



Fiduciary Liability/General Liability Supplemental Questionnaire

Return Applications To:
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Claymont, DE 19703-2580
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www.rockwoodinsurance.com

I GENERAL APPLICANT INFORMATION

Applicant's Name _____

Contact Name _____ Contact Phone _____

II FIDUCIARY LIABILITY INFORMATION

- 1 Does the Applicant wish to purchase Fiduciary Liability Coverage? Yes No
If "Yes", complete the following questions 2-5 below.
- 2 Indicate the type of plans to be insured: Welfare Benefit Pension Profit Sharing Other _____
- 3 Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? Yes No
- 4 Are any of the plans underfunded? Yes No
- 5 Are any of the plans a multi-employer plan? Yes No

III GENERAL LIABILITY/PROPERTY DAMAGE

- 1 Does the Applicant wish to purchase General Liability/Property Damage Coverage? Yes No
If "Yes", complete the following questions 2-14 below:
- 2 Number of active members **3** Square footage of space Sq. Ft.
- 4 Select type of non-profit office exposure: Building or Premises Owned Leased Other _____
- 5 Is the organization involved in any accreditation, standard setting, or credentialing? Yes No
- 6 Does the applicant's location have functioning and operations smoke detectors? Yes No
- 7 Does the applicant's location have fully serviced fire extinguishers? Yes No
- 8 Does the organization have an automobile policy in place? Yes No
- 9 Does the organization own any autos or lease any autos on a long term basis? Yes No
- 10 Does the organization regularly deliver goods or products or require its employees or volunteers to transport clients? Yes No
- 11 Does the organization have an international operations or exposures? Yes No
- 12 Does the organization need to add coverage for an additional insured (other than Manager/Lessor of Premises)? Yes No
If "Yes", please provide information regarding additional insured.

- 13 Have there been any General Liability or Property claims in the last 5 years? Yes No
- 14 Please enter the number of Special Events the applicant hosts or participates in annually? Average attendees per event

NOTICE TO ALL APPLICANTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSUREDS, REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND REPRESENTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature: _____ Date / /
(Must be signed by an Officer or Executive Director of the Applicant) Mo / Day / Yr

Print Name _____ Print Title _____

Submit Application