



FLEXI PLUS FIVE RENEWAL APPLICATION - OKLAHOMA
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

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 & Officers	2	\$
Employment Practices	3	\$
Fiduciary Liability	4	\$
Workplace Violence	5	\$
Internet Liability	6	\$

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

- Name of Parent Organization:
- Change in Address: None or Change in internet address: None or www.
Billing contact name:
- Have there been any changes in the **Applicant's** operation? Yes No
If yes, please provide details.
- Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If no, provide an explanation.
- 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:

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

Please attach the most recent annual financial audit or 990 tax form.

6. Employee count:

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

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

8. 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)**

1. In the past twelve (12) months or the next twelve (12) months, has the Applicant been or anticipate being involved in any of the following?

If yes, attach details.

Creation of any new subsidiaries?	Yes	No
Mergers, acquisitions or consolidation with another entity?	Yes	No
Changes in the board of directors or senior management (other than death or retirement)?	Yes	No

SECTION 3 – EMPLOYMENT PRACTICES

(Complete this section only if Employment Practices Liability Coverage is desired.)

N/A

1. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary: Involuntary: Laid Off: Demoted:

2. Is any reduction of employees or change of status anticipated in the next year?

Voluntary: Involuntary: Lay Offs: Demotions:

3. Has the Applicant implemented any new employment practice/ human resource policies or procedures?

Yes No

If yes, please provide details.

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

N/A

1. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Assets/ Contributions	Type	Participants	Administrator
Example: The ABC Children Corp 401K Plan	2000	\$1,000,000	2	75	Self
a.		\$			
b.		\$			
c.		\$			
d.		\$			

Please attach a separate page or use the additional information page provided at the end of the application.

* 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.**

- | | | |
|--|-----|----|
| 2. Have there been any changes to any plan listed above?
If yes, please attach details. | Yes | No |
| 3. Has any plan requested or contemplated filing a request for termination?
If yes, please attach details. | Yes | No |
| 4. Has any plan been spun-off (sold), transferred or terminated?
If yes, please attach details. | Yes | No |

SECTION 5 – WORKPLACE VIOLENCE
 (Complete this section only if Workplace Violence Coverage is desired.)

N/A

- | | | |
|--|-----|----|
| 1. Has the Applicant added additional work locations?
If yes, please attach details. | Yes | No |
| 2. Has the Applicant implemented any new employment procedures, office procedures, or security procedures?
If yes, please attach details. | Yes | No |
| 3. In the past twelve (12) months or in the next twelve (12) months, has the Applicant been involved with or anticipate any layoffs, staff reductions, or facility closings?
If yes, please attach details. | Yes | No |

SECTION 6 – INTERNET LIABILITY
 (Complete this section only if Internet Liability Coverage is desired.)

N/A

- | | | |
|---|-----|----|
| 1. Has the Applicant created any new websites?
If yes, please provide the site address(es)? | Yes | No |
| 2. Has the Applicant made any material changes to the existing site?
If yes, please provide details. | Yes | No |

SECTION 7 – GENERAL SUMMARY
(All Applicants must complete this Section.)

- | | | |
|--|-----|----|
| 1. Has the Applicant been the subject or involved in any litigation in the past twelve (12) months?
If yes, please provide details. | Yes | No |
| 2. In the next twelve (12) months, does the Applicant anticipate any substantial change or reorganization of operations?
If yes, please provide details. | Yes | No |

If there is any material change to the answers of the 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.

FALSE INFORMATION

WARNING: 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 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.

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 to Philadelphia Indemnity Insurance Company

FRAUD NOTICE STATEMENTS

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.

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)