



# Program Application

This Application is for: CLAIMS MADE AND REPORTED DIRECTORS & OFFICERS LIABILITY AND ERRORS & OMISSIONS COVERAGE

OCCURRENCE FORM GENERAL LIABILITY, CRIME AND HIRED/NON-OWNED AUTOMOBILE LIABILITY COVERAGE

**Please complete this application and forward to:**

**E&O Underwriter, 333 West Wacker Drive, Suite 1200, Chicago, Illinois 60606-1731**

Phone: (312) 906-8111 • www.one80.com

1) Name of Foundation (Foundation):		
2) Date Foundation Formed:		
3) Address:		
4) Phone:	Fax:	
Web Address:	E-mail:	
5) a) Name of Executive Director:		
b) How long has this individual identified served as Executive Director of the Foundation?		
6) a) Is the Foundation affiliated with any organization/entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state name of the organization/entity (i.e. name of school district):		
<input type="checkbox"/> <input type="checkbox"/>		
7) a) Please list all Foundation fund raising activities and sponsorship programs with associated revenues.		
b) Does the Foundation publish magazines, periodicals, web sites or newsletters?		
<input type="checkbox"/> Not applicable <input type="checkbox"/> Magazines <input type="checkbox"/> Newsletters <input type="checkbox"/> Periodicals <input type="checkbox"/> Web sites		
8) a) Does the Foundation have an Investment Counselor or person authorized to make investments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state individual name and company:		
b) Please state name of Banking Institution and the names of all authorized signatories to the Foundation's accounts:		
<b>Please identify sources of revenue for current and prior year:</b>	<b>Current Year \$\$</b>	<b>Prior Year \$\$</b>
Grants:		
Donations/Contributions:		
Publications:		
Advertisement:		
Fund Raisers:		
Investments:		
Other (please describe):		
<b>Total Revenue:</b>		

<b>9) a) Number of volunteers serving Foundation?</b>		
b) Are volunteers paid any form of stipend or expense reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
c) Does the Foundation have any person(s) who profit from the operation, except as salaried employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, please explain:</b>		
<b>10) a) Does the Foundation have employees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
b) <b>If Yes</b> , is Employment Practices Liability coverage desired?		
<b>If Yes, please complete the following questions (11 through 20).</b>		
<b>11) Numbered of salaried employees of Foundation:</b>	<b>Full-Time:</b>	<b>Part-Time:</b>
<b>12) Does the Foundation have a written employee handbook?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please attach a copy of this document.</i>		
<b>13) Have any of the Foundation's employees been suspended, demoted or transferred within the last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes</b> , describe action taken and dates:		
<b>14) Have there been or is there any anticipated employee dismissals, terminations, reduction in staff, non renewal of employment contracts in the past/next 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes</b> , describe action taken and dates:		
<b>15) Does the Foundation have plans for any reduction in staff, employee termination(s), dismissal(s), or non renewal of employment contract(s) which would have a significant effect on the number of employees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes</b> , please explain:		
<b>16) Does every professional employee have an employment contract?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>17) Has the Foundation adopted a pay scale or hiring practice for personnel providing for remuneration without regard to age, sex, race or creed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes</b> , Year first adopted:		
<b>18) Are background checks conducted on all employees prior to hiring?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>19) Has the Foundation established written guidelines related to reporting and investigating allegations of sexual harassment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>20) Has the EEOC ever conducted an investigation or issued a right to sue letter to the Foundation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If Yes, please provide details (including plaintiff attorney fees awarded) on a separate sheet.</i>		
<b>21) Is General Liability and/or Crime Coverage desired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please note:</b> General Liability Coverage for any Special Event requires completion of the Foundation Special Events Questionnaire. <b>If Yes</b> , we will forward a questionnaire.		
b) Is Special Events Coverage desired? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**If Yes, please complete the following questions (22 through 31).**

22) If the Foundation is provided with an Office, is the Office:  owned  leased  other  
 If **Other**, please explain:

23) If the Foundation's Office is owned or leased, state the Total Square Foot Area of the Office:

24) a) Does the Foundation have property coverage in force?  Yes  No  
 b) Does the Foundation have general liability coverage in force?  Yes  No

25) a) Does the Foundation verify invoices against a corresponding purchase order and receiving report prior to issuing payment?  Yes  No  
 b) Does the person who reconciles the monthly bank statement also sign checks or handle deposits?  Yes  No  
 c) Is countersignature of checks required?  Yes  No  
 d) Has any person affiliated with the Foundation been convicted of criminal conduct?  Yes  No

26) a) Does the Foundation hire or rent vehicles for business use?  Yes  No  
 b) If **Yes**, please state the annual cost for all hired vehicles: \$

27) a) Has any crime occurred or been attempted in the past three (3) years?  Yes  No  
 b) If **Yes**, please list all employee theft, forgery, burglary, robbery, or other crime losses discovered by the Foundation in the past three (3) years. Please itemize each loss separately; including date of loss, description and total amount (attach separate page).

28) Please list all General Liability and Hired/Non-Owned Automobile Liability losses, regardless of fault and whether or not Insured, or occurrences that may give rise to claims for the prior three (3) years: If None, check here:  None

Date of Occurrence (mm/dd/yy)	Description of Occurrence	Amount Paid	Amount Reserved	Open or Closed?

29) PLEASE BE ADVISED THAT SPECIAL EVENTS COVERAGE REQUIRES COMPLETION OF THE FOUNDATION SPECIAL EVENTS QUESTIONNAIRE IN ORDER TO BE CONSIDERED FOR COVERAGE. COVERAGE FOR ANY SPECIAL EVENT MUST BE AGREED TO AND WRITTEN ON THE SPECIAL EVENTS ENDORSEMENT.  
**I have read and acknowledge statement 29 above:**

30) PLEASE BE ADVISED THAT THE LIMIT OF INSURANCE OFFERED FOR THIS COMMERCIAL CRIME POLICY COVERAGE IS \$25,000 PER OCCURRENCE SUBJECT TO \$25,000 POLICY AGGREGATE LIMIT OF INSURANCE. THE DEDUCTIBLE AMOUNT FOR THIS COVERAGE IS \$5,000 PER OCCURRENCE.  
**I have read and acknowledge statement 30 above:**

**31** a) Has any policy or application for Directors & Officers Liability and/or Errors & Omissions Insurance and/or Employment Practices Liability on behalf of the Foundation or any of its employees been declined, canceled, or renewal refused within the last five (5) years?  
Yes No

b) **If Yes**, please provide details:

**32** a) Have there been, within the last five (5) years, or are there now pending any Directors & Officers Liability and/or Errors & Omissions Insurance and/or Employment Practices Liability claims, suits, legal actions or proceedings against the Foundation or against any other person proposed for this coverage in their insured capacity? Yes No

b) **If Yes**, please provide details:

**Please provide current detailed loss data, supplied by each of the Directors & Officers and/or Errors and Omissions Insurance and Employment Practices Liability Coverage providers for the past five (5) years.**

WITH RESPECT TO QUESTION **31a** AND **31b**, IT IS AGREED THAT ANY CLAIM ARISING FROM THE FACTS, CIRCUMSTANCES OR SITUATIONS WHICH FORM THE BASIS FOR SUCH CLAIMS, SUITS, LEGAL ACTIONS OR PROCEEDINGS IS EXCLUDED FROM THE PROPOSED COVERAGE.

**33)** Does any person proposed for this coverage have knowledge or information of any facts, circumstances or situations which might give rise to a claim under the proposed coverage? Yes No

**If Yes**, please provide details:

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE FOUNDATION, IT IS AGREED THAT IF THERE IS KNOWLEDGE OR INFORMATION OF SUCH FACTS, CIRCUMSTANCES, OR SITUATIONS, THEN ANY CLAIM SUBSEQUENTLY ARISING THEREFROM IS EXCLUDED FROM THE PROPOSED COVERAGE.

**34)** List Directors & Officers Liability and/or Errors & Omissions Insurance Carrier(s) for the past five (5) years:

If none, check here: None

Name of Carrier	Policy Term	Limit	Deductible	Premium	Retroactive Date

**35)** Limit of Liability for Directors & Officers Liability and/or Errors & Omissions Insurance Desired:  \$1,000,000  \$2,000,000  
 Directors & Officers Liability and/or Errors & Omissions Insurance Employment Practices Liability sublimit is no greater than \$1,000,000

**36)** Directors & Officers Liability and/or Errors & Omissions Insurance Deductible Desired:  \$500  \$1000  \$2,500  \$5,000

**37)** Registered Agent/Person designated to receive all notices from the Company or its authorized representative concerning the coverage:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

<p><b>Please attach copies of following documents:</b></p> <ul style="list-style-type: none"> <li>Articles of Incorporation, Charter and By-laws</li> <li>Royalty/Sponsorship Contracts</li> <li>Grants</li> </ul>	<ul style="list-style-type: none"> <li>Most recent CPA Audited Financial Statement or Annual Financial Statement</li> <li>Names/Employer of Board Members</li> <li>Current Detailed Loss Data Report</li> </ul>
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**WARRANTY** The undersigned declare that to the best of their knowledge the statements set forth herein and any documents and information submitted in connection herewith are true, accurate and complete and that every effort has been made to obtain sufficient information from each and every person proposed for this coverage to facilitate the proper and accurate completion of this Application Form. The undersigned further declare that they have not suppressed, omitted, or misstated any material facts. The undersigned agree that if the information supplied on or in connection with this Application Form changes between the date of this Application and the effective date of the coverage, the undersigned will immediately notify the Company, and the Company, in its sole discretion, may withdraw or modify any outstanding quotations or authorization or agreement to bind coverage. The signing of this Application Form does not bind the applicant to purchase the coverage. However, it is agreed that this Application Form and any documents or information submitted herewith shall be the basis of the contract should a Policy be issued and are to be considered as incorporated in and constituting part of the Policy.

**FRAUD STATEMENT**

State laws require us to include the following fraud notices:

**STANDARD NOTICE TO ALL APPLICANTS** (other than applicants in states listed below): Any person who knowingly presents false information in an application for insurance or knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:** **WARNING:** It is crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties may include imprisonment and/or fines. In addition, the insurer may deny insurance benefits if the applicant provided false information that is materially related to a claim.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Notice to Hawaii Applicants:** Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Notice to Kentucky, Maryland, New York, and Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) 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/or civil penalties. In New York, in addition to criminal penalties, that person shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Notice to Maine, Tennessee, and Virginia Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

**Notice to Minnesota Applicants:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of 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 Ohio Applicants:** Any person who, with intent to defraud or knowing that he or 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.

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

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to West Virginia Applicants:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant Signature:	Date:    /    /    (PRESIDENT, CHAIRPERSON or EXECUTIVE DIRECTOR)
Name (PRINT):	Title:
Agent:	Agent Surplus Lines License Number:
Agency:	
Address:	