



Directors, Officers, Insured Entity and Employment Practices Insurance Application

WESTERN WORLD INSURANCE COMPANY
 TUDOR INSURANCE COMPANY
 STRATFORD INSURANCE COMPANY

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

- b) Does the Applicant have a tax exempt status under the US Internal Revenue Code? Yes No
 If No, provide an explanation: _____

Associations other than Condominium, Homeowners & Townhome Associations complete section 6. c) – e).

- c) Is the Applicant's scope: Local Regional State National International
 d) Number of members (if applicable): _____
 e) Number of chapters: _____ Is coverage requested for the chapter(s)? Yes No

7.	Year	Revenues	Net Income	Assets	Fund Balance

*** Submit with financial statements or IRS Form 990 if: Revenues exceed \$2,000,000; Assets exceed \$10,000,000; Negative Net Income level exceeds 25% of revenues; or the Fund Balance is negative.**

8. Please attach the following information on all subsidiaries. If "None" please indicate. None
 a) Name c) Percent of Control e) Operated for profit or non-profit
 b) Date of Acquisition/Creation d) Nature of Operation
Attach a copy of the most recent financial statement for each subsidiary.
9. Does the organization carry General Liability Insurance? Yes No
10. Does the Applicant sell, sponsor, or administer any insurance product (other than those designed solely for the Applicant)? Yes No
 If yes, describe in detail: _____

11. Is any entity proposed for insurance involved in any of the following:
 a) Research, development or testing? Yes No
 b) Certification, accreditation or standard-setting? Yes No
 If yes, describe in detail: _____

12. During the last three (3) years has the Applicant been involved in, or are they presently considering or contemplating:
 a) Any change in the nature of business operations? Yes No
 b) Any merger, consolidation or acquisition? Yes No
 If yes, describe in detail: _____

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

If EPLI Coverage is desired, proceed to questions 13. a) – e).

13. a) Total Number of Employees: _____

Part-Time, Seasonal/Temporary and Volunteers are counted as ½ 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
- c) Does a lawyer review involuntary employment terminations prior to the termination of an employee? Yes No
- d) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? Yes No
- e) Does the Applicant have formal written procedures for hiring and firing employees? 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 Limit of Insurance \$50,000 \$100,000 and respond to Questions 14 - 20.

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

15. 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.

16. 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.

NOTE THAT ITEMS 17 THROUGH 20 MUST BE COMPLETED BY ALL D&O, EPLI AND WAGE AND HOUR COVERAGE APPLICANTS.

17. a) Within the last three (3) 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 Applicant? Yes No

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

b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No

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

18. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, cancelled or refused? If yes, provide details: Yes No

19. Current Insurance Company: _____

Policy Period: From: _____ To: _____

Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

20. Limits of Insurance requested: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that 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 issuance 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 submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

WARNING

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 INSUREDS: 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: _____