



# 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).

#### PART 1. BACKGROUND INFORMATION

- Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_
- Purpose of Organization: \_\_\_\_\_
- In continuous existence since: 19 \_\_\_\_\_
- Are there subsidiaries? Yes  No  If yes, provide name(s), date established, nature of operation, profit or nonprofit, purpose, bylaws and Financial statements for each subsidiary: \_\_\_\_\_  
If yes, is coverage requested for them? Yes  No

#### PART 2. INSURANCE COVERAGE INFORMATION

- a) Directors and Officers Liability Insurance carried:  

<u>Insurer</u>	<u>Limits of Liability</u>	<u>Premium</u>	<u>Deductible</u>	<u>Policy Period</u>
_____	_____	_____	_____	_____
- b) Directors & Officers Liability Insurance has been continuously in force since \_\_\_\_\_
- Does the Organization currently carry General Liability Insurance? Yes  No
- Has any Policy for Directors and Officers Liability Insurance ever been canceled or non-renewed?  
Yes  No  If yes, please advise details: \_\_\_\_\_
- The individual of the Organization designated to receive any and all notices from the Insurer or their authorized representative(s) concerning this insurance is:  
Name \_\_\_\_\_ Title \_\_\_\_\_
- Number of members: \_\_\_\_\_ Number of Chapters \_\_\_\_\_  
If there are chapters, is coverage requested for them under this Policy? Yes  No

#### PART 3. ORGANIZATION OPERATION DETAILS

Please Attach a Statement of Details to All "Yes" Answers to Questions #10-14

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

#### PART 4. EMPLOYER DETAILS

- Total Number of: Full time Employees? \_\_\_\_\_ Part time Employees? \_\_\_\_\_
- Does the organization have a written: Anti-Sexual Harassment Policy? Yes  No   
Anti-Discrimination Policy? Yes  No  If Yes, please attach a copy.
- Has there been any reduction of employees in the past 12 months or is a reduction anticipated in the next 12 months?  
Yes  No  If Yes, what percentage? \_\_\_\_\_

#### PART 5. CLAIM INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI Companies.

- 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
- 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 explain: \_\_\_\_\_

Please sign and Date Application on 2nd Page.

**PART 6. FINANCIAL INFORMATION**

Annual Revenues (past 12 months) \$ \_\_\_\_\_

Projected Annual Revenues (next 12 months) \$ \_\_\_\_\_

Fund Balance (Total Assets – Total Liabilities) \$ \_\_\_\_\_ Is Fund Balance Positive \_\_\_\_\_ or Negative \_\_\_\_\_?

**PART 7. RENEWAL STATEMENT**  
*APPLICABLE TO RENEWAL POLICIES ONLY*

It is agreed that this Renewal Application is a supplement to the Application(s) attached to the current Policy and said Applications, together with this Renewal Application, constitute the complete Application which shall be the basis of the contract should a Policy be issued and will be attached to and become part of the Policy.

**PART 8. REQUIRED INFORMATION**

- A. Completed Application signed and dated by either the President or Chairman of the Board.
- B. Latest Audited Financial Statement. (If financial statement is not audited, attach unaudited 12 month financial statement or a 990 Tax Form).
- C. Purpose statement from Bylaws or summary of operations/brochure.

**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 \_\_\_\_\_  
(Chairman of the Board or President)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**UNITED STATES LIABILITY INSURANCE GROUP**  
**KING OF PRUSSIA, PENNSYLVANIA**

**CLAIM WARRANTY LETTER**

The undersigned declares that no claim has been made (except claims, if any, previously disclosed on USLI application), nor is any claim now pending, or 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 other individual insureds.

Name of Insured \_\_\_\_\_

Signature \_\_\_\_\_  
Chairman of the Board or President

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## FIDUCIARY LIABILITY SUPPLEMENTAL QUESTIONNAIRE

1. Name of Organization: \_\_\_\_\_  
State: \_\_\_\_\_
2. Please check all plans the Organization currently sponsors for its employees:  
401K Plan \_\_\_\_\_ 403B Plan \_\_\_\_\_ Pension Plan \_\_\_\_\_ Medical/Dental \_\_\_\_\_  
Life Insurance \_\_\_\_\_ Disability \_\_\_\_\_ Other: Please describe: \_\_\_\_\_
3. If you have either a 401K, 403B, Life Insurance or Pension Plan:
  - (a) Does an Outside Investment Firm manage the Plans? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, how often is their performance reviewed? \_\_\_\_\_
  - (b) Has a Lawyer, CPA or Actuary reviewed the Plans to assure there are no violations of prohibited transactions/Party-in-interest rules and to verify compliance with standards of eligibility, participation, vesting, funding and other provisions of the Employee Retirement Income Security Act of 1974 (E.R.I.S.A.) and similar provisions?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, when was the last time Plans were reviewed? \_\_\_\_\_
4. If you have either a Medical/Dental or Disability Plan, does an outside Administrative or Benefits Consulting Firm administer the Plan(s)? Yes \_\_\_\_\_ No \_\_\_\_\_
5. 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.
6. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any Plan? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, please attach details.
7. 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.

The information on this supplemental questionnaire is material to the Company underwriting this risk and shall be deemed attached a part of this Policy as is physically attached hereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Must be signed by Chairman, President or Executive Director.