

NP Proposal Form Reminders

[For forms NP 23505 (8-99) & NP 3505 (8-99)]

Every question on the Proposal Form must be answered. N/A is not an acceptable response.

General Information Section (page 1):

- Please include the FULL Legal Name of the Organization. Acronyms are not acceptable.
- Physical street address will be needed in order to issue policy. A P.O. Box is not acceptable.
- Question #3 - IRSC Section = 501(c) _____.
- Question #5 - Please answer question completely by including year-end date or provide financials.

Current Employee Information Section (page 1):

- Question #8 - If answered “yes,” please provide written explanation of changes in Senior Management.

Litigation and Claim Information Section (page 2):

- If any question on this page is answered “yes,” please complete and submit claim form NP 23610 (8-99) for Carolina Casualty and NP 3610 (8-99) for Admiral. Both forms are available online.

Signature Page of Application (page 3):

- The Proposal Form must be signed and dated by either the 1) Chairman of the Board, 2) President, 3) CEO or 4) Executive Director. If signature is not correct, we will ask that the Form be re-signed and dated.
- The Proposal Form must be signed and dated within 30 days of binding for new business, 120 days of binding for renewal business.

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

State

Zip Code

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

1. The **Insured Entity** has been in continuous operation since: _____
2. What is the **Insured Entity's** Federal Employer Identification Number (FEIN) or Taxpayer Identification Number: _____
3. (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 by attachment.
- (b) Have there been or are there now pending, any disputes as to the **Insured Entity's** tax-exempt status? Yes No
4. (a) What is the **Insured Entity's** North American Industry Classification System (NAICS) Code? _____
- (b) Describe the **Insured Entity's** nature of operations: _____
5. Provide the following financial information with respect to the **Insured Entity**:
Fund Balance: \$ _____ Assets: \$ _____ As of (Year End): _____
6. Does the **Insured Entity** own or hold any patents? If "Yes", how many? _____ Yes No
7. Does the **Insured Entity**:
(a) provide any professional services including, but not limited to, counseling, peer review and credentialing activities to others for a fee? Yes No
(b) promote, sponsor or provide any form of insurance to its members or non-members? Yes No

Current Employee Information

8. Have there been any changes in senior management in the last 3 years? Yes No
9. (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? _____ %
10. What percentage of the **Insured Entity's** employees currently earns more than \$50,000? _____ %
11. Does the **Insured Entity** currently employ a full time Human Resources professional? Yes No
12. Indicate which formal written policies and procedures have been implemented and attach a copy of each. None
If "None", so state.

- Employee Handbook / Manual
- Anti-Discrimination Policy – Equal Employment Opportunity (EEO) Policy

- Anti-Harassment Policy, including Sexual Harassment
- Adherence to Employment "at-will" relationship with all employees

- Employers with more than 50 Employees
- Family Medical Leave Act
 - California Employers Only
 - California Family Rights Act

Carolina Casualty Insurance Company

Litigation and Claim Information

13. 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? Yes No
 - (b) any alleged violation of any Federal or State Security Law or Regulation? Yes No
 - (c) any alleged violation of any Federal or State Anti-Trust or Fair Trade Law? Yes 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? Yes No
14. 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.
15. 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? Yes No
 - (b) Equal Employment Opportunity Commission? Yes No
 - (c) Office of Federal Contract Compliance Programs? Yes No
 - (d) U.S. Department of Labor? Yes No
 - (e) Any state or local government agency such as the Labor Department or fair employment agency? Yes No
 - (f) U.S. District or state court? Yes No
16. Are the undersigned or any of the Directors, Trustees and Officers proposed for this insurance aware of any fact, circumstance or situation involving any **Insureds** that he or she has reason to believe might result in a future Claim? Yes No
17. Is the **Insured Entity** or its management aware of any fact, circumstance or situation involving any **Insureds** that he or she has reason to believe might result in a Claim, including, but not limited to, situations involving:
- (a) Threats by any current or former employee or third party to take legal or other action against the **Insured Entity** or any of its employees, or a demand or request by any current or former employee for monetary or non-monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other **Wrongful Employment Acts**? Yes No
 - (b) Knowledge that any current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Acts**? Yes No
 - (c) Complaints or accusations by other employees or third parties that a current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Acts**? Yes No
 - (d) Warnings, reprimands, or other disciplinary measures taken against any current or former employee for acts of discrimination, harassment, or other **Wrongful Employment Acts**? Yes No

IF "YES" TO ANY PART OF QUESTIONS 13., 14., 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 3610 (08-99).

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 13., 14., 15., 16., OR 17.

Documents Required

Submit one copy of each of the following documents.

- (a) Provide details to all "Yes" answers, when applicable, by attachment (b) The most recent Employee Handbook or Employee Policy Manual

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 shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file 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;
- 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 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.