

Great American Insurance Company (a non-participating stock company)

Online Proposal Form For Non-Profit Organization

Executive Protection, Employment Practices Liability, and Fiduciary Liability Insurance

ivam	e of	Organization									
Stree	et Ad	ddress									
City				State	Zip Code						
		rovide the name and title of the officer designated as a			Insureds to receive any and a						
		rom the Insurer or an authorized representative concerr	_								
Nam	e			Title							
Ba	ckgı	round Data									
1.	Sel	Select the Organization's nature of operation:									
	Clas	sses – Acceptable									
		Animal Related Organization		Low Income Housing/Communit	ty Redevelopment						
		Apprenticeship Training Trusts		Medical Services, Hospitals, Clir	nics, and Nursing Homes						
		Art, Culture, and Humanities		Mentally Handicapped							
		Authorities (port, transit, etc.)		Police & Fire Associations							
		Camps or Day Care Facilities		Public Safety/Disaster Relief							
		Cemeteries		Recreation/Leisure/Sporting							
		Certification Boards		Rehabilitation or Counseling							
		Clubs		Religious Organizations							
		Chamber of Commerce/Business Leagues		Retirement Communities and As	ssisted Living						
		Charitable Org./Human Service/Community Education		Quasi-Governmental Agencies							
		Civil Rights or Social Action		School - Charter							
		College Sororities		School - Private							
		Condo/Home/Business Owner's Association		School - Other Educational Faci	ilities (non-public)						
		Cooperatives		School - Related activities and g	groups						
		Cooperatives – Housing		Scientific Technology/R&D							
		Communications/Public Broadcasting		Temporary Housing/Shelters							
		Environmental Issues		Testing Facilities for Public Safe	ty						
		Food or Nutrition		Timeshare							
		Foster Care/Adoption		Trade Association							
		Foundation or Grant Making Association		Veterans Group							
		Fraternal Benefit Groups		Volunteer Fire/Medical							
		Legal Services		Water Supply Company/District							
		Job Training or Placement									

D.D9270 (03/24) Page 1 of 3

Background Data Continued

	Clas	sses – Refer to Underwriter						
		Activist Groups		Labor Unions				
		Airports		Pension Plan/Benefit Trusts				
		Consumer Credit Counseling		School – Public				
		College Fraternities		School – Colleges & Universities				
		Country Clubs		Tobacco				
		Financial or Insurance Related						
2.	a.	Annual Salary/Wages Expense	_	b. Total Assets	Yes	No		
3.	Doe							
	If ye							
4.	cor	he Organization or any of its Subsidiaries involved in on solidation, acquisition, divestment or sale of a portion on considered or completed within the last twelve mon						
		es, Please provide a description of the transaction and stransaction organization.						
5.	Doe	es the Organization or any proposed Insured perform,						
		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?							
7.	Has	ths?						
	-	es, Please provide a description of the Organization's because the provide a description of the Organization's because the provided and the pr	ess plan and submit the Organization's					
Pri	or A	ctivities/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?							
	If ye	es, Please answer a. and b.						
	a.	Have there been more than four such proceedings ag Insured during the past five years?	gains	et the Organization or any proposed				
	b.	f loss, the date the proceeding was filed,						

D.D9270 (03/24) Page 2 of 3

Title									Date			
	of Presider	nt or Execut	ive Director_									
and are the	ne basis o	f the Policy scinded an	and are to be decorated and are to be	e considered shall not be e	ntained in this d as incorpor xcluded as a rsons making	ated in a result c	and const of any untr	tuting part o ue statemen	of the P	olicy. Ho s Propos	wever, th al Form,	ne Policy sl except as
true and control facilitate change in which wou immediate Proposal Form and	correct and the properties the conduction under render the self. The sign of the conduction and the correct and any attack.	d that reas per and ac- lition of the r this Propo gning of th any mater any mater chments the	onable effort curate comp applicant is osal Form ind is Proposal I ial submitted ial submitted ereto will be	s have been letion of this discovered laccurate or inform does not therewith a distance of the stance of the stanc	es that to the made to obtoo Proposal For Detween the incomplete, not bind the urre the representall be the basend become	tain suffirm. The date of otice of ndersignentation asis of the a part of	cient inforundersign this Proposuch channed to pure s of the pure contract f the Polici	rmation from ned further a sal Form an nge will be re chase the in roposed Insu et should a P	n each agrees f ad the e eportee surance ureds. Policy b	and ever that if an effective d in writin ce, but it It is furth be issued	y propose y signific date of t ng to the is agreed er agree l, and thi	sed Insured cant advers he Policy, Insurer d that this d that this s Proposa
					NY SUCH FACTUNDER THE P	•			EXISTS	, ANY CLA	IM	
If yes	s, Please	provide a	description c	of the fact, cir	rcumstance,	and/or s	situation b	elow:				
Orga	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?											
IT IS AGRE	EED THAT	ANY CLAIM	ARISING FROM	ANY PRIOR	OR PENDING P	ROCEEDI	NG IS EXCI	UDED UNDER	THE PE	ROPOSED	COVERAG	ìE.
Plea: Statu	•	le the name	e of the clain	nant and a de	escription of sed	the alle	gations:					
	In the pa		□ 1 -2 ye		□ 2 - 3 ye			4 years ago		4 - 5 ye	ars ago	
Date	e the prod	eeding wa	s filed:									
	None	\$10,00	00 or less	□ \$10,00	01 - \$40,000		\$40,001 -	\$100,000		greater	than \$1	00,000
Total	al loss pai	d including	Costs of De	fense, Judgr	ments, and/o	r Settler	ments:					
Proce	eeding/Cla	aim 1										

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

D.D9270 (03/24) Page 3 of 3