



**FIREMAN'S FUND INSURANCE COMPANY
 NON-PROFIT ORGANIZATION LIABILITY APPLICATION
 THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY
 PLEASE READ YOUR POLICY CAREFULLY**

INFORMATION ABOUT THE APPLICANT

1. Name of Organization: _____
2. Principal Address: _____
3. Name of Individual designated to receive notices regarding this coverage: _____
4. Date Incorporated: _____
5. Does the Organization now have a tax-exempt status with the IRS? _____
6. Has there been any dispute as to the Organization's tax-exempt status? _____
If yes, attach explanation.

7. Statement of purpose or description of operations:

8. Number of employees (stated in full-time equivalents): _____

9. Does the Organization employ a full-time Human Resource Manager? _____
 If yes, give name: _____

10. Does the Organization utilize an employee handbook? _____

11. Does the Organization have any subsidiaries or affiliates over which it exercises administrative and/or fiscal control? _____ If yes, list each subsidiary or affiliate below:

Name of subsidiary/affiliate	Non-profit/For-profit	Relationship to Organization

INSURANCE INFORMATION

12. Please provide information on current Directors & Officers/Organization Liability and General Liability Insurance:

	<u>Insurer</u>	<u>Expiration Date</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
D&O:	_____	_____	_____	_____	_____
GL:	_____	_____	_____	_____	_____

FINANCIAL INFORMATION

13. Complete the following for the past two fiscal years:

Fiscal year-ended	Total Gross Revenue	Net Revenue	Total Assets	Net Assets
____/____/____	\$ _____	\$ _____	\$ _____	\$ _____
____/____/____	\$ _____	\$ _____	\$ _____	\$ _____

14. Based upon the organization's financial condition, has there been any question as to whether it will continue as a going concern? _____

Note: Financial statements or IRS forms 990 are required for the past two fiscal years if any of the following are true: Total Gross Revenue is greater than \$2,000,000; Assets are greater than \$5,000,000; Negative Net Revenue or Negative Net Assets are reported; or the answer to #14 is "yes".

CLAIMS HISTORY/WARRANTY SECTION

15. Has the Organization reported any loss or potential loss to its current or any prior Directors & Officers Liability insurer?

16. Has any claim been made against the Organization, its Directors, Officers or other personnel for an error or omission in the performance of its/his/her duties?

17. Is the Organization, its Directors, Officers or other personnel cognizant of any fact, circumstance or situation which may reasonably be expected to give rise to a claim within the scope of the Directors & Officers or Organization Liability policy?

IF ANY ANSWER TO QUESTIONS #15, 16 OR 17 IS "YES", ATTACH ADDITIONAL SHEETS DESCRIBING THE CLAIM OR CIRCUMSTANCE, INCLUDING DATE, CLAIMANT, BASIS OF CLAIM, STATUS, ANY SUMS SOUGHT AND/OR DEFENSE COSTS AND SETTLEMENTS INCURRED.

ADDITIONAL INFORMATION REQUIRED

Please attach copies of the following information for underwriting and rating purposes:

1. Claims history as noted above
2. CPA-prepared financial statements for the past two fiscal years or 990 tax forms, if required under question #13 and 14.

THE UNDERSIGNED IS THE AUTHORIZED AGENT OF THE PERSONS AND ORGANIZATION PROPOSED FOR THIS INSURANCE AND HEREBY DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. SIGNING THIS APPLICATION DOES NOT BIND THE INSURANCE CARRIER TO PROVIDE COVERAGE.

IT IS UNDERSTOOD THAT ANY CLAIM(S) ARISING FROM ANY FACTS, CIRCUMSTANCES OR SITUATIONS DISCLOSED IN THIS APPLICATION ARE EXCLUDED FROM COVERAGE. THE UNDERSIGNED AGREES THAT THIS APPLICATION AND ATTACHMENTS WILL BECOME PART OF AND THE BASIS FOR COVERAGE, IF ISSUED. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY FIREMAN'S FUND INSURANCE COMPANY, WHO MAY MODIFY OR WITHDRAW ITS QUOTATION AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRPERSON OR EXECUTIVE DIRECTOR OF THE ORGANIZATION. THIS APPLICATION MUST BE SIGNED AND DATED NO MORE THAN (60) DAYS PRIOR TO THE EFFECTIVE DATE OF THE COVERAGE.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH THE 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, IS SUBJECT TO CRIMINAL AND CIVIL LIABILITY UNDER STATE AND/OR FEDERAL LAW.

SIGNED: _____ DATE: _____
(President, Chairperson or Executive Director)

PRINT NAME and TITLE: _____