

Name of Insurance Company to which Application is made (herein called the "Insurer") _____

Not-For-Profit Protector[®] Renewal Application

**Not-for-Profit Individual and Organization Insurance Policy
Including Employment Practices Liability Insurance**

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

Section A.

GENERAL INFORMATION

1. Name of Applicant: _____
 Address of Named Applicant: _____
 Domiciled State: _____ State of Incorporation: _____ Years of Operation: _____
2. Applicant's Primary Nature of Business: _____
3. Is the Applicant a Not-for-Profit Non-Taxable Organization under the U.S. Internal Revenue code or State Revenue Code? Yes No. If "Yes" please list the applicable Federal or State Revenue Code _____
4. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .
 If not applicable, please check here .

| Name | Business or Type of Operation | Percentage of Ownership | Date Acquired or Created | Domestic or Foreign and Country of Incorporation |
|-------|-------------------------------|-------------------------|--------------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Are you requesting for coverage to be extended to all Subsidiaries? Yes No

5. Is the Applicant or any of its Subsidiaries involved in any joint ventures? Yes No
6. Does the Applicant or any of its Subsidiaries provide childcare services? Yes No
7. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months? Yes No
8. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months? Yes No

Section B.

FINANCIAL INFORMATION

Information must be based on the most recent audited financials or interim financials if audited financials are not available.

1. What percentage of revenues does the Applicant or any of its Subsidiaries receive from government sources?
 None Less than 50% Greater than 50% to 60% Greater than 60% to 70%
 Greater than 70% to 80% Greater than 80%

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A

If "Yes", please attach complete details.

3. Please provide the following Financial Information for the Applicant and its Subsidiaries.

| Based on Financial Statements Dated: | (Year/Month) |
|--|--------------|
| Total Assets | \$ |
| Current Assets | \$ |
| Total Liabilities | \$ |
| Current Liabilities | \$ |
| Fund Balance | \$ |
| Total Revenues/Contributions | \$ |
| <input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss | \$ |
| Cashflow from Operations | \$ |

Section C.

DIRECTORS AND OFFICERS INFORMATION

1. Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination.

2. Are Board members elected? Yes No

If "No," please attach complete details.

3. Does the Board hold meetings more than 3 times per year? Yes No

4. Does the Applicant participate in a Risk Management Program? Yes No

5. Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?

Yes No

If "Yes," please attach complete details.

6. Does the Applicant have the any of the following Committees? Please check all that apply.

Audit Compensation Nominating

Section D.

EMPLOYMENT PRACTICES INFORMATION

1. Enter the TOTAL number of employees (by type) in the boxes below.

Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)

a. Number Employees in **ALL** States/Jurisdictions:

| | Domestic | | Foreign |
|-----------|----------|-----------|---------|
| | Union | Non-Union | |
| Full Time | | | |
| Part Time | | | |

| | |
|---|--|
| Total Number of Independent Contractors | |
|---|--|

b. Number of Employees located in **CALIFORNIA ONLY**:

| | Domestic | |
|-----------|----------|-----------|
| | Union | Non-Union |
| Full Time | | |
| Part Time | | |

| | |
|---|--|
| Total Number of Independent Contractors | |
|---|--|

c. Number of Employees located in **DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY** (collectively):

| | Domestic | |
|---|----------|-----------|
| | Union | Non-Union |
| Full Time | | |
| Part Time | | |
| Total Number of Independent Contractors | | |

2. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?

Year _____, _____% Year _____, _____% Year _____, _____%

3. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?

Yes No

4. Does the Applicant or any of its Subsidiaries have a human resources manual or equivalent written management guidelines? Yes No

If "Yes", does it address the following issues?

Legally prohibited Discrimination Yes No

Sexual Harassment Yes No

Compliance with the Americans with Disabilities Act Yes No

Compliance with the 1991 Civil Rights Act Yes No

Compliance with the Family Medical Leave Act Yes No

Employee disciplinary actions Yes No

Terminations, layoffs and early retirements Yes No

Employee appraisals / reviews Yes No

5. Do employees certify that they have reviewed the HR material and will comply with its Terms and Conditions?

Yes No

6. Does the Applicant or any of its Subsidiaries have an Employee Handbook? Yes No

If "Yes," is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? Yes No

7. Is there a formalized process in place for reporting complaints/ harassment? Yes No

If "Yes," do employees know this action will not result in a retaliatory action? Yes No

8. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department?

Yes No If "No", please attach complete details.

9. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements? Yes No

If "Yes", please attach complete details.

a. Have there been any structured layoffs in the past 24 months? Yes No

If "Yes," what percentage of employees? 1-10% 11-25% Over 25%

b. Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay off procedure? Yes No

- c. Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs? Yes No If "No", please attach complete details
- d. Please provide the number of layoffs that have occurred or are about to occur. _____
- e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work? Yes No

Section E.

HEALTHCARE INSTITUTIONS INFORMATION If not applicable, please check here and skip to Section F.

1. Please select all that describe the Applicant's and any Subsidiary's nature of business.
 - Nursing Home/Retirement Home Multi Location Health System Drug Rehabilitation Centers
 - Standalone Hospital Outpatient/Surgery Center Psychiatric/Behavioral Health Facility
 - Other (describe): _____
2. Is any of the Applicant's any of its Subsidiary's medical malpractice, HPL (Healthcare Professional Liability) exposure self-insured or insured by means of a funded trust, captive, subsidiary, or reciprocal risk sharing operation? Yes No
3. Does the Applicant contract with any third party to manage, operate, or administer its' facility or operations? Yes No
4. How many beds does the Applicant or any of its Subsidiaries operate? _____
5. Does the Applicant or any of its Subsidiaries employ physicians or are they independent contractors? Please provide details _____
6. Are there any competing hospitals within 25 miles? Yes No
7. Has the Applicant or any of its Subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following:
 - a. Civil False Claims Act? Yes No
 - b. Physician Ownership and Referral Act (The Stark Act)? Yes No
 - c. Any similar law or regulation? Yes No
 If "Yes" to any of the above, 7(a) – 7(c), please attach complete details.

Section F.

EDUCATIONAL ORGANIZATION INFORMATION If not applicable, please check here and skip to Section G.

1. Please select all that to describe the Applicant's or any of its Subsidiary's nature of business.
 - Public School Charter School Private School Special Education Facility
 - Vocation/Technical Junior/Community College 4-Year College/University Medical School
 - Business School Law School State/County/ Municipality Sponsored
 - Multi-District Special District Other (describe): _____
2. Enrollment: _____ Current Year _____ Prior Year
3. Types of Employment (Please select all that apply).
 - Full-Time Faculty/Instructors – Number: _____
 - Part-Time Faculty/Instructors – Number: _____

Administrative Personnel (including principals, deans and provosts) _____

4. How many campuses or schools are part of the Applicant or any of its Subsidiaries? _____

5. Have any campuses, schools or study programs (including music art or athletics) been closed, reduced or discontinued during:

a. The past 24 months? Yes No

b. The next 12 months? Yes No

If "Yes," to any of the above, 5(a) – (b), please attach complete details.

6. Date of last accreditation: _____ By which body? _____

7. Has any accreditation body threatened or taken any probationary or censure activity? Yes No

If "Yes," please attach complete details.

8. What percentage of the Applicant's or any Subsidiary's classes are conducted via internet or website?
_____ %

Section G.

LABOR UNION ORGANIZATION INFORMATION If not applicable, please check here and skip to Section H.

1. Local Number or Title: _____

2. International or National Affiliation: _____

3. Number of Members: _____

4. Does the Applicant or any of its Subsidiaries operate an apprenticeship program? Yes No

If "Yes", does the applicant seek Educator Legal Liability Coverage for the apprenticeship program?

Yes No

5. Is Individual Labor Leader coverage requested? Yes No

Section H.

NAME OF RISK MANAGER OR GENERAL COUNSEL

Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Name: _____ Title: _____ Years in Current Position: _____

E-mail Address: _____ Phone Number: _____

Section I.

CURRENT COVERAGE

Attach copies of the following for the Applicant and, to the extent available, each of its Subsidiaries:

a. Latest annual report or audited Financial Statement.

b. Latest CPA management letter along with the Applicant's responses to any recommendations made therein.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH 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.

NOTICE TO 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 (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed _____
(Applicant)

Attest _____

Date _____

Broker _____

Title _____
(Must be signed by President, Chairman,
Chief Executive Officer, Chief Financial Officer,
Executive Director or Business Manager*)

License # _____

Address _____

*Labor Unions Only

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:
Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she 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 undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____
(Applicant)

Date _____

Title _____
(Must be signed by President, Chairman,
Chief Executive Officer, Chief Financial Officer,
Executive Director or Business Manager*)

*Labor Unions Only