

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please provide the name and title of the officer designated as agent of the Organization and all of the Insureds to receive any and all notices from the Insurer or an authorized representative concerning this insurance:

Name: _____ Title: _____

SECTION - BACKGROUND DATA

1. Select the Organization's nature of operation:

Classes - Acceptable

- | | |
|--|--|
| <input type="checkbox"/> Animal Related Organization | <input type="checkbox"/> Low Income Housing / Community Redevelopment |
| <input type="checkbox"/> Apprenticeship Training Trusts | <input type="checkbox"/> Medical Services, Hospitals, Clinics, and Nursing Homes |
| <input type="checkbox"/> Art, Culture, and Humanities | <input type="checkbox"/> Mentally Handicapped |
| <input type="checkbox"/> Authorities (port, transit, etc.) | <input type="checkbox"/> Police & Fire Associations |
| <input type="checkbox"/> Camps or Day Care Facilities | <input type="checkbox"/> Public Safety / Disaster Relief |
| <input type="checkbox"/> Cemeteries | <input type="checkbox"/> Recreation / Leisure / Sporting |
| <input type="checkbox"/> Certification Boards | <input type="checkbox"/> Rehabilitation or Counseling |
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Chamber of Commerce / Business Leagues | <input type="checkbox"/> Retirement Communities and Assisted Living |
| <input type="checkbox"/> Charitable Org. / Human Service / Community Education | <input type="checkbox"/> Quasi-Governmental Agencies |
| <input type="checkbox"/> Civil Rights or Social Action | <input type="checkbox"/> School - Charter |
| <input type="checkbox"/> College Sororities | <input type="checkbox"/> School - Private |
| <input type="checkbox"/> Condo /Home / Business Owner's Association | <input type="checkbox"/> School - Other Educational Facilities (non-public) |
| <input type="checkbox"/> Cooperatives | <input type="checkbox"/> School - Related activities and groups |
| <input type="checkbox"/> Cooperatives - Housing | <input type="checkbox"/> Scientific Technology / R&D |
| <input type="checkbox"/> Communications / Public Broadcasting | <input type="checkbox"/> Temporary Housing / Shelters |
| <input type="checkbox"/> Environmental Issues | <input type="checkbox"/> Testing Facilities for Public Safety |
| <input type="checkbox"/> Food or Nutrition | <input type="checkbox"/> Timeshare |
| <input type="checkbox"/> Foster Care / Adoption | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Foundation or Grant Making Association | <input type="checkbox"/> Veterans Group |
| <input type="checkbox"/> Fraternal Benefit Groups | <input type="checkbox"/> Volunteer Fire / Medical |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Water Supply Company / District |
| <input type="checkbox"/> Job Training or Placement | |

Classes - Refer to Underwriter

- | | |
|---|---|
| <input type="checkbox"/> Activist Groups | <input type="checkbox"/> Labor Unions |
| <input type="checkbox"/> Airports | <input type="checkbox"/> Pension Plan / Benefit Trusts |
| <input type="checkbox"/> Consumer Credit Counseling | <input type="checkbox"/> School - Public |
| <input type="checkbox"/> College Fraternities | <input type="checkbox"/> School - Colleges & Universities |
| <input type="checkbox"/> Country Clubs | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Financial or Insurance Related | |

2. a. Annual Salary/Wages Expense _____
b. Total Assets _____
3. Does the Organization have any for-profit subsidiaries? ☐ Yes ☐ No
If "Yes", Please submit current financial statements for each of the for profit subsidiaries as an attachment to this Proposal Form
4. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed within the last twelve months? ☐ Yes ☐ No
If "Yes", Please provide a description of the transaction and submit projected financial statements for the post-transaction organization.
5. Does the Organization or any proposed Insured perform, or are they involved in, any of the following:
- | | |
|---|---------------------------------------|
| _____ Services involving Children | _____ Broadcasting / Publishing |
| _____ Collective Bargaining or Labor Advocacy | _____ Lobbying |
| _____ Mental Health / Rehabilitation Counseling | _____ Insurance or Investment Advisor |
| _____ Medical Services | _____ Foster Care / Adoption |
| _____ Legal or Arbitration Services | _____ Research & Development |
| _____ Teacher / Educator | _____ Other Professional Services |
| _____ Financial Counseling | |
6. Does the Organization take any disciplinary action or recommend disciplinary action as a result of credentials certification, accreditation, licensing, peer review or standard setting activities? ☐ Yes ☐ No
7. Has the Organization been in operation for fewer than 12 months? ☐ Yes ☐ No
If "Yes", Please provide a description of the Organization's business plan and submit the Organization's projected budget for the next twelve months.

SECTION - PRIOR ACTIVITIES / KNOWLEDGE

1. Have there been during the last five years, or are there now pending, any civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against the Organization, its Subsidiaries, or any person proposed for this insurance in their capacity as either Director, Officer, Trustee, employee, volunteer, or staff member of the Organization or its Subsidiaries? ☐ Yes ☐ No
If "Yes", Please answer a. and b.
- a. Have there been more than four such proceedings against the Organization or any proposed Insured during the past five years? ☐ Yes ☐ No
- b. For each proceeding, please provide the dollar amount of loss, the date the proceeding was filed, and whether the proceeding is open or closed:

Proceeding/Claim 1

Total loss paid including Costs of Defense, Judgments, and/or Settlements:

_____ None _____ \$10,000 or less _____ \$10,001 - \$40,000 _____ \$40,001 - \$100,000 _____ greater than \$100,000

Date the proceeding was filed:

_____ In the past year _____ 1 -2 years ago _____ 2 - 3 years ago _____ 3 - 4 years ago _____ 4 - 5 years ago

Please provide the name of the claimant and a description of the allegations:

Status: _____ Open _____ Closed

IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS EXCLUDED UNDER THE PROPOSED COVERAGE.

2. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? ☐ Yes ☐ No
If "Yes", Please provide a description of the fact, circumstance, and/or situation below:

IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

The undersigned President (or Executive Director) declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance, but it is agreed that this Proposal Form and any material submitted therewith are the representations of the proposed Insureds. It is further agreed that this Proposal Form and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this Proposal Form and any attachments thereto will be attached to and become a part of the Policy.

It is represented that the particulars and statements contained in this Proposal Form, including all materials submitted herewith, are true and are the basis of the Policy and are to be considered as incorporated in and constituting part of the Policy. However, the Policy shall not be voided or rescinded and coverage shall not be excluded as a result of any untrue statement in this Proposal Form, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge such statement is untrue.

By _____ Date _____
SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR

Title _____

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

PLEASE NOTE: A copy of the Organization's latest annual report or annual audit/examination or internal financial statement must be provided at the time the completed Proposal Form is submitted for Organizations with annual Salary Expense of greater than \$3,000,000 or Total Assets of greater than \$15,000,000 or if specifically requested by the Underwriter. If Fiduciary Liability Coverage is requested a copy of the Organization's latest IRS Form 5500s must be provided at the time the completed Proposal Form is submitted for Organizations with Plan assets of greater than \$25,000,000 or if specifically requested by the Underwriter. This Proposal Form, including any material submitted therewith, shall be treated in strictest confidence.

Please submit this Proposal Form including documentation to:

**ABA Insurance Services
3401 Tuttle Road
Suite 300
Shaker Heights, OH 44122**