



United States Liability Insurance Group Non Profit Professional Liability

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Application for Non Profit Directors & Officers Liability Insurance (Coverage Part A) and Employment Practices Liability Insurance (Optional Coverage Part B).

PART 1. BACKGROUND INFORMATION

- Name of Organization: _____
Address: _____
- Purpose of Organization: _____
- In continuous existence since: 19 _____
- Are there subsidiaries? Yes No If yes, provide name(s), date established, nature of operation, profit or nonprofit, purpose, bylaws and Financial statements for each subsidiary: _____

If yes, is coverage requested for them? Yes No

PART 2. INSURANCE COVERAGE INFORMATION

- a. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Deductible	Policy Period
_____	_____	_____	_____	_____
- b) Directors & Officers Liability Insurance has been continuously in force since _____
- Does the Organization currently carry General Liability Insurance? Yes No
- Has any Policy for Directors and Officers Liability Insurance ever been canceled or non-renewed? Yes No
If yes, please advise details: _____
- The individual of the Organization designated to receive any and all notices from the Insurer or their authorized representative(s) concerning this insurance is:
Name _____ Title _____
- Number of members: _____ Number of Chapters _____
If there are chapters, is coverage requested for them under this Policy? Yes No

PART 3. ORGANIZATION OPERATION DETAILS

Please Attach a Statement of Details Is to All "Yes" Answers to Questions #10-14

- Is the Organization involved in product research, development, testing and/or certification? Yes No
- Does the Organization engage in any disciplinary actions as a result of peer review activities? Yes No
- Does the Organization administer or sponsor any insurance programs? Yes No
- Is the Organization involved in any accreditation or standard setting activities? Yes No
- Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No

PART 4. EMPLOYER DETAILS

- Total Number of: Full time Employees? _____ Part time Employees? _____
- Does the organization have a written: Anti-Sexual Harassment Policy? Yes No
Anti-Discrimination Policy? Yes No If Yes, please attach a copy.
- Has there been any reduction of employees in the past 12 months or is a reduction anticipated in the next 12 months?
 Yes No If Yes, what percentage? _____

Please sign and Date Application on 2nd Page.

PART 5. CLAIM INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI Companies.

18. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No

19. Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No

If Yes, please explain: _____

PART 6. FINANCIAL INFORMATION

Annual Revenues (past 12 months) \$ _____

Projected Annual Revenues (next 12 months) \$ _____

Fund Balance (Total Assets - Total Liabilities) \$ _____ Is Fund Balance Positive or Negative ?

PART 7. RENEWAL STATEMENT

APPLICABLE TO RENEWAL POLICIES ONLY

It is agreed that this Renewal Application is a supplement to the Application(s) attached to the current Policy and said Applications, together with this Renewal Application, constitute the complete Application which shall be the basis of the contract should a Policy be issued and will be attached to and become part of the Policy.

PART 8. REQUIRED INFORMATION

- A. Completed Application signed and dated by either the President or Chairman of the Board.
- B. Latest Audited Financial Statement. (If financial statement is not audited, attach unaudited 12 month financial statement or a 990 Tax Form).
- C. Purpose statement from Bylaws or summary of operations/brochure.

FRAUD STATEMENT: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature _____
(Chairman of the Board or President)

Title: _____ Date: _____