



**APPLICATION FOR NON-PROFIT ORGANIZATION LIABILITY INSURANCE**

1. Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
Area Code \_\_\_\_\_

2. What is Organization's legal structure and purpose? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. When organized? \_\_\_\_\_

4. Are there subsidiaries?  Yes  No  
If Yes, provide name(s), date established, nature of operation, profit or nonprofit, purpose, and financial statements for each subsidiary \_\_\_\_\_  
\_\_\_\_\_

5. a. Please complete the following for the last three fiscal years:

**FINANCIAL WORKSHEET**

DATE/YEAR			
TOTAL ASSETS			
FUND BALANCE			
REVENUES			
NET INCOME			

b. Percent of revenues received from State/Federal Government \_\_\_\_\_%.

6. Has the Organization filed a Federal Income Tax return for any of the last 5 years?  Yes  No  
If Yes, have the returns been accepted as filed? \_\_\_\_\_

7. Provide the following information if a Condo/Homeowners Association: (If not, skip to question 8)

a. Number of Units/Lots \_\_\_\_\_ b. Average Unit/Lot Value \$ \_\_\_\_\_

c. Date construction completed \_\_\_\_\_ d. % of Units/Lots sold \_\_\_\_\_

e. % of units occupied \_\_\_\_\_

f. Has control of the Association been transferred from the Builder/Developer?  Yes  No

g. If control has been transferred, does the Builder/Developer maintain any representation on the Association Board of Directors or other governing body?  Yes  No

(Continued over)

8. a. Does the Organization receive any donations or contributions from the general public?  Yes  No  
b. Are contributions generally solicited?  Yes  No  
c. Out of total contributions received, what is the net amount available for charitable purposes? \$ \_\_\_\_\_

9. Within the last five years has the Organization received any inquiry, complaint, or notice of hearing from any State or Federal Regulatory Authority or Congressional or Legislative Committee?  Yes  No  
If Yes, give details \_\_\_\_\_  
\_\_\_\_\_

10. As respects the Organization's current insurance program, is General Liability Coverage carried?  Yes  No  
If Yes, does such insurance provide "Personal Injury" Coverage?  Yes  No

11. Total number of Officers \_\_\_\_\_ Directors \_\_\_\_\_. Furnish complete list of Directors, Trustees and Officers including the outside affiliation of each.

12. Are any of the Directors, Trustees or Officers indebted to the Organization? If so, furnish details \_\_\_\_\_  
\_\_\_\_\_

13. Within the scope of this proposed insurance:  
a. Has any claim been made or is any now pending against any person proposed for insurance in the capacity of either Director, Trustee, Officer, Employee or Volunteer?  Yes  No  
If Yes, give details \_\_\_\_\_  
\_\_\_\_\_

- b. Has any claim been made or is any now pending against the Organization?  Yes  No  
If Yes, give details \_\_\_\_\_  
\_\_\_\_\_

- c. Does any Director, Trustee, Officer, Employee or Volunteer have any knowledge, or information of any negligent act, error, omission or breach of duty which he or she should reasonably expect could give rise to a claim against such person or against the Organization?  Yes  No  
If Yes, give details \_\_\_\_\_  
\_\_\_\_\_

14. Has the Organization and/or Directors, Trustees and Officers been involved in or have knowledge of any anti-trust, tax or copyright litigation or government regulatory or administrative proceedings?  Yes  No  
If Yes, give details \_\_\_\_\_  
\_\_\_\_\_

15. If Directors, Trustees and Officers liability coverage is presently carried, complete the following:  
a. Name of company \_\_\_\_\_  
b. Term \_\_\_\_\_ c. Limit of Liability \_\_\_\_\_  
d. Self-Insured Retention \_\_\_\_\_ e. Premium \_\_\_\_\_

16. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, canceled or refused?  Yes  No  
If Yes, explain \_\_\_\_\_

17. Total number of Full-Time Employees: \_\_\_\_\_ Part-Time Employees: \_\_\_\_\_

18. a. Total Number of Employees with annual salaries in excess of \$50,000: \_\_\_\_\_  
b. How many of these employees have annual salaries in excess of \$100,000? \_\_\_\_\_

19. Does the Organization have a written procedure for hiring and firing employees?  Yes  No  
If Yes, please attach a copy.

20. Does the Organization have a clear procedure for employees to report Sexual Harassment and other complaints? If Yes, please attach a copy.  Yes  No

21. Does a lawyer review involuntary employment terminations prior to termination of an employee?  Yes  No

22. How many employees have been terminated, laid off or demoted in the past 12 months? \_\_\_\_\_  
Voluntary \_\_\_\_\_ Involuntary \_\_\_\_\_ Laid Off \_\_\_\_\_ Demoted \_\_\_\_\_  
Please provide details on any of the above, except voluntary (include employee name, description and date of circumstance[s]) \_\_\_\_\_

23. Is any reduction of employees or change of status anticipated in the next year?  Yes  No  
Voluntary \_\_\_\_\_ Involuntary \_\_\_\_\_ Lay Offs \_\_\_\_\_ Demotions \_\_\_\_\_  
Please provide details for any of the above (except voluntary/usual turnover): \_\_\_\_\_

24. Is the Organization involved in any labor/union negotiations or collective bargaining activities?  Yes  No

25. The Officer of the Organization designated to receive any and all notices from the insurer or their authorized representative(s) concerning this insurance is:  
Full Name/Title \_\_\_\_\_

**NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

26. Please indicate limits of liability desired. \_\_\_\_\_

27. Attached and made a part of this application by reference is one copy of each of the following:

- a. Schedule of Directors, Trustees, and Officers including outside affiliations of each.
- b. Annual Report or CPA Audit.

28. The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

**WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will be attached to and become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: \_\_\_\_\_  
Must be Signed by Chairman of the Board, President, or Executive Director

Title: \_\_\_\_\_

Date: \_\_\_\_\_