

Non-Profit Directors, Officers, Insured Entity and Employment Practices Insurance Application

| □ WESTERN WORLD INSURANCE COMPANY □ TUDOR INSURANCE COMPANY □ STRATFORD INSURANCE COMPANY NOTICE: This Application is for a CLAIMS-MADE AND REPORTED COVERAGE FORM. The Coverage Form you are | | | | | | | | | | |
|--|--|--|---|--------------------------------------|--------------------------|--|--|--|--|--|
| | ying for is limited to lial by period. | bility for only those "c | laims" that are first ma | ide against you and rep | orted to us during the | | | | | |
| 1. | Name of Organization: | | | | | | | | | |
| 2. | Address: | | | | | | | | | |
| | City: | | State | e: Zip: | | | | | | |
| 3. | Website Address: | | | <u> </u> | | | | | | |
| 4. | Contact person to receiv | et person to receive all notices on behalf of the Insured: | | | | | | | | |
| | | | | | | | | | | |
| | Title: Contact's Phone Number: Email: | | | | | | | | | |
| 5. | 5. When organized? | | | | | | | | | |
| 6. | a. Describe the nature and purpose of the Applicant's operation. | | | | | | | | | |
| | b. Does the Applicant h | ☐ Yes ☐ No | | | | | | | | |
| | Associations other than (| Condominium, Homeowr | ners & Townhome Assoc | iations complete section (| 6. c. − e. | | | | | |
| | c. Is the Applicant's sco | ope: 🗌 Local 🔲 Reg | jional 🗌 State 🔲 Nat | tional International | | | | | | |
| | d. Number of members | (if applicable): | | | | | | | | |
| | e. Number of chapters: | | | uested for the chapter(s)? | P ☐ Yes ☐ No | | | | | |
| 7. | Year | Revenues | Net Income | Assets | Fund Balance | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | 90 if: Revenues exceed \$ the Fund Balance is nega | \$2,000,000; Assets exceed ative. | I \$10,000,000; Negative | | | | | |
| 8. | Please attach the follow | se attach the following information on all subsidiaries. If "None" please indicate. None | | | | | | | | |
| | a. Name | n-profit | | | | | | | | |
| | Date of Acquisition/Creation d. Nature of Operation | | | | | | | | | |
| | Attach a copy of the mo- | st recent financial stater | ment for each subsidiary | <i>/</i> . | | | | | | |
| 9. | Does the organization ca | arry General Liability Ins | surance? | | ☐ Yes ☐ No | | | | | |
| 10. | Does the Applicant sell, sponsor, or administer any insurance product (other than those designed | | | | | | | | | |
| | solely for the Applicant) | | | | ☐ Yes ☐ No | | | | | |
| | If yes, describe in detail: | | | | | | | | | |
| 11. | Is any entity proposed for insurance involved in any of the following: | | | | | | | | | |
| | a. Research, developn | ☐ Yes ☐ No | | | | | | | | |
| | b. Certification, accred | itation or standard-setti | ng? | | ☐ Yes ☐ No | | | | | |
| | If yes, describe in detail: | | | | | | | | | |
| 40 | Decide with a least the (2) | sama har dir A. D | there in the L | a di accompany di Control | to a construction of the | | | | | |
| 12. | During the last three (3) | | | | | | | | | |
| | a. Any change in the n | ☐ Yes ☐ No | | | | | | | | |
| | b. Any merger, consoli | · | | | ☐ Yes ☐ No | | | | | |
| | If yes, describe in detail: | · | | | | | | | | |

| If E | PLI | I Coverage is desired, proceed to questions 13. a. – e. | | | | | | |
|------|--|--|--|----------------|----------------|--|--|--|
| 13. | a. | Total Number of Employees: | | | | | | |
| | | Part-Time, Seasonal/Temporary and Volunteers are counted | | | | | | |
| | | Full-Time Part-Time Seasonal/ | Seasonal/Temporary | | Volunteers | | | |
| | | Has there been or is there an anticipated reduction of employe | | ☐ Yes ☐ No | | | | |
| | C. | Does a lawyer review involuntary employment terminations priceeployee? | of an | ☐ Yes ☐ No | | | | |
| | d. | Does the Applicant have a clear procedure in place to report Scomplaints? | nd other | ☐ Yes ☐ No | | | | |
| | e. | Does the Applicant have formal written procedures for hiring ar | ? | ☐ Yes ☐ No | | | | |
| | | E AND HOUR COVERAGE (Not written without EPLI coverage Y, and TX). | e and not available | in CA, FL, G | A, LA, MA, NH, | | | |
| | | ge and Hour coverage is desired, check Limit of Insurance \Box tions 14 - 16. |] \$50,000 🗌 \$100, | 000 and respo | ond to | | | |
| 14. | Wh | at percentage of the Organization's employee base is: Exempt: % I | | | onExempt:% | | | |
| 15. | Within the past 12 months: | | | | | | | |
| | a. | Has the Organization reviewed employee classifications as to explain to guidelines under the Fair Labor Standards Act (FLSA) | | ☐ Yes ☐ No | | | | |
| | b. | Has the Organization completed an internal audit regarding cor Wage and Hour laws? | al and state | ☐ Yes ☐ No | | | | |
| | If | f "No" to any of the above, please advise when the last revie | w(s) and/or audit(s |) were perfori | med. | | | |
| | Org viol | ave any claims, lawsuits, proceedings or investigations been made ganization regarding violations of the FLSA, or similar state law, plations? | including meal and | rest period | ☐ Yes ☐ No | | | |
| | | "Yes", please provide details of each claim, lawsuit, proceed | | n on a separa | ite page. | | | |
| CYI | BEI | R-LIABILITY COVERAGE: - Optional – Not available without | D&O coverage. | | | | | |
| | | er-Liability coverage is desired, check Limit of Insurance 🗌 espond to Questions 17 - 26. | \$25,000 🗆 \$50,0 | 000 🗌 \$100,0 | 00 🗌 \$250,000 | | | |
| 17. | . T | Total Number of Customer/Student Records: | | | | | | |
| 18. | | Do you have written policies in place which address records and compliance? | information manage | ement | ☐ Yes ☐ No | | | |
| 19. | | Do you have written policies in place which address network sec | urity? | | ☐ Yes ☐ No | | | |
| 20. | | Has a network security assessment or audit been conducted with | nin the past 12 mont | hs? | ☐ Yes ☐ No | | | |
| 21. | | Is firewall technology used at all internet points-of-presence to printernal networks? | event unauthorized | access to | ☐ Yes ☐ No | | | |
| 22. | | Does your company use antivirus software on all desktops, porta critical servers? | I desktops, portable computers and mission | | | | | |
| 23. | . [| Do you have a written disaster recovery and business continuity | plan for your networ | ·k? | ☐ Yes ☐ No | | | |
| 24. | | Does the Applicant follow established procedures for carrying ou of client or employee data and/or sensitive information? | destruction | ☐ Yes ☐ No | | | | |
| 25. | . [| Do you have a written data breach response plan? | | | | | | |
| 26. | 26. During the last three years, has anyone alleged that their personal information was compror have you notified customers that their information was or may have been compromised result of your activities? | | | | ☐ Yes ☐ No | | | |

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE - Optional - Not available without D&O coverage.

NOTE THAT ITEMS 27. THROUGH 30. MUST BE COMPLETED BY ALL D&O, EPLI, WAGE AND HOUR AND CYBER-LIABILITY COVERAGE APPLICANTS. 27. a. Within the last three years, has any inquiry, complaint, notice of hearing, claim, or suit been ☐ Yes ☐ No 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 Director, Officer, Trustee, Employee, or Volunteer of the Applicant? If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page. **b.** Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, ☐ Yes ☐ No which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page. 28. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, cancelled or refused? If yes, provide details: 29. Current Insurance Company: 30. Limits of Insurance requested: NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE. The undersigned authorized Officer of the Organization on behalf of the Applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage. The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount. Although the signing of this Application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this Application and the information furnished will be the basis of the contract should a policy be issued and this Application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this Application, as they may deem necessary. WARNING FRAUD 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, 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.

(Must be signed by Chairman of the Board, President or Executive Director)

Signed:

Title: