

**Proposal Form for Nonprofit Directors' and Officers' Liability,
Employment Practices Liability, Fiduciary Liability, and Workplace
Violence Coverages**

ExecPro[®] Nonprofit Solution

Name of Organization _____

Address _____ City _____

State _____ Zip Code _____ Website _____

BACKGROUND INFORMATION

1. Describe the Organization's operations:

2. a. Annual Salary/Wages Expense: \$ _____ b. Total Assets: \$ _____

Provide the financial statements with this Proposal Form if the Organization and its Subsidiaries Total Assets are greater than \$5,000,000, Annual Salary/Wages Expense is greater than \$500,000, there is claims activity in the last 5 years, or if requested by the underwriter.

3. Please attach the following information on all Subsidiaries. If "None", please check this box: **None**
(a) Name; (b) Date of acquisition/creation; (c) Percent of control; (d) Description of operations; (e) Operated for-profit or nonprofit; and (f) Name of parent organization. Attach financial statements (if not consolidated) for each subsidiary.

COVERAGE IS NOT AUTOMATICALLY PROVIDED FOR ALL SUBSIDIARIES. TERMS AND CONDITIONS OF COVERAGE FOR SUBSIDIARIES ARE DETAILED IN SECTION III. P. OF THE POLICY.

4. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed within the last three years?
If "Yes", please attach details. **Yes** **No**

5. Does the Organization or any proposed Insured perform, or are they involved in, any of the following? *Check those that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Services involving Children | <input type="checkbox"/> Broadcasting / Publishing |
| <input type="checkbox"/> Collective Bargaining or Labor Advocacy | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Mental Health / Rehabilitation Counseling | <input type="checkbox"/> Insurance or Investment Advisor |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Foster Care / Adoption |
| <input type="checkbox"/> Legal or Arbitration Services | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Teacher / Educator | <input type="checkbox"/> Other Professional Services |
| <input type="checkbox"/> Financial Counseling | |

6. Does the Organization take any disciplinary action or recommend disciplinary action as a result of credentials certification, accreditation, licensing, peer review or standard setting activities? **Yes** **No**

7. Provide: a. Date organized _____ b. Tax status: Taxable or Tax Exempt 501(c)_____

PRIOR ACTIVITIES / KNOWLEDGE

1. Have there been during the last five years, or are there now pending, any civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against the Organization, its Subsidiaries, the Plans of the Organization or its Subsidiaries, or any person proposed for this insurance in their capacity as either Director, Officer, Trustee, employee, volunteer, or staff member of the Organization or its Subsidiaries? *If "Yes", for each proceeding please attach details of the complaint, the dollar amount of costs of defense and loss, the date the proceeding was filed, and whether the proceeding is open or closed.* Yes No

IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED UNDER THE PROPOSED COVERAGE.

2. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries, the Plans of the Organization or its Subsidiaries, or any proposed Insured which he or she has reason to believe might result in a future Claim? *If "Yes", please attach details.* Yes No

IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

SUPPLEMENTAL QUESTIONS *(this section must be completed if the Organization and its Subsidiaries Total Assets are greater than \$5,000,000, Annual Salary/Wages Expense is greater than \$500,000, if there is claims activity in the last 5 years, or if Workplace Violence Coverage is requested.)*

1. Does the Organization currently have Directors' & Officers' and Employment Practices Liability Insurance? *If "Yes", please provide complete a-f:* Yes No

a. Carrier _____ b. Expiration Date _____

c. Limit _____ d. Premium _____ e. Retention _____

f. Has any carrier cancelled or non-renewed similar coverage? *If "Yes", please attach details.* Yes No

IN MISSOURI: Applicants should not respond to Question 1.f.

2. Provide the number of employees (including officers) at the Organization: _____

3. Provide the number of employees and officers whose employment has been involuntarily terminated in the last twelve months and the number of employees and officers whose employment is expected to be involuntarily terminated over the next twelve months through layoffs, facility closings, individual involuntary employee terminations or similar circumstances:

Most recent twelve months: Number of employees and officers: _____

Next twelve months: Number of employees and officers: _____

If the turnover rate for the most recent or next twelve months is greater than 25%, please attach additional details including the reason(s) for the involuntary terminations.

4. In the last twelve months, have there been any changes in the Executive Director or President position for reasons other than death, retirement at the normal retirement age or term limitations? *If "Yes", please attach additional details.* Yes No

EMPLOYEE BENEFIT PLAN INFORMATION *(this section must be completed if a Fiduciary Liability option is requested. Provide Financial Statements for the Plans if Plan assets are greater than \$25,000,000.)*

1. Please enter the Total Asset Value for each of the Employee Benefit Plans (referred to as the Plans) sponsored by the Organization or its Subsidiaries for which coverage is desired.

<u>Plan</u>	<u>Total Asset Value</u>
Defined Contribution Plans (including 401(k), 403(b), & 457 Plans)	_____
Defined Benefit Plans (including Traditional Pension Plans)	_____

2. Has the Organization or any Subsidiary terminated or contemplated terminating any of the Plans within the past three years or within the next 12 months? *If "Yes", please attach details.* Yes No

3. Do any of the Plans fail to comply with the "Employee Retirement Income Security Act of 1974" (ERISA) where applicable? *If "Yes", please attach details.* Yes No

4. Has any Plan had, at any time during the last three years, a funding deficiency? If "Yes", please attach details.

Yes No

FRAUD WARNING: 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.

ALABAMA, ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA FRAUD WARNING: 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.

COLORADO FRAUD WARNING: 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.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA 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.

KENTUCKY FRAUD WARNING: 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 insurance act, which is a crime.

MAINE FRAUD WARNING: 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.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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 civil fines and criminal penalties.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that 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.

OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

It is agreed the particulars and statements contained in Proposal Forms submitted to the Insurer (and any material submitted therewith) are the representations of the Insured and are to be considered as incorporated in and constituting part of this Policy. It is also agreed this Policy is issued in reliance upon the truth of such representations. However, coverage shall not be excluded as a result of any untrue statement in the Proposal Form, except:

- (1) as to any Insured Person making such untrue statement or having knowledge of its falsity; or
- (2) as to the Organization and any Subsidiary, if the person(s) who signed the Proposal Form(s) for this coverage or any Insured Person who is or was a past, present or future Chief Financial Officer, President, or Executive Director of the Organization made such untrue statement or had knowledge of its falsity.

By _____
SIGNATURE OF EXECUTIVE DIRECTOR PRINT NAME DATE

The above individual is also designated as agent of the Organization and all of the Insureds to receive any and all notices from the Insurer.

This Proposal Form, including any material submitted therewith, shall be treated in strictest confidence. Submit this Proposal Form including documentation to: *GREAT AMERICAN INSURANCE GROUP, EXECUTIVE LIABILITY DIVISION, P.O. BOX 66943, CHICAGO, IL 60666*

Registered Producers can also Quote Online at www.ExecProQuote.com