



Application for Renewal of Insurance

The policy provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

Association Name:

Address, City, State, ZIP:

Contact:

Contact Email:

Contact Phone:

Association Overview:

1. Legal Name of Association:

a. List other subsidiaries to be insured by this policy (or attach list to application):

2. Briefly describe the functions, purpose, and general operations of the association:

3. Please provide the following:

a. Employees: #

c. Directors & Officers: #

b. Association Members: #

d. Estimated Volunteers: #

Does the Applicant have a current audited financial statement?

< H V No

If yes, please attached financial statement. If no, please complete the following:

D Applicant's total revenue as of most recent fiscal year:

E Applicant's total assets as of most recent fiscal year:

F Applicant's total expenses as of most recent fiscal year:

Operations: Media and Services:

1. Does the association publish any magazines, periodicals, or newsletters?

If yes, please attach a sample of each Newsletter and explain:

- a. Does the association publish a technical manual?

If yes, explain:

- b. Please provide your website address:

2. Is the Applicant a certification board?

If yes, please answer the following:

- a. Who develops the certification examination?

- b. How often is the exam updated?

- c. Who grades the exam?

- d. Do you require recertification? If yes, how frequently must a certified person be recertified?

- e. Are certifications conducted on a voluntary basis (.5 (ho)6.1.796 1scho -72dification exam (.5 (ho)6.1not(ho)6.1

- c. Does the Applicant promote, sponsor, or provide any form of insurance to its P H P E H Un-Numbers? If yes, explain:
- d. Does the Applicant act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974 (ERISA)? If yes, explain:
- e. Is the Applicant engaged in any form of research, development, experimentation, or testing? If yes, explain:
- f. Does the Applicant act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled, or distributed by others? If yes, explain:
- g. Does the Applicant take any disciplinary action or recommend disciplinary action as a result of peer review group activities? If yes, explain:
- h. Does the Applicant develop standards used to evaluate the quality of goods, P D Q X I D F W U L S C services rendered? If yes, explain:

Employment/Staff:

1. How many employees and Directors or Officers have resigned or been terminated (with or without cause) within the last 24 months?
 - a. Resigned Empl OfEmpl 91R5outt

Does the Applicant have a Human Resources manual or equivalent management guidelines?

Does the Applicant have an employee handbook distributed to all employees?

Is the Applicant currently undergoing, or does the Applicant contemplate undergoing during the next 12 months, any employee layoffs, or early retirements (including ones resulting from any type of restructuring or office, branch, or chapter closing)?

If yes, please attach full details and explain:

Claims:

1. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her?

If yes, please attach full particulars and explain:

2. Attach list and status of all Association Management Liability claims (Directors and Officers, Employment Practices Liability, Error

It is agreed that if such knowledge or information exists, any claim or action arising there from is excluded from this proposed coverage.

Please attach a copy of the Annual Audited Financial Statement.

NOTE: In submitting this application, the applicant understands and agrees that such insurance company may rely on the statements in this application and any other documents that accompany it in offering and binding an appropriate insurance policy.

1H~~Z~~RUN 6HFXULW\)RUP
)RU

