

EASTERN SPECIAL RISK
INSURANCE AGENCY
P.O. BOX 218
HARVARD, MASSACHUSETTS 01451
PHONE (978) 456-8200
WATS (800) 341-1110
FAX (978) 456-3245
CA License #0619313
specrisk@charter.net

Broker _____ Date _____
Address _____ Surplus lines licensee? Yes No If yes,
_____ indicate State, License No. and Expiration Date
Phone _____
FAX _____ E-Mail _____

Application for a Premium Quotation (without obligation)
ASSOCIATION PROFESSIONAL LIABILITY APPLICATION
(ERRORS & OMISSIONS)

This is an application for a claims-made form with a limit of liability which includes damages and claim expense.

1. Association's Name _____ Phone () _____ FAX () _____
E Mail _____ Web Site _____
Address _____ Town _____ State _____ Zip _____

2. The officer of the Organization designated to receive notices from the Insurer concerning this Insurance is:
Name _____ Title _____

3. If the Organization is a trade association, give total number of association members _____
Is the Organization currently a member of the American Society of Association Executives? Yes No

4. Describe the Organization's legal structure, purpose(s) and the nature of operation(s) (Corporation, Association, Foundation, Professional, Trade, or Service etc.

5. Date organized? _____ Has it operated continuously from this date? Yes No If no, please explain _____

6. List all subsidiaries and affiliates and indicate if any operate for profit:

7. Does any person(s) proposed for this insurance profit from the operation of the Organization except as salaried employee(s)? Yes No

8. Indicate revenue from:	Current Year	Est. Next Year
Membership Dues	_____	_____
Government Funding	_____	_____
Sale of Publications	_____	_____
Other (specify)	_____	_____
Total Gross Revenue	_____	_____

9. Does the Organization or any person(s) proposed for this insurance perform the following: (If yes, please explain)
- A. Provide a referral service, legal aid service or computer service to its members or the public? Yes No
 - B. Promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? Yes No
 - C. Promote, sponsor or provide any form of insurance to its members or non-members? Yes No
 - D. Engage in any form of research, development, experimentation or testing? Yes No
 - E. Act as or participate in a peer review group or committee for assessing the qualifications and performance of others? Yes No
 - F. Take any disciplinary action or recommended disciplinary action as a result of peer review activities? Yes No
 - G. Promote any specific product to Association members which will produce a profit for the Association? Yes No
 - H. Publish any magazines, periodicals or newsletters? Yes No If yes, attach a sample of each.
 - I. Publish a technical manual? Yes No If yes, please provide a brief explanation of the purpose of such manual(s).
 - J. Act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974 (ERISA)? Yes No
 - K. Develop standards used to evaluate the quality of goods or products manufactured or sold or services rendered by members? Yes No
By non-members? Yes No
 - L. Develop standards for any architectural or engineering design, drawing, plans or specifications? Yes No
 - M. Have a tax-exempt status under the U.S. Internal Revenue Code? Yes No Is there now or has there been any dispute as to the applicant's tax-exempt status? Yes No
 - N. Engage in any lobbying activities with any governmental body? Yes No
 - O. Engage in any labor negotiations? Yes No
 - P. Provide any telephone answering/paging service? Yes No
 - Q. Perform any other activities or services not specifically included in A - P? Yes No

10. Does the Organization participate in or own any captive insurance operations? Yes No If yes, please answer the following:
- A. Name and address of captive _____
 - B. How long has captive been in business? _____
 - C. Does the captive use an outside Administrator? Yes No
 - D. What types of insurance program(s) is provided by the captive? _____
 - E. Does the captive write insurance for any individuals or associations other than its own members? Yes No If yes, Please give details.
 - F. Give total assets of the captive. \$ _____
11. Does the Organization sponsor any personal retirement, profit sharing or savings plan or employee benefit program for the benefit of the organization's employees as established under the Employee Retirement Income Security Act of 1974? Yes No If yes, please answer the following:
- A. List below all plan(s) and names(s) of Trustee(s). This list should include any Pension Plan(s), Retirement Plan(s), Profit Sharing and Savings Plan(s).
Please provide a copy of all plans listed:

Name of Plan	Name of Trustee(s)/Administrator(s)
_____	_____
_____	_____
_____	_____

 - B. List all other Employee Welfare Benefit Plans.

Name of Plan	Name of Trustee(s)/Administrator(s)	Name of Insurance Carrier
_____	_____	_____
_____	_____	_____
_____	_____	_____

 - C. Are any of the Organization's Employee Welfare Benefit Plans self-insured? Yes No
 - D. Are any Plan(s) listed in 11A or 11B above Multi-Employer Plans (Union Plans)? Yes No
 - E. Is primary discretion over investments of assets of any plan(s) listed in Question 11A vested in Directors, Officers or employees of the Organization?
 Yes No
 - F. Do any of the Plan(s) have holdings in other corporations or partnerships which are greater than 10% of the outstanding ownership? Yes No
 - G. Does the plan employ the services of:
Any professional investment advisory firm? Yes No
Any professional actuarial firm? Yes No
Date of last actuarial assessment _____
Did assessment contain qualifications? Yes No If yes please provide a copy.
 - H. Does the Organization or any person(s) proposed for this insurance administer or act in a capacity as a fiduciary of any Pension Plan(s) or Welfare Plans(s) for the Benefit of any of its members? Yes No If yes, please give details.
 - I. If question 11 is yes, one copy of each of the following documents is attached and made a part of this Proposal. For Plan(s) listed in questions 11A
Latest 5500 Form Completed.
Latest Financial Statement of Plan(s)
List of Plan Assets including detail of investments (If Plan(s) are insured or in pooled funds and the investment information does not exist, please give total yearly contributions from the date the Plan was established to present). \$ _____
12. Does the Organization or any person(s) proposed for this insurance maintain primary personal injury coverage or publishers liability insurance (libel, slander, etc.)? Yes No
13. Has any similar insurance to that proposed herein on behalf of the Organization been declined, cancelled or non-renewed? Yes No If yes, give date(s), reasons and other details. _____
14. Previous Directors' and Officers' Liability insurance or Association Professional Liability insurance (Please attach copy)
- | | |
|------------------------------|--|
| Insurer _____ | Limit _____ |
| Self-Insured Retention _____ | Premium (Three Years/Annual) _____ |
| Expiration Date _____ | Date this coverage was first purchased _____ |
- Has coverage been maintained on an uninterrupted basis? Yes No
15. Within the last five years, has the organization received any Inquiry, Complaint, or Notice of Hearing from any State or Federal Regulatory Authority or Congressional or Legislative Committee? Yes No If yes, give details.
16. Within the last five years, has any claim or suit been made or is any claim or suit now pending against the Organization or any other person(s) proposed for this insurance? Yes No If yes, please provide details.
17. Has any suit or legal action been filed by or on behalf of the Organization against any person(s) proposed for this insurance? Yes No If yes, please provide details.
18. Is the undersigned or any other person(s) proposed for this insurance aware of any fact, circumstance or situation involving the Organization, its affiliates or its subsidiaries or the Directors/Trustees, Officers, Employees, Volunteers, or Committee Members of the Organization or its affiliates or its subsidiaries which he/she has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? Yes No If yes, please provide details.

As respects to questions 15, 16, 17 and 18, it is agreed that if such knowledge of any such claim, fact, circumstance or situation exists, any claim or action subsequently arising therefrom shall be excluded from coverage under the proposed insurance.

The undersigned authorized Officer of the Organization on behalf of the Organization and all person(s) proposed for this insurance, declares that to the best of their knowledge and belief the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every person proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Application and the effective date of the policy, which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the insurer immediately.

Although the signing of this Application does not bind the under signed on behalf of the Organization or any person(s) proposed for this insurance, to effect insurance, the undersigned, on behalf of those person(s) proposed for this insurance and the Organization, agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a Policy be issued and this form will be attached to and become part of the Policy. The insurer is hereby authorized to make any investigation and inquiry it deems necessary in connection with this Application.

Signature _____ Capacity _____
Chairman of the Board or Chief Executive Officer
Date _____ Organization _____

Important: One copy of each of the following documents is attached to and made a part of this application:

- a. Complete copies of the Organization's last two annual reports or annual audit/examination (one for each year) or Federal tax returns if audited statements are not maintained..
- b. Copy of the Organization's Articles of Incorporation/Charter
- c. Copy of the Organizations by-laws and Constitution
- d. The Association's publications (newsletter, journals, etc.)
- e. A list of all present Directors/Trustees and Officers, their positions and affiliations

Note: This Application and all exhibits shall be treated in strictest confidence.

NOTICE REQUIRED BY CERTAIN STATES

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF 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 WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

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 IN THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO MAINE 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 OR A 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 NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 AN INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCLOMLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECTG TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

Signature: _____