

NOTICE: This Renewal application is for a CLAIMS-MADE POLICY. The renewal Coverage Form you are applying for is limited to liability for only those "claims" which are first made against you and reported to us during the policy period.

1. Name of Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
2. Web Site Address: _____
3. Contact person to receive all notices on behalf of the Insured: _____
Title: _____ Contact's Phone Number: _____
Email: _____
4. Describe the nature and purpose of the Applicant's operation:

5. Please respond to items **5 a) – 5 f)** if the Insured is a Condominium/Homeowners Association **(otherwise skip to item 6.)**
 - a) Is General Liability coverage in place on all common areas? Yes No
 - b) Percentage of units built, sold and occupied of the total project? _____ %
 - c) Percentage of units rented or leased? _____ %
 - d) Does anyone own over 15% of the units (including the builder, developer or sponsor)? Yes No
 - e) Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owners(s)? Yes No
If Yes, provide an explanation: _____
 - f) Have any improvements been completed in the past year or presently being completed or contemplated which will result in an assessment of the owners' units? Yes No
If Yes, give details: _____
6. Current Annual Revenue: \$ _____
(If revenue exceeds \$1,000,000 please submit with financials.)
Current Fund Balance: \$ _____
(If the fund balance is negative, submit with financials and an explanation.)

7. Does the organization have any mergers, acquisitions, or consolidations under consideration at this time? Yes No
If Yes, give details: _____

8. Subsidiary Companies:

Name	Non-Profit Or For-Profit	Percentage of Ownership	Date Acquired

9. Is the organization presently engaged in any construction, expansion or renovation, or is any contemplated? Yes No

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O coverage)

If EPLI Coverage is desired, repond to questions 10 a) - b).

10. a) Total Number of Employees: _____

Part-Time, Seasonal/Temporary and Volunteers are counted as 1/2 each.

Full-Time _____ Part-Time _____

Seasonal/Temporary _____ Volunteers _____

b) Has there been or is there an anticipated reduction of employees in the past/next 12 months? Yes No

WAGE AND HOUR COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX).

If Wage and Hour coverage is desired, check a Limit of Insurance \$50,000 \$100,000 and respond to questions 11 - 13.

11. What percentage of the Organization's employee base is: Exempt: _____% NonExempt: _____%

12. Within the past 12 months:

a) Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? Yes No

b) Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? Yes No

If "No" to any of the above, please advise when the last review(s) and/or audit(s) were performed.

13. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

IT IS AGREED THAT THIS RENEWAL APPLICATION IS A SUPPLEMENT TO THE APPLICATION(S) ON THE CURRENT POLICY AND SAID APPLICATIONS TOGETHER WITH THIS RENEWAL APPLICATION CONSTITUTE THE COMPLETE APPLICATION WHICH SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND WILL BECOME PART OF THE POLICY.

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed: _____
(Must be signed by Chairman of the Board, President or Executive Director)

Title: _____ Date: _____