



U.S. SPECIALTY INSURANCE COMPANY

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

Expiring Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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. Amount of Insurance desired on renewal \_\_\_\_\_
3. Are there any changes in the information previously submitted for the Named Organization, including any change in tax qualification, nature of business, funding methods, or other aspect of operation of the Named Organization? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain: \_\_\_\_\_
4. Number of Employees \_\_\_\_\_ 4(a). Assets \_\_\_\_\_ 4(b). Revenue \_\_\_\_\_
5. Describe the Organization's legal structure, purpose(s) and nature of operation(s). \_\_\_\_\_

THE UNDERSIGNED, ON BEHALF OF THE PROPOSED INSURED, DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT THIS RENEWAL APPLICATION IS SUPPLEMENTAL TO THE ORIGINAL APPLICATION SUBMITTED TO THE COMPANY AND TOGETHER WITH THAT APPLICATION SHALL BE THE BASIS OF THE RENEWAL CONTRACT.

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.

PLEASE ENCLOSE THE FOLLOWING:

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

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
Phone: (914) 241-8063
Fax: (914) 241-8080

345 Route 17 South
Upper Saddle River, New Jersey 07458
Phone: (201) 934-4240
Fax: (201) 768-1145