

Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

Renewal Proposal Form

Non-Profit Organization Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION

THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD, THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE PURCHASED EXTENDED REPORTING PERIOD, IF APPLICABLE.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Insured Entity. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

Provide details to all "Yes" answers, when applicable, by attachment.

Name of **Named Insured**

Street Address

City

County

State

Zip Code

Phone:

Fax:

The Officer designated as agent of the **Insured Entity** and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Name

Title

E-mail Address

General Information (Provide details to all "Yes" answers by attachment)

- The **Insured Entity** has been in continuous operation since: _____
- (a) Does the **Insured Entity** currently have a tax-exempt status under the U.S. Internal Revenue Service Code? Yes No
If "Yes", under which IRSC Section? _____
If "No", provide an explanation: _____
- (b) Have there been or are there now pending, any disputes as to the **Insured Entity's** tax-exempt status? Yes No
- Describe the **Insured Entity's** nature of operations: _____
- Provide the following financial information with respect to the **Insured Entity**:

Total Assets (\$,000)	Fund Balance (Net Assets) (\$,000)	As of Fiscal Year End
\$ _____	\$ _____	Date: _____
- Does the **Insured Entity** own or hold any patents? If "Yes", how many? _____ Yes No
- Does the **Insured Entity** provide any professional services including, but not limited to, legal counseling, medical care, peer review and credentialing activities to others? If "Yes", provide an explanation by attachment. Yes No
- Does the **Insured Entity** promote, sponsor or provide any form of insurance to its members or non-members? If "Yes", provide an explanation by attachment. Yes No
- Is the **Insured Entity** a member of or participant in any risk management programs or professional associations? If "Yes", provide a list by attachment. Yes No
- Does the **Insured Entity** transact electronic commerce on behalf of itself, members or third parties? If "Yes", provide an explanation by attachment. Yes No

Current Employee Information (Provide details to all "Yes" answers by attachment)

(a) Number of employees:	Full Time	Part Time	Seasonal	Temporary	Volunteers
Current Year					
Last Year					

- (b) What is the **Insured Entity's** annual employee turnover rate for the last 12 months? _____ %
- Have there been any changes in senior management in the last 12 months? Yes No
- What percentage of the **Insured Entity's** employees currently earns more than \$50,000? _____ %
- Does the **Insured Entity** currently employ a full time Human Resources professional? Yes No

Carolina Casualty Insurance Company

14. Indicate which formal written policies and procedures have been implemented and attach a copy of each. None
 If "None", so state.
- | | | |
|---|--|--|
| <input type="checkbox"/> Employee Handbook / Manual | <input type="checkbox"/> Anti-Harassment Policy, including Sexual Harassment | <u>Employers with more than 50 Employees</u> |
| <input type="checkbox"/> Anti-Discrimination Policy – Equal Employment Opportunity (EEO) Policy | <input type="checkbox"/> Adherence to Employment "at-will" relationship with all employees | <input type="checkbox"/> Family Medical Leave Act
<u>California Employers Only</u>
<input type="checkbox"/> California Family Rights Act |

Litigation and Claim Information (Provide details to all "Yes" answers by attachment)

15. During the last 5 years, has the **Insured Entity** or any of the **Individual Insureds** received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration proceeding involving:
- | | |
|--|--|
| (a) any intellectual property disputes, including Copyright, Patent, or Trademark Laws? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) any alleged violation of any Federal or State Security Law or Regulation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) any alleged violation of any Federal or State Anti-Trust or Fair Trade Law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) any other allegations of violations of federal, state or local statute, regulation, ordinance or common law that would otherwise be within the scope of this proposed insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
16. In the last 5 years, has any current or former employee or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Employment Acts** against the **Insured Entity** or any of the **Individual Insureds**? Yes No
 A **Claim** is not limited to the filing of a lawsuit or complaint with the EEOC or similar state or local agency. A **Claim** may also include a written demand or threat by any current or former employee seeking relief in connection with an employment-related dispute or grievance.
17. During the last 5 years, has the **Insured Entity** or any of the **Individual Insureds** thereof known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or under any of the following forums?
- | | |
|--|--|
| (a) National Labor Relations Board? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Equal Employment Opportunity Commission? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Office of Federal Contract Compliance Programs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) U.S. Department of Labor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Any state or local government agency such as the Labor Department or fair employment agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) U.S. District or state court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF "YES" TO ANY PART OF QUESTIONS 15., 16., OR 17. PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY COMPLETING A CLAIM SUPPLEMENTAL FORM NP 23610.

Previous Insurance Information (Provide details to all "Yes" answers by attachment)

18. Provide the following information regarding the **Insured Entity's** Directors' and Officers' Liability insurance for the current policy year. If "None", so state. None
- | | | | | |
|-------------------|-----------------|--------------------|------------|---------|
| Insurance Carrier | Expiration Date | Limit of Liability | Deductible | Premium |
| | | \$ | \$ | \$ |

Documents Required

19. Provide details to all "Yes" answers, when applicable, by attachment
20. The most recent Employee Handbook or Employee Policy Manual
21. Does the **Insured Entity** have any subsidiaries? If "Yes", how many? _____ Yes No
 If "Yes", provide the following information:

Name of Subsidiary	For Profit or Not For Profit?	Nature of Business	Total Assets	Is coverage requested for this Subsidiary under this Policy?
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Carolina Casualty Insurance Company

Please Read Carefully

The undersigned Chairman of the Board of Directors, President, Chief Executive Officer or Executive Director declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted therewith shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- the information contained in this Proposal Form shall not be used by the **Insureds** as notice as provided for in section VII. of the Policy, nor will the **Insurer** recognize and/or accept the information contained herein as notice as provided for in section VII. of the Policy;
- any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insureds**, except for those person or persons who executed the Proposal Form, shall be imputed to any other **Insureds** and further provided that if any person who executed the Proposal Form knew that such statement or representation was inaccurate or incomplete, then this Policy will be void as to all **Insureds**;
- this Proposal Form has been completed as respects the entire Insured Entity;
- and the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

	Title:
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Chairman of the Board of Directors, President, Chief Executive Officer or Executive Director

	Dated:
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Print Name

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Print Name)

AGENT'S LICENSE NUMBER

Carolina Casualty Insurance Company

NOTICE TO COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS: 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.

NOTICE TO APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, AND VIRGINIA APPLICANTS: 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.