



CommunityFirst
Nonprofit Insurance Solutions

**APPLICATION FOR
Social Services Not-For-Profit Management Liability**

Section A. APPLICANT INFORMATION:

Name of Applicant:	
Address:	
Website address:	
Description of Services or purpose of Organization:	
Number of years in operations:	
NAIC Code	
Workers Compensation Governing Class Code(s)	

Section B. REQUESTED COVERAGES:

Y/N	Coverage	Limit (Shared or separate limit?)	Retention	Currently Purchase?	Expiring Premium	Retroactive Date
	Directors and Officers:					
	Employment Practices:					
	Fiduciary Liability:					

Section C. DIRECTORS AND OFFICERS INFORMATION:

1. Does the Applicant currently have tax-exempt status under the US Internal Revenue Service Code?
Yes No
 - a) If "Yes", under which IRSC Section? _____
 - b) If "No", please attach explanation.

2. Have there been or is there now any pending dispute regarding the Applicant's Tax Exempt Status?
Yes No (If "Yes" please provide details)

3. Does the Applicant:
 - a) Provide any professional services including, but not limited to, legal counseling, medical care, peer review or credentialing activities? Yes No
 - b) Promote, sponsor or provide any form of insurance to members or non-members? Yes No

4. Within the last 3 years, or within the next 12 months, is the Applicant anticipating any:
 - a) Changes to senior management? Yes No
 - b) Changes to nature of services provided? Yes No
 - c) Mergers or acquisitions with any other entity? Yes No
 - d) Dissolving of any Subsidiaries or office locations? Yes No
 - e) Filing for bankruptcy, or reorganization of any Insured Entity? Yes No

Please provide full details on any "Yes" responses to Question 4 a)- e)

5. Please provide your most recently available audited financial statements.

For indication purposes only, please provide:

Annual Revenue:	_____	Current Assets:	_____
Operating Income:	_____	Current Liabilities:	_____
Fund Balance:	_____	Total Assets:	_____
Total Long Term Debt:	_____	Total Liabilities:	_____

Section D. EMPLOYMENT PRACTICES INFORMATION:

1. Total Number of Employees:

Full Time	Part Time	Volunteers	Independent Contractors	Temporary/Seasonal

2. What is your annual employee turnover rate? _____

3. Do you employ a full time human resources department? Yes No

4. Does the Applicant maintain a personnel file for each employee? Yes No

5. In the last 12 months has the Applicant made, or in the next 12 month anticipate making, any reduction in work force Yes No
If "Yes", please provide details

6. Please indicate which formal written policies and procedures have been implemented by the Applicant:

<input type="checkbox"/>	Employee Handbook / Manual
<input type="checkbox"/>	Anti-Harassment Policy, including Sexual Harassment
<input type="checkbox"/>	Anti- Discrimination Policy
<input type="checkbox"/>	Procedures for handling employee complaints of discrimination and/or sexual harassment ("Open door policy")

Section E. FIDUCIARY LIABILITY INFORMATION:

1. Please complete the following grid for all Plans which the Applicant is seeking coverage for:

Full Name of Plan	Number of Plan Participants	Type of Plan*	Total Plan Assets

**ESOP, Defined Contribution Plan (DC), Defined Benefit Plan (DB), Welfare Benefit (WB), Other (O)*

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2. Do all 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 |
| 3. Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules? | Yes | No |
| 4. Are any plans under funded by more than 30%, or have any delinquent contributions? | Yes | No |
| 5. In the last two (2) years, have there been any amendments, mergers or terminations to any of the above Plans? | Yes | No |
| 6. Does the Applicant anticipate terminating, suspending, merging or dissolving any plans within the next 18 months? | Yes | No |

Please provide explanation for any "Yes" response to Items #4-6 on a separate page

Section F. CLAIM HISTORY

<p>1. Has there been, or is there now any claims(s) pending against the Applicant or its Subsidiaries, or any person proposed for insurance that is based upon or arises from acts, errors or omissions in a capacity of a Director, Officer or Employee of the Applicant or its Subsidiaries (including but not limited to demands by past, present or potential Employees and administrative proceedings)? (If “yes”, please provide details)</p>	<p>Yes No</p>
<p>2. Does any person proposed for this insurance have knowledge of any fact, circumstance or situation involving the Applicant, its Subsidiaries, or any Director, Officers or Employees of the Applicant which he/she has reason to believe might result in a future claim(s) which might fall within the scope of the proposed insurance? (If “yes”, please provide details)</p>	<p>Yes No</p>

Section G – Warranties and Signatures

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any fact, circumstance or situation exists, whether or not disclosed in this Application, any claim or action arising from any such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, the Applicant must notify the Insurer in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

The Applicant’s submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase a policy. The Applicant authorizes the Insurer to make any inquiry in connection with this Application.

All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated into this Application and made a part hereof.

The undersigned authorized agents of the Applicant declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application are true and complete. The undersigned agree that this Application shall be the basis of the insurance policy should an insurance policy providing the requested coverage be issued and that the Insurer will have relied on the Application in issuing any policy.

Signature: _____
Applicant

Date: _____

Title: _____
(Must be signed by President, Chairman, Executive Director, or General Counsel)

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR

INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 INSURANCE 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO 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 TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.