



Risk Placement Services, Inc.
 PO Box 834
 Poulsbo WA 98370

MANAGEMENT LIABILITY APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. "CLAIMS" MUST BE FIRST MADE AGAINST AN "INSURED PERSON" DURING THE "POLICY PERIOD" OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO US AS SOON AS PRACTICABLE DURING THE "POLICY PERIOD", ANY SUBSEQUENT RENEWAL OF THE POLICY OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE INSURANCE FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY IF THE "WRONGFUL ACT" OUT OF WHICH THE "CLAIM" AROSE OCCURRED ON OR AFTER THE RETROACTIVE DATE, IF ANY, SHOWN IN THE DECLARATIONS, AND BEFORE THE END OF THE "POLICY PERIOD".

THIS APPLICATION IS ON A DEFENSE WITHIN LIMITS BASIS.
NOTICE: "DEFENSE EXPENSES" ARE PAYABLE WITHIN, NOT IN ADDITION TO, THE LIMIT OF LIABILITY.

A. GENERAL INFORMATION SECTION

- 1) Named Organization (Applicant): _____
- 2) Mailing address: _____
(street) (city) (county) (state) (zip code)
- 3) Telephone number: (____)_____ Fax number: (____)_____
- 4) E-mail address: _____ Web site address: _____
- 5) Contact name: _____
- 6) Is your organization organized under the not-for-profit status of the Internal Revenue Code? Yes No
- 7) Type of Entity: (Individual, Partnership, Joint Venture, Corporation, Other) _____
 State of Incorporation (if applicable) _____
- 8) Date Applicant was organized: ____ / ____ / ____ . Has the organization operated continuously from this date? Yes No. If no, please explain: _____

- 9) Description of operations: _____

- 10) Number of years under current management? _____
- 11) Number of years of management experience? _____

B. POLICY INFORMATION

- 1) Limit of Liability Desired: \$1,000,000 \$2,000,000 \$3,000,000 Other \$ _____
 COV B \$ 2,500 \$5,000 \$10,000 \$15,000 \$20,000 Other
 & C: \$ _____
- 2) Total budget for last fiscal year: \$ _____

- 3) Did your organization purchase Directors & Officers Liability Coverage in the past? Yes No (If "yes," please provide the following.):
- a) Name of D&O insurer: _____
 - b) Policy expiration date: _____
 - c) Retroactive date: _____
 - d) Limits of liability: \$_____ wrongful act; \$_____ aggregate
 - e) Self-insured retention or deductible: \$_____
 - f) Loss history including incurred and paid loss amounts
- 4) Does the organization carry General Liability insurance? Yes No
- 5) Has any insurer ever refused to renew or cancel your Directors & Officers Liability coverage?
 Yes No (If "yes," please provide reason.) *Missouri Applicants are not required to reply.*

C. OPERATIONS & FUNDING SECTION

- 1) Provide the total number of Employees: full time _____ part time _____ temporary _____
- 2) Provide the total number of Volunteers: _____
- 3) Total Number of Locations: _____ Are all locations in the same state? Yes No
 If No, please list locations by State including Employees per location:
 Location# _____ Address: _____
 # of Employees: full time _____ part time _____ volunteers _____
 Location# _____ Address: _____
 # of Employees: full time _____ part time _____ volunteers _____
 Location# _____ Address: _____
 # of Employees: full time _____ part time _____ volunteers _____
- 4) Does the board of directors have at least 51% participation by directors not employed by your organization? Yes No
- 5) Has your organization merged with any other facilities or business enterprises within the past ten years?
 Yes No (If "yes," list the names and dates of the organization with which your operations have merged).

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- 6) Does the organization expect to acquire or be acquired by any other entity within the next year?
 Yes No (If "yes," please explain on a separate sheet of paper and attach to this application.)
- 7) Have there been any changes in senior management during the past three years? Yes No. (If "yes," please explain on a separate sheet of paper and attach to this application.)
- 8) Does Applicant have financial statements prepared or reviewed by an independent auditing/CPA firm?
 Yes No
- 9) Provide applicants Gross Annual Revenues for most recent fiscal year: \$_____
- 10) Has any accreditation, affiliation or governmental license been suspended, revoked, lapsed or resulted in a fine or penalty? Yes No. (If "yes," please explain on a separate sheet of paper and attach to this application.)
- 11) Provide the following information on all subsidiaries: If none, please check here:
- | | |
|--------------------------------|-----------------------------------|
| Name _____ | Name of parent organization _____ |
| Date of acquisition _____ | Net worth \$ _____ |
| Percentage of ownership _____% | Total assets \$ _____ |
| Nature of operation _____ | Net income \$ _____ |

Operated for-profit or non-profit _____

12) Does the applicant receive donations or contributions from the general public? Yes No

13) Please list all other sources which provide 10% or more of the applicant's operating funds: _____

14) Does the applicant have an audit committee? Yes No.

15) Is the applicant involved in any of the following areas of activity:

Providing administrative or management services to any other entity Yes No.

If yes, please provide details: _____

Engaging in or sponsoring any research, development, experimentation or testing Yes No.

If yes, please provide details: _____

Promoting, sponsoring or providing insurance to members Yes No

If yes, please provide details: _____

Publishing any magazines, periodicals, newsletters or technical manuals Yes No.

If yes, please provide details and samples: _____

16) Does the organization have involvement in accreditation or standard setting activities? Yes No

If yes, please provide details: _____

17) Does the organization anticipate closing any facilities, reducing staff, or laying off any employees during the next 2 years? Yes No. If yes, please state the reason for the action and identify the number of employees affected by the action: _____

18) Has the named organization or any of its officers, directors or other proposed "insureds" been advised that he, she, or it is the subject of a complaint, suit, inquiry, investigation or other regulatory or judicial proceeding by any governmental or self-regulatory entity? Yes No (If "yes," please provide complete details on a separate sheet of paper and attach to this application.)

D. EMPLOYMENT PRACTICES

1) Annual employee turnover for each of the last three years: _____ Latest Yr. _____ Second Yr. _____ Third Yr.

2) How many employees have been terminated or laid off in the past three years? _____

3) Do you have an Employment Application for hiring? Yes No

4) Do you publish an employee handbook? Yes No If "yes," is it distributed to all employees? Yes No

5) Do you provide written performance evaluations for all employees? Yes No.

If "yes," how frequently? biannually annually every second year

6) Do you have a written, progressive disciplinary program? Yes No

7) Do you have a written grievance program? Yes No (If "yes," please attach a copy.)

- 8) Do you uniformly perform comprehensive background checks for screening all employment applicants?
 Yes No . Are volunteers subject to the same background checks? Yes No
- 9) Does the employment background check include drug or alcohol screening? Yes No
- 10) Has the organization established an affirmative action program? Yes No
- 11) Do you have a written anti-sexual harassment policy? Yes No If "yes," is it distributed annually to all employees? Yes No
- 12) Do you have a separate human resources or personnel department? Yes No (If "no," how is this function handled?)

- 13) Do you have a formal orientation program for new employees? Yes No
- 14) Are all managers and employees in supervisory positions provided Human Resource training with regard to promulgated policies and procedures? Yes No
- 15) Has a specific individual within your organization been assigned the responsibility of receiving and reporting "incident" reports and loss information? Yes No

- 16) Do you have an Employee Assistance Program (EAP)? Yes No (If "yes," please describe.)

- 17) Do you seek counsel from a human resource person or attorney prior to terminating an employee?
 Yes No
- 18) Do you have outside counsel review your employment handbook? Yes No
- 19) Describe your policy for handling requests for references on past employees.

- 20) Has your organization been involved in any grievance or other administrative hearing before a National Labor Relations Board, Equal Employment Opportunity Commission, Federal Labor Standards, Fair Labor Standards, Civil Rights Commission, Department of Labor or any governmental agency within the last five years? Yes No (If "yes," please provide specific details including dates, damages incurred, legal expenses, current status and description of the circumstances on a separate sheet of paper and attach to this application.)

E. PAST ACTIVITIES

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- 1) Are there any pending claims or demands against the Named Organization or anyone for whom this insurance is intended that may be covered by any similar insurance presently or previously in effect or currently proposed? Yes No

If Yes, please provide complete details:

It is understood and agreed that, if any such claim exists, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed coverage.

- 2) Has the named organization or any of its directors, officers, or other proposed "insureds" been a part of any civil or criminal litigation or arbitration proceeding related to the applicant's activities? Yes No. (If "yes," please provide complete details on a separate sheet of paper and attach to this application.)

F. PRIOR KNOWLEDGE SECTION

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim within the scope of the proposed insurance? Yes No

If Yes, please provide complete details:

It is understood and agreed that, if such knowledge of or information concerning such act, error, omission, fact or circumstance exists, any claim arising therefrom is excluded from this proposed coverage.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED, AS AUTHORIZED AGENT FOR ALL PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE, DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO ISSUE, OR THE APPLICANT TO PURCHASE, ANY INSURANCE POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING THIS COVERAGE PART. IN THE EVENT THAT THE "APPLICATION" CONTAINS ANY MISREPRESENTATION OR MISSTATEMENT OF A MATERIAL FACT, THIS COVERAGE PART SHALL NOT AFFORD COVERAGE TO ANY "INSURED" WHO KNEW OF SUCH MISREPRESENTATION OR MISSTATEMENT.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE COVERAGE PART, THE APPLICANT MUST NOTIFY THE INSURER, WHO MAY MODIFY OR WITHDRAW THE QUOTATION.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUALS AND ORGANIZATIONS PROPOSED FOR THIS INSURANCE HAVE BEEN NOTIFIED THAT:

- A. THIS POLICY APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST THE "INSUREDS" DURING THE "POLICY PERIOD" OR BASIC EXTENDED REPORTING PERIOD.
- B. IF THE DEFENSE WITHIN LIMITS BASIS BOX IS SELECTED, THE LIMIT OF LIABILITY IS REDUCED BY AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH EXPENSES WILL BE SUBJECT TO THE DEDUCTIBLE AMOUNT.

(WORDS WITHIN QUOTATION MARKS ARE DEFINED IN THE COVERAGE FORM.)

G. ADDITIONAL REQUIRED MATERIALS SECTION

Please include the following (where applicable):	
●	Complete list of all Directors or Trustees including their name, position, term of office, and affiliation with any other outside organizations
●	Complete list of all Officers including their name, position, and affiliation with any other outside organizations
●	Most recent Annual Report, including CPA opinion letters
●	Latest available interim financial statements
●	Copy of the Charter and Bylaws of the Applicant
●	Copies of brochures or other publications published by the Applicant
●	Organizational Chart including any cross holdings

FRAUD STATEMENT

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.

FRAUD STATEMENT TO ALABAMA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

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

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO LOUISIANA 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.

FRAUD STATEMENT TO MAINE 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.

FRAUD STATEMENT TO MARYLAND APPLICANTS

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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, or 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT 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.

FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO PENNSYLVANIA 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, or 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 civil penalties.

FRAUD STATEMENT TO RHODE ISLAND 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, including failing to disclose whether the applicant or applicants have been convicted of any degree of the crime of arson, is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO VERMONT 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, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

FRAUD STATEMENT TO 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WEST VIRGINIA 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.

NOTE:

This Application must be signed by the Chairman and/or Chief Executive Officer of the Named Organization acting as the authorized Agent of the Applicant applying for this insurance.

Printed Name of Chairman of the Board or Chief Executive Officer

Signature of Chairman of the Board or Chief Executive Officer

Title

Date

INSURANCE AGENT INFORMATION:

Agency name: _____

Contact person: _____

Agency address: _____

Telephone number: _____ Fax number: _____

E-mail address: _____