



FLEXI PLUS FIVE RENEWAL APPLICATION
NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE
EMPLOYMENT PRACTICES LIABILITY INSURANCE
FIDUCIARY LIABILITY INSURANCE
WORKPLACE VIOLENCE COVERAGE
INTERNET LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY
PLEASE READ YOUR POLICY CAREFULLY

Instructions:

- Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/controlled subsidiaries.
- The **Applicant** is required to complete Sections 1, 2, and 7.
- The **Applicant** should complete other applicable Section(s) for which coverage is desired. (See chart below)
- Please include all requested underwriting information and attachments. Failure to supply may result in delay.

Check Coverage Desired	Section	Requested Limit	Requested Retention
<input type="checkbox"/> General Information	1	N/A	N/A
<input type="checkbox"/> Directors & Officers	2	\$	\$
<input type="checkbox"/> Employment Practices	3	\$	\$
<input type="checkbox"/> Fiduciary Liability	4	\$	\$
<input type="checkbox"/> Workplace Violence	5	\$	\$
<input type="checkbox"/> Internet Liability	6	\$	\$
<input type="checkbox"/> General Summary	7	N/A	N/A

SECTION 1 – GENERAL INFORMATION
(All Applicants must complete this Section)

1. Name of Parent Organization: _____

2. Change in Address: None or Change in internet address: None or

www. _____

Billing contact name: _____

3. Has there been any changes in the **Applicant's** operations? Yes No **If yes, please provide details.**

4. Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If no, provide an explanation.

5. The Officer of the **Applicant** designated to receive any and all notices from the **Underwriter** or their authorized representative concerning this insurance is:

Name	Title	E-mail Address
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FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
TOTAL ASSETS:	\$ _____	\$ _____
NET ASSETS / FUND BALANCE:	\$ _____	\$ _____
ANNUAL REVENUE:	\$ _____	\$ _____
NET REVENUE	\$ _____	\$ _____

Please attach the most recent annual financial audit or 990 tax form.

SECTION 2 – DIRECTORS AND OFFICERS
(All Applicants must complete this Section)

1. In the past twelve (12) months or the next twelve (12) months, has the Applicant been or anticipate being involved in any of the following? **If yes attach details.**

- | | |
|--|--|
| Creation of any new subsidiaries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mergers, acquisitions or consolidation with another entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Changes in the board of directors or senior management (other than death or retirement)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3 – EMPLOYMENT PRACTICES
(Complete this section only if Employment Practices Liability coverage is desired.)

1. Please provide the following employee count information:

U.S. based employees/volunteers:	Currently	One Year Ago	Two Years Ago
Full Time employees:	_____	_____	_____
Part Time employees:	_____	_____	_____
Temporary employees:	_____	_____	_____
Volunteers:	_____	_____	_____
Non U.S. based employees/volunteers:	_____	_____	_____
TOTAL SUM OF ABOVE	_____	_____	_____

2. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary: _____ Involuntary: _____ Laid Off: _____ Demoted: _____

3. Is any reduction of employees or change of status anticipated in the next year?

Voluntary: _____ Involuntary: _____ Lay Offs: _____ Demotions: _____

4. Has the Applicant implemented any new employment practice/human resource policies or procedures?

Yes No **If yes, please provide details.**

