



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) and Fiduciary Liability Insurance (Optional)

PART 1. BACKGROUND INFORMATION

1. Name of Organization: _____
 Primary Address: _____
 Website Address: _____ In existence since: _____
2. Detailed purpose of organization: _____
3. Does the organization have tax exempt status as defined by the I.R.S.? Yes No
4. Does the Applicant have any Subsidiaries requiring coverage? Yes No
 If yes, please complete Non Profit Subsidiary addendum (NPSADD).
5. Number of members: _____ Number of Chapters: _____
 If there are chapters, is coverage requested for them under this Policy? Yes No

PART 2. INSURANCE COVERAGE INFORMATION

6. Name and title of individual designated to receive all notices on behalf of the Insured: _____
 Title _____ Phone Number: _____
7. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____
8. Has any Directors & Officers Liability Insurance policy ever been canceled or non-renewed? Yes No
 If yes, please provide details: _____
9. Does the organization currently carry General Liability insurance? Yes No

Part 3. ORGANIZATION OPERATION DETAILS:

(Attach a statement of details to all "yes" answers to Questions #10 and #14)

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

PART 4. EMPLOYER DETAILS

15. Total number of Employees: Full Time _____ Part Time _____ Volunteers _____ Seasonal _____
16. Has there been a reduction of employees in the past 12 months, or any anticipated reduction in the next 12 months?
 Yes No If yes, how many employees? _____
17. Does the Organization have a written: Anti Harassment Policy Yes No
 Anti Discrimination Policy Yes No
 If yes, please attach a copy. If no, Policy will be needed within 21 days of binding.

PART 5. FINANCIAL INFORMATION

Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

* Fund balance - Total Assets - Total Liabilities

PART 6. CLAIM INFORMATION

- 1. 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 (If yes, please forward a completed USLI supplemental claims application.)
- 2. 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 forward a completed USLI supplemental claims application.)

PART. 7 FIDUCIARY LIABILITY (Available for 100 employees or less)

(All questions must be answered in order for Fiduciary Liability coverage to be bound.)

- 1. Does each Pension Plan use an outside Investment Manager? Yes No (If No, Fiduciary will not be offered.)
- 2. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including, eligibility, participation, vesting, fiduciary responsibility and funding standards"?
 Yes No If no, please attach details.
- 3. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? Yes No If yes, please attach details.
- 4. Has there been or is there now pending any claims(s) against any proposed Insured arising out of any Plan? Yes No
If yes, please attach details.
- 5. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? Yes No If yes, please attach details.

REQUIRED INFORMATION

- A. Completed application signed and dated by the President, Chairperson or Executive Director.
- B. If revenues are over \$2MM attach most recent 12 month Financial Statement.
- C. Copy of Policy for Anti-Harassment and Anti-Discrimination.

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: _____
President, Chairperson or Executive Director

Title: _____ Date: _____