancelled or non-renewed?* YES _____ NO _____ If YES, please provide details _____

(*Not applicable to Missouri Applicants)

e. Has any claim been made or has notice of potential claims been given to such carrier? YES _____ NO _____

If YES, provide complete details: _____

THE UNDERSIGNED, ON BEHALF OF ALL OF THE PROPOSED INSURED, DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ANY PERSON WHO KNOWINGLY, OR KNOWINGLY ASSISTS ANOTHER, FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD AN INSURANCE COMPANY MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT IF INSURANCE IS BOUND AND WILL BE ATTACHED TO AND BECOME A PART OF THE INSURANCE CONTRACT.

PLEASE ENCLOSE THE FOLLOWING:

- (a) Copy of By-Laws
- (b) Schedule of Directors and Officers
- (c) Latest CPA audited financial statements for the Named Organization and Subsidiaries with Auditor's Management

Signed _____
(must be signed by Chairman of the Board, President or Executive Director)

Title _____

Date _____

Submitted by _____
BROKER

Date _____

THIS APPLICATION MUST BE SUBMITTED TO:

**PROFESSIONAL INDEMNITY AGENCY, INC.
PROFESSIONAL INDEMNITY AGENCY, INC. OF N.Y.**

37 Radio Circle Drive, P.O. Box 5000
Mount Kisco, New York 10549-5000
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Fax: (914) 241-8080

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Upper Saddle River, New Jersey 07458
Phone: (201) 934-4240
Fax: (201) 768-1145