



**Non-Profit Organization Directors and Officers
Liability and Employment Practices Liability
Coverage Application**

Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses, and any retention will be applied against defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after exhaustion of the limit of liability. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as expenses, and the retention may apply up to 50% of expenses).

IMPORTANT INSTRUCTIONS

This Application will not be accepted for private companies, publicly traded companies, or financial institutions.

GENERAL INFORMATION

Name of Applicant:

Street Address:

City:	State:	Zip:
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Primary Contact Name and Title:	Telephone Number:
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Email Address:	Applicant Website:
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Year Established:	Federal Employer Identification Number (EIN) / Taxpayer Identification Number (TIN):
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Total assets as of most recent fiscal year-end: \$	Total revenue as of most recent fiscal year-end: \$
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Net assets / fund balance as of most recent fiscal year-end: \$	Net income (net loss) as of most recent fiscal year-end: \$
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Total full-time employees:	Total part-time employees:
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ORGANIZATION INFORMATION

- Does the Applicant currently have tax exempt status under the United States Internal Revenue Code? Yes No
- Does the Applicant have ownership interest of 50% or more in any for-profit entity or have management control over any for-profit entity? Yes No

If Yes, complete the following:

Name of For-Profit Entity	Description of Operations	Annual Revenue
		\$
		\$
		\$

To enter more information, attach a separate page to the Application.

*Under the Non-Profit Directors and Officers and Employment Practices Liability policy, for-profit entities are **not** covered unless the Company has agreed to specifically schedule such entities by endorsement.*

NON-PROFIT DIRECTORS AND OFFICERS LIABILITY INFORMATION FOR ALL APPLICANTS

3. Does the Applicant or its Subsidiaries:
- a. Certify, endorse, or develop standards for products or services? Yes No
 - b. Conduct professional ethics, peer review, disciplinary proceedings, or accreditation activities? Yes No
 - c. Provide services or programs for children, the elderly, or persons with intellectual or physical disabilities? Yes No
 - d. Provide financial or insurance services to others? Yes No
 - e. Provide legal services to others? Yes No
 - f. Receive 25% or more of its funding from government sources? Yes No
4. Does the Applicant currently purchase non-profit directors and officers liability coverage? Yes No
- a. *If Yes, provide the following:*
Expiring Carrier: _____
Expiring Limit: \$ _____
If coverage has been in place for less than 3 years, what was the date coverage was first purchased? _____ N/A
 - b. *If No, is the Applicant, any Subsidiary, or any person proposed for this insurance, aware of any circumstance that could reasonably give rise to a claim against them under this Non-Profit Organization Directors and Officers Liability coverage?* Yes No N/A
5. In the past 3 years, has the Applicant, any Subsidiary, or any directors, officers, or other persons proposed for this insurance been party to a claim which would have fallen within the scope of this coverage, including written demands for monetary damages or non-monetary relief; criminal and civil actions; regulatory, administrative, or alternative dispute resolution proceedings; or requests to waive or toll a statute of limitations? Yes No

EMPLOYMENT PRACTICES LIABILITY INFORMATION (IF COVERAGE IS REQUESTED)

Include information for the Applicant and all Subsidiaries.

6. Employee count (include all leased, seasonal, and temporary employees):
- a. Total employees located in California: _____
 - b. Total employees located in Illinois: _____
 - c. Total employees located outside of the United States: _____
7. Total natural person independent contractors: _____ N/A
8. Total employees fired (excluding layoffs) in the past 12 months: _____ N/A
9. Total number of employees laid off in the past 12 months: _____ N/A
Attach an explanation of any layoffs including timing and surrounding circumstances.
10. Are any layoffs anticipated in the next 12 months? Yes No
Attach an explanation of any layoffs including timing, surrounding circumstances, and number of impacted employees.
11. Do the Applicant and its Subsidiaries have an employee handbook or similar written employment guidelines, policies, and procedures? Yes No
12. Do the Applicant and its Subsidiaries consult with employment counsel prior to all terminations? Yes No
13. Does the Applicant currently purchase employment practices liability coverage? Yes No
- a. *If Yes, provide the following:*
Expiring Carrier: _____
Expiring Limit: \$ _____
If coverage has been in place for less than 3 years, what was the date coverage was first purchased? _____ N/A
 - b. *If No, is the Applicant, any Subsidiary, or any person proposed for this insurance, aware of any circumstance that could reasonably give rise to a claim against them under this Employment Practices Liability coverage?* Yes No N/A
14. In the past 3 years, have any employment related claims been made against the Applicant, any Subsidiary, or any person proposed for this insurance, including EEOC charges and wage & hour claims? Yes No

REQUESTED INSURANCE TERMS

15.

Requested Coverage	Limit Requested	Retention Requested
<input type="checkbox"/> Non-Profit Organization Directors and Officers Liability	\$	\$
<input type="checkbox"/> Employment Practices Liability	\$	\$

Effective Date Requested: _____

16. If the Applicant is requesting a limit that is greater than its expiring limit, is the Applicant, any Subsidiary, or any person proposed for this insurance, aware of any circumstance that could reasonably give rise to a claim against them under this Non-Profit Organization Directors and Officers Liability or Employment Practices Liability coverage?

Yes No N/A

REQUIRED ATTACHMENTS

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application, and the Company may elect to obtain requested information from public sources, including the internet.

- Most recent year-end financial statement if policy limits requested are \$3,000,000 or greater or if the Applicant receives funding of 25% or more from government sources.
- Club rules, constitution, and by-laws, if Applicant is a country club.
- Agricultural Cooperative Supplemental Application, if Applicant is an agricultural cooperative.
- School Supplemental Application, if Applicant is a school.
- Employee Handbook, if Applicant has 500 or more employees.
- EEO-1 report, if Applicant has more than 1,000 employees.
- Downsizing Supplemental Application, if layoffs are 10% of workforce or impact more than 100 employees.
- Loss information, if Applicant has had claims in the past 3 years. Include date, nature of claim, amount paid, and status (open or closed).

ORGANIZATIONS NOT ELIGIBLE FOR COVERAGE

Coverage will not be considered for companies involved in whole or in part with paramilitary operations, pornography, adult entertainment, escort services, prostitution, or the manufacturing, distribution, or sale of marijuana.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: _____

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature (President, Executive Director, or Executive Officer): X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number: