



Application For ACE EXPRESS Non Profit Organization Management Indemnity Package

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM MADE AGAINST ANY OF THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL NOT BE REDUCED BY AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES (AS DEFINED IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE), AND COSTS, CHARGES AND EXPENSES SHALL BE APPLIED TO THE RETENTIONS.

General Instructions for Completing This Application

1. Please type or print in ink.
2. Please read carefully and answer all questions. If a question is not applicable, so state.
3. The Application must be signed by an executive officer.
4. This Application and all exhibits shall be held in confidence.
5. Please read the Policy for which application is made (the "Policy") prior to completing this Application.
6. The terms as used herein shall have the meanings as defined in the Policy.

I. General Information

1. Name of Organization: _____

Address: _____

(Number) (Street)

(City) (State) (Zip Code)

2. Internal Revenue Service Code: _____

3. Nature of Operations: _____

4. Has the Organization been in operation longer than three (3) years? Yes No

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

II. Prior Insurance Information and Activities Information

1. Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

<u>Coverage</u>	<u>Yes</u>	<u>No</u>	<u>Limits</u>	<u>Continuity Date</u>
Employment	—	—	_____	_____
Directors and Officers	—	—	_____	_____
Fiduciary	—	—	_____	_____
Crime	—	—	_____	_____

2. Has any insurer made any payments, taken notice of claim or potential claim or non-renewed any management liability or similar insurance? If yes, please provide details on a separate page. Yes No

3. Within the last five years, has person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission? If yes, please provide details on a separate page. Yes No

III. False Information

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent **Claim** for payment for 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 Agencies.

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 of the third degree.

NOTICE TO HAWAII APPLICANTS: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

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 purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS: A person who submits an application or files a **Claim** with intent to defraud or helps commit a fraud against an **Insurer** is guilty of a crime.

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 NEW MEXICO 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 civil fines and criminal 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.

NOTICE TO OHIO APPLICANTS: 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.

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.

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 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 WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IV. Other Information

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurer is hereby authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer have the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

Signed: _____ Date: _____
(must be signed by an Executive Officer of the Parent Organization)

FOR IOWA APPLICANTS ONLY:

Broker: _____
Address: _____

FOR MISSOURI RESIDENTS ONLY:

EITHER THE CHAIRMAN OF THE BOARD OR PRESIDENT MUST ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO THIS APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE ATTACHED POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE MY LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER LEGAL DEFENSE COSTS AND DAMAGES.

Signed: _____
Title: _____

Date: _____

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed on and the same document.

Please fully complete and attach the Information for the Coverage Section (s) desired.

Employment Practices Coverage Section Information

Is the Organization seeking Employment Practices coverage? If yes, please answer the following questions. Yes No

- 1. Full-Time: _____
Part-Time: _____
Temporary, Seasonal: _____
Leased: _____
Independent Contractors: _____
Volunteers: _____

2. Does the organization anticipate in the next 12 months, or has the Organization transacted in the last 12 months, any consolidations or layoffs affecting 35% or more of the employee or Volunteers of the Organization? Yes No

3. Describe the internal controls the Company maintains for Employment Practices.

- a) Is there a separate Human Resources Department? Yes No
- b) Have all management staff and officers attended training and education programs on sexual harassment within the last 18 months? Yes No
- c) Does the Company publish and distribute an employee handbook to every employee? Yes No
- d) Are there written procedures for handling employee complaints of discrimination or sexual harassment and the handling of employee grievances or complaints? Yes No

4. Please provide the following information for the Risk Manager/Human Resource Manager (or equivalent position) of the Company:

Name: _____ Direct Phone Number: _____

Title: _____ Fax Number: _____

E-mail Address: _____

Insured Person and Organization Coverage Section Information

Is the Organization seeking Directors & Officers and Organization coverage? If yes, please answer the following questions. Yes No

1. Describe the following financial information of the Organization for the most recent fiscal year-end.

a) Total Assets _____

b) Does the Organization have a negative Fund balance? Yes No
If yes, please provide complete financial statements

2. Number of for-profit subsidiaries the Organization owns: _____ Exact number if more than 1

3. Are the annual revenues for the subsidiaries referenced above greater than \$250,000? Yes No
If yes, please provide complete financial details.

4. Are board members Elected Yes No

5. Do board meet more than 3 times a year Yes No

6. Does organization do peer review, credentialing or standard setting Yes No
If yes please explain:

Fiduciary Coverage Section Information

Is the Organization seeking Fiduciary Liability coverage? Yes No

If yes, please answer the following questions.

1. Does the Company have more than five (5) plans to be covered under the proposed insurance? If yes, please provide details on a separate page. Yes No

2. Indicate the type of plans to be insured.

Pension Welfare Benefit Profit Sharing Employee Stock Ownership

3. Total number of employees currently enrolled in all plans:

<input type="checkbox"/>	0 to 10	<input type="checkbox"/>	151 to 225
<input type="checkbox"/>	11 to 30	<input type="checkbox"/>	226 to 300
<input type="checkbox"/>	31 to 50	<input type="checkbox"/>	301 to 400
<input type="checkbox"/>	51 to 75	<input type="checkbox"/>	401 to 500
<input type="checkbox"/>	76 to 100	<input type="checkbox"/>	over 500
<input type="checkbox"/>	101 to 150	<input type="checkbox"/>	Exact number, if over 500

4. Total asset value of all plans combined for the most recent fiscal year.

<input type="checkbox"/>	\$0 to 1,000,000
<input type="checkbox"/>	\$1,000,001 to 5,000,000
<input type="checkbox"/>	\$5,000,001 to 25,000,000
<input type="checkbox"/>	\$25,000,001 to 100,000,000
<input type="checkbox"/>	over \$100,000,000

5. Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? Yes No

6. Are any of the plans under funded by more than 30%? If yes, please provide details on a separate page. Yes No

7. Are more than 10% of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to the Company? If yes, please provide details on a separate page. Yes No

Crime Coverage Section Information

Is the Organization seeking Crime coverage?
 If yes, please answer the following questions.

Yes No

1. Indicate Limit(s) of Liability requested:

Insuring Agreement	Limits Requested
Employee Theft	
Forgery or Alteration	
Inside the Premises-Money & Securities	
Inside the Premises-Robbery/Safe Burglary (Other Property)	
Outside the Premises	
Computer Fraud	
Funds Transfer Fraud	
Money Orders & Counterfeit Paper Currency	
Credit Card Forgery	
Other (specify)	

2. Total number of employees:

“Employees”/“Premises”	U.S	Other	TOTAL
Total Revenues:	\$	\$	\$
Total number of “Premises”			
Total number of “Employee”(s)			
% of employees who regularly handle, have access to or maintain records of money, securities or other property	%	%	%

3. General Information

- a. Did the organization initiate and/or complete any facility or office closings, any material changes in the staffing model (including reductions or increases in staff), within the past 18 months? Yes No
- b. Does the organization have a Code of Business Conduct that applies to all “employees”? Yes No

4. Audit Procedures

- a. Does an independent CPA conduct a fully opinioned audit annually? Yes No
- b. Does the organization have an Internal Audit Department? Yes No

5. Internal Controls

- a. Do all outgoing checks require at least two (2) signatures? Yes No
- b. Does the organization require reconciliation of all active bank accounts, at least monthly? Yes No
- c. Does the organization have any exposure of money, precious metals or stones at any single location, valued at \$5,000 or greater? Yes No

6. Vendor Controls

- a. Does the organization have a procedure in place to verify the existence and ownership of all new vendors, prior to adding them to an authorized master vendor list? Yes No

7. Inventory Controls:

- a. Are physical inventory counts conducted, at least annually, and reconciled against the perpetual inventorying system? Yes No