



Human Services Benefits Company

6750 Alexander Bell Dr., Suite 100
Columbia, MD 21046
(410) 290-2909
Fax: (410) 290-2939

APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY

DEFENSE FIRST (Defense Costs Are Within the Limits of Policy)
DEFENSE PLUS (Defense Costs in Addition to the Limits of Policy)
INDEMNITY (Defense Costs Are Within the Limits of the Policy)

1. Organization Name:

DBA:

Address:	City:	State:	Zip:
Phone No:	Fax No:	Date Operations Began:	Web-Site Address:

Please read the following instructions carefully.

- Complete the application clearly in ink. If we cannot read it, we cannot process it.
- Answer every question. This application will not be processed until every question is answered.
- Read the application and claims questions carefully.
- If the space provided is insufficient, include additional information on a separate sheet. Please indicate in the space provided that you have attached another sheet.
- Be sure the application is currently signed and dated by the appropriate person.

DEFINITION OF TERMS

Organization Name refers to the legal name of the nonprofit organization as it should appear on the declarations page of an insurance policy.

Date operations began is the date the organization began operations (may be different from the date it was incorporated).

Activities of the organization should include a detailed description of the primary purpose(s) and function(s) of the nonprofit organization and any subsidiaries. This should include very specific details—*so that someone unfamiliar with the organization would understand what it does.*

Scope of operations: LOCAL = one location or community; STATE = multiple operations within a state; REGIONAL = operations in multiple states; NATIONAL = operations countrywide; INTERNATIONAL = operations outside the U.S.

Tax exempt indicates the U.S. federal government has granted tax exempt status, such as 501(c)3.

Subsidiary, either in the singular or plural, means any nonprofit organization in which the **Insured Organization** owns or controls the right to elect and appoint more than 50% of such organization's directors or trustees.

Product testing, certification, or professional standard setting applies if the organization requesting coverage is involved in anything similar to the above activities, such as (including but not limited to) peer review, administering certification testing, etc.

Professional services means the services of an architect or engineer, attorney, certified public accountant, medical practitioner, actuary, insurance agent or broker, professional financial management consultant, social worker or other similar professional whose services require specialized training and skill; and accreditation, certification, credentialing, professional assessment, peer review, sponsoring, or standard setting activities conducted by or on behalf of the **Insured**.

Claim, either in the singular or plural, means a written or oral demand for compensatory monetary damages; a civil proceeding commenced by the service of a complaint or similar pleading seeking compensatory monetary damages; or an **Employment Practices Claim**. All **Claims** against the **Insured** arising out of the same **Wrongful Act** or **Interrelated Wrongful Acts** of one or more of the **Insureds**, will be considered one **Claim**. All **Claims** from **Interrelated Wrongful Acts** will be considered first made at the time the earliest such **Claim** was made against the **Insured**.

Insured, either in the singular or plural, means the **Insured Organization**; and any natural person, while acting within the course and scope of his or her duties and responsibilities on behalf of the **Insured Organization**, who was, now is, or shall be an authorized: director; officer; trustee; committee member; or volunteer acting with the consent of the **Insured Organization**; and an **Employee** of the **Insured Organization**. **Insured** shall not include any natural person serving as an authorized or unauthorized director, officer, trustee, committee member, employee or volunteer of any organization other than the **Insured Organization**, whether or not required to do so by the **Insured Organization**.

Fact, circumstance or situation refers to knowledge of anything that may give rise to a claim in the future.

2. **What is the purpose of the organization?** _____

Scope of operations: (circle one) Local State Regional National International

Are you **tax exempt** (under the U.S. Internal Revenue Code)? Yes No

Has the organization filed a tax form over the last three years? Yes No

Has the form been accepted as filed? Yes No

Do you issue stock/ have shareholders? Yes No

Do you operate not-for-profit? Yes No

3. Do you have **subsidiaries**? If yes, please attach a list including whether they are for-profit or nonprofit, their activities/purpose and annual revenues for each. Yes No

4. Are you affiliated with any other organization that is not a subsidiary as listed above? Yes No

If yes, please attach a list and describe the relationship.

Do you desire coverage for that entity(s)? Yes No

5. Are you involved in **product testing, certification, or professional standard testing**? Do you participate in any **peer review** or any **assessment** of qualifications/performance of others or the quality of products/goods? If yes to any of these, attach details. Yes No

6. Do you provide any **professional services**? If yes, attach details Yes No

7. Do the organization's bylaws indemnify the individual Directors & Officers for loss? Yes No

8. Does the organization or any subsidiary act as the administrator of any employee benefit plans under ERISA or act in a fiduciary capacity for any employee benefits? Yes No

9. Is the nonprofit organization managed or administered by any third party under contract or agreement? Yes No

If yes, a copy of the contract must be attached.

10. Do you currently carry Directors & Officers insurance? Yes No

If Yes, Expiration Date _____ Insurer _____

Limit _____ Retention _____ Premium _____

11. Within the last three (3) years: A) has the Organization (or any subsidiary applying for coverage) Yes No received any inquiry complaint, or notice of hearing from any state or federal authority, agency, or legislative committee, or B) does the Organization know of or is it involved with any pending federal, state or local government's action against the Organization and/or any insured? If yes, please attach details.

12. Has any **Claim** been made in the last five years, or is any **Claim** now pending, against the Organization Yes No or any **insured** proposed for this insurance? If yes, please attach details.

13. Is any person proposed for this insurance cognizant of any **fact, circumstance or situation** which said Yes No person has reason to suppose might afford grounds for any future **Claim** against any **Insured** and/or the Organization? If yes, please attach details.

14. Please provide the following information for the past fiscal year (you may attach audited financials):
Fiscal year _____ Total Revenue _____ Total Expenses _____
Total Assets _____ Fund Balance _____

15. Are you a condominium or property owners association? Yes No
of units _____ % sold _____ % rented or leased _____
Are you a timeshare condo association? Yes No
Does the builder/developer sit on the board? Yes No
If the builder/developer is represented on the board, what % of the board does he/she control? _____

16. Total Number of Employees (include **Subsidiaries**): Full-Time _____ Part-Time _____ Number of Volunteers _____

17. Does the Organization and/or its **Subsidiaries**:
Have any collective bargaining agreements? Yes No
If yes, total number of employees subject to such agreement: _____

Hire any independent contractors? Yes No
If yes, how many and for what positions? _____
Full-time/Part-time? How many average hours per week? _____
Does the Organization indemnify its independent contractors for loss? Yes No

18. Does the Organization and/or its **Subsidiaries**:
Have a full-time human resources manager? Yes No
Name and Telephone Number of that Person: _____
Have a manual of human resources policies for supervisors? Yes No
Provide formal training for all supervisors on administering those policies? Yes No
Have a written policy with respect to discrimination, including sexual harassment? Yes No
Provide formal training for all supervisors on administering your discrimination policy? Yes No
Distribute an employee handbook to all employees? Yes No
Require all employees to sign a form that acknowledges that they have read the handbook? Yes No
Provide orientation for all new employees that emphasizes your personnel policies? Yes No
Have a grievance procedure for dealing with employment related issues? Yes No

- Have written evaluations of all employees? Yes No
- Have a written policy with respect to progressive discipline for all employees? Yes No
- Are managers required to obtain approval from H.R. prior to terminating an employee? Yes No
- Use outside counsel for employment advice? Yes No

It is agreed that no coverage shall be provided by the policy for: **Claims** previously made; governmental actions initiated prior to the effective date of the policy or known to be contemplated at the time this application is executed; or for any **Claim** or action arising from facts, circumstances, or situations identified in question 11 above; whether or not disclosed on this application. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein, will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submissions and the Insurer's receipt of such report, prior to the inception of the policy applied for, is a condition precedent to coverage. The signing of this application does not bind the undersigned to purchase the insurance, nor does review of the application bind the insurance company to issue a policy. It is agreed that this application and any attachments shall be the basis of the contract should a policy be issued.

Disclosure-Important Notice:

You are applying for a claims-made and reported policy. Claims-made policies provide coverage only for **Claims** caused by acts, errors or omissions committed after the retroactive date (if any) shown on your policy. Claims-made and reported policies also require notice of such **Claim** or incident to be reported to your insurer prior to the end of the policy period. Upon termination of a claims-made policy, an extended reporting period may be available from your insurer.

Fraud Warning:

Any person who knowingly 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 hereto, commits a fraudulent insurance act which is a crime, which may be punishable by civil penalties in certain jurisdictions, including imprisonment, fines and denial of insurance benefits. (This paragraph is replaced in AR, CO, DC, FL, KY, LA, ME, MN, NJ, NM, NY, OH, OK, OR, PA, VA by attached form 141874.)

Print name of person charged with insurance matters: _____

Phone: _____ Fax: _____ Title: _____

Signature: _____ Date: _____
 (Must be completed and signed by the individual charged with insurance matters named above.)

Print Agent's Named & Address: _____

Agent's Signature: _____ Date: _____

For Florida business provide Agent's Florida license number: _____

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email