



**UNDERWRITTEN IN FEDERAL INSURANCE COMPANY OR VIGILANT INSURANCE COMPANY**

Not For Profit Organization Liability Coverage is written on a claims made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during the policy period. Please note that the defense costs provision of this policy stipulates that the limits of liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by defense costs.

*PLEASE READ THE POLICY CAREFULLY*

**1. GENERAL INFORMATION**

Organization: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. EFFECTIVE DATE REQUESTED: \_\_\_\_\_**

**3. OPERATIONS**

- Nature of business \_\_\_\_\_
- Does the applicant have tax exempt status as defined by the I.R.S.?  Yes  No.
- Is there or has there been any dispute as to the applicant's tax exempt status?  Yes  No.  
(If yes, please provide specific details).
- Does the applicant have any subsidiaries or control a.. other entity for which it is requesting coverage under this policy?  Yes  No.  
(If Yes, please attach a description of the operations, ownership, and tax status of each such entity).

**4. EMPLOYMENT INFORMATION**

- Total number of employees? \_\_\_\_\_ volunteers? \_\_\_\_\_
- How many employees have been terminated in the last year? \_\_\_\_\_
- Does the applicant have formal written procedures for hiring and firing employees?  Yes  No.

**5. PAST ACTIVITIES**

Within the last three years, has the applicant, its directors, officers and/or any other proposed insured person received any complaint, suit, inquiry or notice of a hearing from any state or Federal regulatory, congressional or legislative committee, or any other party?  Yes  No. (If Yes, please provide specific details).

**6. PRIOR INSURANCE**

Please indicate previous coverage on the lines below. If none, skip this section and move on to section 7, **Prior Knowledge/Warranty**.

Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

Attach a copy of the prior application with any prior insurer. The Company will be relying upon the declarations and statements contain in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy of the Company.

**7. PRIOR KNOWLEDGE**

*Please answer the following only if there has been no previous coverage:*

No person proposed for coverage is aware of facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except \_\_\_\_\_  
Use additional paper for details as may be necessary. (If there are no exceptions, please state **“no exceptions”** on the line provided above).

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from such facts or circumstances is excluded from this proposed coverage.

**8. FALSE INFORMATION**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**9. ADDITIONAL INFORMATION**

*As part of this application, please attach the following (where applicable).*

- Most recent annual financial statement (include balance sheet and income statement).
- A complete list of the current board of directors and executive officers.
- A copy of the by-laws, articles of incorporation (or charter) and brochures descriptive of operations and/or purpose.

**10. DECLARATIONS AND SIGNATURE**

The undersigned declares that to the best of his or her knowledge and belief that the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the applicant or its directors, officers or other insured person to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form part of this policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

EXECUTIVE DIRECTOR,  
CHAIRMAN, OR PRESIDENT

## **IMPORTANT INFORMATION**

Your submission of this application does not obligate the Company to issue a policy. You will be advised if your application for coverage is accepted.

## **FALSE INFORMATION**

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any 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 Florida Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of 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 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 Minnesota and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**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 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 Oklahoma Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.

**Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**