



## FLEXI PLUS FIVE APPLICATION

NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE  
EMPLOYMENT PRACTICES LIABILITY INSURANCE  
FIDUCIARY LIABILITY INSURANCE  
WORKPLACE VIOLENCE COVERAGE  
INTERNET LIABILITY INSURANCE

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY  
PLEASE READ YOUR POLICY CAREFULLY**

### APPLICATION INSTRUCTIONS

- Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/ controlled subsidiaries.
- The **Applicant** is required to complete Sections 1, 2, and 7.
- The **Applicant** should complete other applicable Section(s) for which coverage is desired. (See chart below)
- Please include all requested underwriting information and attachments. Failure to supply may result in delay.

CHECK COVERAGE DESIRED	SECTION	REQUESTED LIMIT
Directors and Officers	2	\$
Employment Practices	3	\$
Fiduciary Liability	4	\$
Workplace Violence	5	\$
Internet Liability	6	\$

### SECTION 1 – GENERAL INFORMATION (All Applicants must complete this section)

1. Name of Parent Organization:

2. Address:

Telephone: (     )

Internet Address: www.

3. Date Established:

State of Incorporation:

4. Standard Industrial Classification (SIC) Number:

Federal Employer Identification (FEIN) Number:

5. Please describe the nature of the **Applicant's** operations:

6. Risk Management Contact:

Email:

Phone:

7. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

NAME	TYPE OF BUSINESS	PERCENT THE APPLICANT OWNS/ CONTROLS	DATE CREATED/ ACQUIRED	FOR PROFIT/ NON-PROFIT
Example: ABC Foundations, Inc.	Charitable Children's Foundation	100%	01/01/2000	Non-Profit
		%		
		%		
		%		
		%		

Additional entities listed by attachment.

8. Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code? Yes No  
**If no, provide an explanation.**

9. The Officer of the **Applicant** designated to receive any and all notices from the **Underwriter** or their authorized representative concerning this insurance is:

Name	Title	E-Mail Address
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**Please attach details for all “Yes” answers to questions 10 – 13.**

10. Does the **Applicant** publish any magazines, newsletters or articles? Yes No
11. Is the **Applicant** involved in product research, product development, testing and/ or certification? Yes No
12. Does the **Applicant** set standards for the qualification and performance and/ or certify its members? Yes No
13. Does the **Applicant** engage in any disciplinary actions as a result of peer review activities? Yes No
14. **FINANCIAL INFORMATION:** Please provide the following financial information and attach the most recent annual financial audit or 990 form.

	MOST RECENT FISCAL YEAR END	PRIOR FISCAL YEAR END
Month/ Year	/	/
Total Current Assets	\$	\$
Total Assets	\$	\$
Total Current Liabilities	\$	\$
Long Term Debt	\$	\$
Net Assets/ Fund Balance	\$	\$
Annual Revenue	\$	\$
Net Revenue	\$	\$

15. Employee count:

	CURRENTLY	ONE YEAR AGO
Full Time:		
Part Time:		
Temporary/ Leased:		
Independent Contractor		
Volunteers:		
Total:		

16. Total number of employees located outside the U.S.:

17. Please provide a breakdown of number of employees located in the following states:

	CURRENTLY
California	
Illinois	
Florida	
New Jersey	
New York	
Texas	
Washington	

**SECTION 2 – DIRECTORS AND OFFICERS  
(All Applicants must complete this section)**

- Directors and Officers Liability Insurance has been continuously in force since:
- Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? **If yes, please attach details.**

a. Anti-trust, copyright, or patent litigation?	Yes	No
b. Any disciplinary action by any regulatory agency or association?	Yes	No
c. Any action where a license was revoked or suspended?	Yes	No
d. Any administrative proceeding charging violation of a federal or state law or regulation?	Yes	No
e. Any other criminal actions?	Yes	No

**It is agreed that with respect to Question #2, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.**

- In the past twenty-four (24) months or the next twelve (12) months, has the **Applicant** been, or anticipate being involved in any of the following?
 

a. Mergers, acquisitions or consolidation with another entity? <b>If yes, please attach details.</b>	Yes	No
b. Changes in the board of directors or senior management (other than death or retirement)? <b>If yes, please attach details.</b>	Yes	No
- Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity? **If yes, please attach details.**

	Yes	No
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**SECTION 3 – EMPLOYMENT PRACTICES  
(Complete this section only if Employment Practices Liability Coverage is desired.)**

N/A

- Employment Practices Liability Insurance has been continuously in force since:
- How many employees have been terminated or demoted in the past twelve (12) months?
 

Voluntary:	Involuntary:	Laid Off:	Demoted:
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- Is any reduction of employees or change of status anticipated in the next year? **If yes, please attach details.**

	Yes	No
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4. Total number of employees with annual compensation:
  - a. Between \$100,000 - \$149,999:
  - b. Between \$150,000 - \$250,000:
  - c. Greater than \$250,000:
  
5. What percentage of the Applicant's employees are exempt? %
  
6. Does the Applicant:
 

a. Have a human resource department?	Yes	No
b. Have a standard employment application for all applicants?	Yes	No
c. Have an employment handbook?	Yes	No
d. Have an "At Will" provision in the employment application?	Yes	No
e. Have a written policy with respect to sexual harassment and discrimination?	Yes	No
f. Conduct training for employees and board members on issues of sexual harassment and discrimination?	Yes	No
g. Have written annual evaluations for employees?	Yes	No
h. Have a written policy on progressive discipline for employees?	Yes	No
i. Have a written policy for the Family Medical Leave Act and for the Americans with Disabilities Act?	Yes	No
j. Offer severance arrangements in return for a release from future litigation?	Yes	No
k. Have a formal process in place to ensure compliance with Federal and State wage and hour laws?	Yes	No
l. Consult with an attorney regarding how overtime is calculated and how they define "exempt" employees at each location?	Yes	No

**Please provide an explanation by attachment for all "No" answers.**

7. Does the Applicant:
 

a. Have policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non-harassment statements?	Yes	No
b. Have policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties?	Yes	No

**SECTION 4 – FIDUCIARY LIABILITY**  
 (Complete this section only if Fiduciary Liability Coverage is desired.) N/A

1. Fiduciary Liability Insurance has been continuously in force since:
  
2. List all plans for which coverage is requested (use attachment if necessary):

PLAN NAME	YEAR ESTABLISHED	ASSETS/ CONTRIBUTIONS	TYPE *	TOTAL PARTICIPANTS	ADMINISTRATOR
Example: The ABC Children Corp 401K Plan	2000	\$1,000,000	2	75	self
		\$			
		\$			
		\$			
		\$			

\* 1 = Employee Welfare Benefit Plan (as defined by ERISA), 2 = Defined Contribution Plan (as defined by ERISA), 3 = Defined Benefit Plan (as defined by ERISA), 4 = Other.  
**If Type is 3 or 4 a Fiduciary Liability Supplemental Application must be completed.**

**Please attach a separate page or use the Additional Information page provided at the end of the application.**

3. Does (do) any plan(s) employ the investment, trustee, actuarial, legal, administrative, custodial, or benefits consulting services of any outside provider? Yes No  
**If yes, please attach details.**

- |    |   |     |    |
|----|---|-----|----|
| 4. | Has any termination, spin-off (sale), transfer or amendment to any plan been made or contemplated within the past two (2) years, or is any termination, spin-off (sale), transfer or amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to, an increase in participants' portion of cost?<br><b>If yes, please attach details. If there has (have) been any amendment(s), please attach copies.</b> | Yes | No |
| 5. | Are there or have there been within the last three (3) years any known or alleged violations of ERISA or any similar statutory or common law (including applicable amendments, rules and regulations) of the United States, Canada or any state or other jurisdiction to which a plan is subject? <b>If yes, please attach details.</b>   | Yes | No |
| 6. | Does the <b>Applicant</b> have any information to suggest or indicate that any of the plans it sponsors may be under governmental or regulatory investigation with regard to the applicable plan's funding, administration or investment strategies?<br><b>If yes, please attach details.</b>   | Yes | No |

<b>SECTION 5 – WORKPLACE VIOLENCE</b> <b>(Complete this section <u>only</u> if Workplace Violence Coverage is desired)</b>	<b>N/A</b>
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- |    |  |     |    |
|----|--|-----|----|
| 1. | Workplace Violence Insurance has been continuously in force since:   |     |    |
| 2. | The Applicant's total number of work locations:  |     |    |
| 3. | Does the Applicant:  |     |    |
| a. | Have a written policy on workplace violence that is circulated to all employees?   | Yes | No |
| b. | Train employees to recognize, report, and respond to potentially hostile situations?   | Yes | No |
| 4. | Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any incidents of workplace violence in the last five years?<br><b>If yes, please attach details.</b> | Yes | No |

<b>SECTION 6 – INTERNET LIABILITY</b> <b>(Complete this section <u>only</u> if Internet Liability Coverage is desired)</b>	<b>N/A</b>
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- |    |  |  |  |
|----|--|--|--|
| 1. | Please identify the internet site(s) for which coverage is sought.   |  |  |
| 2. | Does the Applicant conduct transactions (e-commerce) on the site or is the site informative only?<br>Transactional/ E-commerce<br>Informational Only<br>Both |  |  |
| 3. | The Applicant's projected annual gross revenues from the internet site: \$   |  |  |

<b>SECTION 7 – GENERAL SUMMARY</b> <b>(All Applicants <u>must</u> complete this section)</b>
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- |    |   |     |    |
|----|---|-----|----|
| 1. | Has the Applicant, or any person proposed for this coverage been involved in any claim, proceeding or litigation, or has given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance?<br><b>If yes, please provide details:</b> | Yes | No |
|----|---|-----|----|

2. Is the Applicant, or any person applying for this coverage aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the **Applicant** has applied? Yes    No  
 If yes, please provide details:

Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances, or situations whether or not disclosed in #1 and #2 above is excluded from the proposed insurance.

3. Current Coverage

COVERAGES	INSURANCE COMPANY	LIMIT OF LIABILITY	DEDUCTIBLE	POLICY EFFECTIVE DATES	PREMIUM
D&O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$
General Liability		\$	\$		\$
Professional Liability		\$	\$		\$

4. With respect to the above coverage, has any Underwriter refused, canceled, or non-renewed coverage? **(Not Applicable in Missouri)** Yes    No  
 If yes, provide details.

**Material Change:**

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** 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.

**APPLICABLE IN DISTRICT OF COLUMBIA:** 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.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

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

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO:** 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.

**APPLICABLE IN OKLAHOMA:** 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.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** 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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)