



United States Liability Insurance Group

Non Profit Package Product

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Please check the appropriate box that applies to your organization:

- Trade Association
- Chamber of Commerce
- Foundation*
- Counseling/Referral Services**

*Note: The Foundation's sole function must be to provide grants for charitable purposes.

**Note: Counseling/Referral Services Addendum NPP ADD CRS (9/04) must also be submitted.

SECTION I. BACKGROUND INFORMATION:

1. Name of Organization: _____
2. Primary Address: _____ Zip Code: _____
3. Description of Operation: _____
4. Number of Years in Operation: _____
5. Does the organization have tax exempt status as defined by the I.R.S.? Yes No
6. Website Address: _____

SECTION II. PROPERTY (Complete this section for each location to be insured):

7. Building Address (if different from above): _____ Zip Code: _____
8. Mortgage Clause (if applicable): _____
9. Building Value (at 80% Coinsurance/Replacement Cost): _____
10. Personal Property Limit (at 80% Coinsurance/Replacement Cost): _____
11. Square Footage: _____
12. Building Age: _____ Age of the Roof: _____
13. If the roof is flat, has it been re-coated in the past 10 years? Yes No
14. Building Construction (please check one):
 - Frame
 - Joisted Masonry
 - Non-Combustible
 - Masonry Non-Combustible
 - Fire Resistive
15. Is the electrical system connected to circuit breakers: Yes No
16. Aluminum Wiring: Yes No Burglar Alarms: Yes No
Smoke Alarms: Yes No Protection Class (1-10): _____
17. Property claims Paid, Reserved or Pending during the last 5 years: _____

* Note: For any additional coverages other than those listed above you will need to attach the appropriate ACORD application page.

SECTION III. GENERAL LIABILITY:

- Limit of Coverage Selected: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
18. General Liability claims Paid, Reserved or Pending during the last 5 years: _____
 19. Additional Insureds to be included (List name, address and relationship to the applicant): _____

SECTION IV. NON-PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY:

20. Is the Organization involved in product research, development, testing and/or certification? Yes No
21. Does the Organization engage in any disciplinary actions as a result of peer review activities? Yes No
22. Does the Organization administer or sponsor any insurance programs? Yes No
23. Is the Organization involved in any accreditation or standard setting activities? Yes No
24. Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No
25. Total number of Employees: Full Time _____ Part Time _____ Volunteers _____ Seasonal _____
26. Number of members: _____ Number of chapters: _____
If there are chapters, is coverage requested for them under this Policy? Yes No
27. Does the Applicant have any Subsidiaries requiring coverage? Yes No
If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).
28. Name and title of individual designated to receive all notices on behalf of the Insured: _____
Title _____ Phone Number: _____
29. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____

30. Does the organization currently carry General Liability Insurance? Yes No

31. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

* Fund balance = Total Assets - Total Liabilities

32. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No (If yes, please forward a completed USLI supplemental claims application.)
33. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No (If yes, please forward a completed USLI supplemental claims application.)

PART V. FIDUCIARY LIABILITY (Available for 100 employees or less)

34. Does each Pension Plan use an outside Investment Manager? Yes No (If No, Fiduciary will not be offered.)
35. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? Yes No If no, please attach details.
36. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? Yes No If yes, please attach details.
37. Has there been or is there now pending any claims(s) against any proposed Insured arising out of any Plan? Yes No If yes, please attach details.
38. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? Yes No If yes, please attach details.

SPECIAL EVENTS/LIQUOR LIABILITY

Do you host any Special Events located off premises involving those other than your employees?

- Yes No **If YES, please complete our Non Profit Package Special Events/Liquor Liability Addendum for each event (NPP ADD SPE 10/04).**

MAINE FRAUD STATEMENT: 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 DENIAL OF INSURANCE BENEFITS

NEBRASKA 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.

NORTH DAKOTA FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH THE 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.

OHIO AND OREGON FRAUD STATEMENT: 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.

OKLAHOMA FRAUD STATEMENT: 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.

PENNSYLVANIA FRAUD STATEMENT: 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 PERSONS TO CRIMINAL AND CIVIL PENALTIES.

UTAH FRAUD STATEMENT: 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. IN REGARDS TO DEFENSE AND SETTLEMENT, IT IS FURTHER AGREED THAT: ANY MATTER IN DISPUTE BETWEEN YOU, THE INSURED, AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR, A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU, THE INSURED, AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

VIRGINIA FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. THE LIMIT OF LIABILITY FOR THE EXTENSION PERIOD APPLICABLE TO COVERAGE PART A AND COVERAGE PART B SHALL BE PART OF, AND NOT IN ADDITION TO THE LIMIT SPECIFIED IN THE DECLARATIONS.

WASHINGTON FRAUD STATEMENT: ANY PERSON, WHO, KNOWING IT TO BE SUCH: (1) PRESENTS, OR CAUSES TO BE PRESENTED, A FALSE OR FRAUDULENT CLAIM OR ANY PROOF IN SUPPORT OF SUCH A CLAIM, FOR THE PAYMENT OF A LOSS UNDER A CONTRACT OF INSURANCE; OR (2) PREPARES, MAKES, OR SUBSCRIBES ANY FALSE OR FRAUDULENT ACCOUNT, CERTIFICATE, AFFIDAVIT, OR PROOF OF LOSS, OR OTHER DOCUMENT OR WRITING, WITH INTENT THAT IT BE PRESENTED OR USED IN SUPPORT OF SUCH A CLAIM, IS GUILTY OF A GROSS MISDEMEANOR, OR IF SUCH CLAIM IS IN EXCESS OF ONE THOUSAND FIVE HUNDRED DOLLARS, OF A CLASS C FELONY.

FRAUD STATEMENT (ALL OTHER STATES): 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 THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NEW YORK DISCLOSURE NOTICE: THIS POLICY SHALL PROVIDE NO COVERAGE FOR CLAIMS ARISING OUT OF INCIDENTS, OCCURRENCES OR ALLEGED WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE, IF ANY, STATED IN THE POLICY. IF THE OPTIONAL FIDUCIARY LIABILITY ENDORSEMENT IS PURCHASED, CLAIMS FOR FIDUCIARY LIABILITY SHALL REDUCE THE LIMITS OF LIABILITY CONTAINED IN THE POLICY BY DEFENSE COSTS, AND MAY COMPLETELY EXHAUST THE LIMITS OF LIABILITY OF THE POLICY FOR FIDUCIARY LIABILITY CLAIMS. TO THE EXTENT THAT POLICY LIMITS ARE EXHAUSTED FOR FIDUCIARY LIABILITY CLAIM(S) BY LEGAL DEFENSE COSTS, THE COMPANY SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AS RESPECTS THE FIDUCIARY LIABILITY COVERAGE. THIS POLICY SHALL ONLY COVER THOSE CLAIMS ACTUALLY MADE AGAINST THE INSURED WHILE THE POLICY REMAINS IN EFFECT FOR INCIDENTS REPORTED DURING THE POLICY PERIOD OR ANY SUBSEQUENT RENEWAL OF THIS POLICY OR ANY EXTENDED REPORTING PERIOD AND ALL COVERAGE UNDER THE POLICY SHALL CEASE UPON THE TERMINATION OF THE POLICY EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING COVERAGE UNLESS THE INSURED PURCHASES ADDITIONAL EXTENDED REPORTING PERIOD COVERAGE. THIS POLICY INCLUDES AN AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE. THIS AUTOMATIC EXTENDED REPORTING PERIOD IS FOR 60 DAYS OR 90 DAYS IF THE INSURED IS A PUBLIC ENTITY. THIS POLICY PROVIDES THE INSURED, FOR AN ADDITIONAL PREMIUM, AN OPTIONAL EXTENDED REPORTING PERIOD OF THREE (3) YEARS FROM THE TERMINATION OF THIS POLICY. POTENTIAL COVERAGE GAPS MAY ARISE UPON TERMINATION OF SUCH EXTENDED REPORTING PERIOD COVERAGE. DURING THE FIRST SEVERAL YEARS OF A CLAIMS-MADE POLICY, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP HAS REACHED MATURITY. IF THE POLICY IS TERMINATED ON THE NEXT ANNIVERSARY DATE, THE PREMIUM THAT WILL BE CHARGED FOR EACH EXTENDED REPORTING PERIOD COVERAGE OPTION SHALL BE 30% OF THE FULL ANNUAL PREMIUM FOR A ONE YEAR EXTENSION, 60% OF THE FULL ANNUAL PREMIUM FOR A TWENTY-FOUR MONTH EXTENSION, AND 120% OF THE FULL ANNUAL PREMIUM FOR A THREE YEAR EXTENSION.

IF THE PRIMARY ADDRESS OF THE LOCATION LISTED IN ITEM #1 IS IN THE STATE OF **FLORIDA** OR **IOWA**, THESE STATES REQUIRE THAT WE HAVE THE NAMES AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER:

NAME OF AUTHORIZED AGENT OR BROKER: _____
ADDRESS: _____
AGENT OR BROKER LICENSE NUMBER: _____

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate untrue, or incomplete any statement made will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Signature: _____
President, Chairperson or Executive Director

Title: _____ Date: _____