

Online Proposal Form For Non-Profit Organization

Executive Protection, Employment Practices Liability,
and Fiduciary Liability Insurance

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 _____

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 (<i>port, transit, etc.</i>) | <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 (<i>non-public</i>) |
| <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 | |

Background Data Continued

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 _____	Yes	No
3. Does the Organization have any for-profit subsidiaries?		<input type="checkbox"/>	<input type="checkbox"/>
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?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, Please provide a description of the transaction and submit projected financial statements for the posttransaction organization.			
5. Does the Organization or any proposed Insured perform, or are they involved in, any of the following:			
<input type="checkbox"/> Services involving Children	<input type="checkbox"/> Broadcasting/Publishing		
<input type="checkbox"/> Collective Bargaining or Labor Advocacy	<input type="checkbox"/> Lobbying		
<input type="checkbox"/> Mental Health/Rehabilitation Counseling	<input type="checkbox"/> Insurance or Investment Advisor		
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Foster Care/Adoption		
<input type="checkbox"/> Legal or Arbitration Services	<input type="checkbox"/> Research & Development		
<input type="checkbox"/> Teacher/Educator	<input type="checkbox"/> Other Professional Services		
<input type="checkbox"/> 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?		<input type="checkbox"/>	<input type="checkbox"/>
7. Has the Organization been in operation for fewer than 12 months?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, Please provide a description of the Organization's business plan and submit the Organization's projected budget for the next twelve months.			

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 <input type="checkbox"/>	No <input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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:		

