

PROTECTING NON-PROFIT DIRECTORS AND OFFICERS

PROFESSIONAL LIABILITY FOR PROFESSIONALS - D&O / EPLI

SKIP THE APPLICATION

QUOTE INSTANTLY AT (888) 875-4439



AVAILABLE VIA INSTANT QUOTE:

- Data & Security+ endorsement
 - \$50K sublimit for each breach
- FLSA \$100K sublimit including back wages
- Separate limits of liability for D&O and EPLI claims
- Defense outside limits
- Lifetime occurrence reporting for former directors and officers
- Third-party sexual harassment and third-party discrimination coverage
- 100% allocation wording for defense costs
- Defense and settlement provision (hammer clause) - 75/25 in favor of the insured
- Coverage for both monetary and non-monetary claims included
- Final adjudication and most favorable venue wording

WAYS TO QUOTE

- ✓ BY PHONE (888) 875-4439
7 a.m. to 8 p.m. Monday through Friday
and 9 a.m. to 1 p.m. on Saturday's
- ✓ ONLINE VIA NEEEMAPLE.COM
- ✓ ONLINE WITH AN APPLICATION
Visit neee.com/get-a-quote to submit an application
to an Underwriter via online web form.
- ✓ DIRECT TO UNDERWRITER*
Email your application to marketing@neee.com to
submit to an Underwriter.

*Higher limits available on submitted business.

APPETITE

Non-profit directors and executives, religious clergy, teachers, school administrators, coaches, museum curators, lobbyists, caregivers, counselors and social workers, among others.



CARRIER:

Business Association Guard and Charity Protector Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW.

Package policy designed for office-based nonprofit organizations (including, but not limited to chamber of commerce, trade associations, business associations and charitable organizations)

Coverage(s) Desired: Preferred Package (general liability and property) Nonprofit directors and officers

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past five years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Location address: _____

City: _____ State: _____ Zip code: _____

Mailing address: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership Nonprofit corporation Trust Other _____

Type of Organization:

- | | | |
|---|---|---|
| <input type="checkbox"/> Art/Cultural organization | <input type="checkbox"/> Charitable organization | <input type="checkbox"/> Membership organization (charity) |
| <input type="checkbox"/> Booster club | <input type="checkbox"/> Foundation (social service) | <input type="checkbox"/> Parent/Teacher association or organization |
| <input type="checkbox"/> Car club (please answer questions 35–38) | <input type="checkbox"/> Foundation (other) | <input type="checkbox"/> Professional/Trade association |
| <input type="checkbox"/> Chamber of commerce | <input type="checkbox"/> Membership organization (business) | <input type="checkbox"/> Other _____ |

Purpose and Mission of the Organization:

1. Have there been any losses, claims, or known circumstances that could result in a claim in the past five years? Yes No
 If "Yes," please provide the following information; additional claims or information may be submitted on a separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. Does the organization have tax exempt status as defined by the I.R.S.? Yes No
3. What year did the business start? _____
4. Does the organization have a premises they occupy, whether owned or leased? Yes No
5. What is the total square footage occupied by the organization? _____ sq. ft.
6. How many active members? _____
7. What are the total annual revenues, including funds raised and donations? \$ _____

Property Coverage

Building Construction:					
<input type="checkbox"/> Frame		<input type="checkbox"/> Joisted masonry		<input type="checkbox"/> Noncombustible	
<input type="checkbox"/> Masonry NC		<input type="checkbox"/> Modified fire resistive		<input type="checkbox"/> Fire resistive	
Protection Class	Cause of Loss	Deductible	Number of Stories	Type of Burglar Alarm	
_____	<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	_____	<input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None	

What year was the building constructed? _____		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____		
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____		
What is the age of the roof? _____ years		
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the square footage of the entire structure? _____ sq. ft.		
Building Limit:	\$ _____	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit:	\$ _____	Coinsurance _____ <u>or</u> Monthly Limit of Indemnity
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%

Additional Property Coverages Requested (check all that apply)

<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Electronic Data	<input type="checkbox"/> Interruption of Computer Operations
<input type="checkbox"/> Employee Dishonesty		
Limit: _____ Number of employees: _____		
Is an annual audit performed by a CPA or public accountant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank accounts reconciled by someone not authorized to deposit or withdraw?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are countersignature of checks required?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Liability Coverage

- 8. Occurrence/Aggregate limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
- 9. Add Abuse & Molestation Liability? Yes No
If "Yes", please answer questions 28–30
- 10. Add hired and non-owned and hired automobile liability? Yes No
If "Yes," please answer questions 31–34
- 11. Does the organization lease any buildings or premises to others? Yes No
If "Yes," what is the square footage leased to others? _____ square feet
- 12. Does the organization operate a concession stand? Yes No
If "Yes," what are the annual gross sales? \$ _____
- 13. Does the organization operate a hall that is rented to others? Yes No
If "Yes," what is the square footage rented to others? _____ square feet
- 14. Does the organization offer instructional classes? Yes No
If "Yes," how many students are enrolled in the school? _____
- 15. Are any products sold? Yes No
If "Yes," what are the annual gross sales? \$ _____
- 16. Add vacant land coverage? Yes No
If "Yes," how many acres? _____
- 17. Is there a warehouse on the premises? Yes No
If "Yes," what is the square footage? _____ square feet

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to US)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Add blanket additional insured? Yes No

II. ELIGIBILITY CRITERIA

- 19. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
- 20. Has insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) Yes No
- 21. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? Yes No
- 22. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? Yes No
- 23. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No
- 24. Are there functioning and operational fire extinguishers readily available? Yes No
- 25. Does the organization perform any operations located outside the U.S. or organize any international travel or international activities? Yes No
- 26. Is organization involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism, certification, accreditation or standard-setting? Yes No
- 27. Are direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare provided? Yes No

Abuse and Molestation Liability

- 28. Are minors ever left alone with only one adult in any program, service, or event who is not a parent or guardian of the minor? Yes No
- 29. Does the organization follow policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site or off-site programs, services, events or other activities of applicant? Yes No
- 30. Does the organization have a process for employees and volunteer workers that include questions about whether the individual has ever been convicted of any crime and involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct? Yes No

Hired and Non-owned Auto

- 31. Is there a commercial auto insurance policy in force? Yes No
- 32. Are there any owned or leased (long-term) vehicles? Yes No
- 33. Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis? Yes No
- 34. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No

Applicable to car clubs only

- 35. Are cars stored, repaired or garaged in any property insured on this policy? Yes No
- 36. Do vehicles remain stationary throughout each event, with the engines off? Yes No
- 37. Does the organization provide any of the following auto services: part sales, auto sales, repair, modification, garage, or storage? Yes No
- 38. Does the organization organize or sponsor any events that feature any of the following: drag or timed racing, burnouts, or flame throwing? Yes No

III. DIRECTORS AND OFFICERS

- 39. Do you provide services for persons under the age of 18? Yes No
- 40. 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

41. Total number of employees: Full time _____ Part time _____ Volunteers _____ Seasonal _____

42. Number of chapters: _____

43. If there are chapters, is coverage requested for them under this policy? Yes No

44. Does the applicant have any subsidiaries requiring coverage? Yes No
If "Yes," please complete the Non Profit Subsidiary Addendum (NPSADD)

45. Does the organization have general liability insurance? Yes No

46. Name and title of individual designated to receive all notices on behalf of the insured:

Title: _____ Phone number: _____

47. Does the organization currently carry general liability insurance? Yes No

48. Please provide the following financial information for the last three (3) years. (If organization is 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

49. 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.

50. Is this a parent organization at either the national or state level? Yes No

51. Does the organization have tax exempt status by the I.R.S.? Yes No

52. Is the organization involved in product research, development, testing and/or certification? Yes No

53. Is the organization involved in any accreditation or standard setting activities? Yes No

54. Does the organization engage in any disciplinary actions as a result of peer review activities? Yes No

55. Is the organization involved in any labor/union negotiations or collective bargaining activities? Yes No

56. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months? Yes No

57. Has any policy for Directors and Officers or Employment Practices Liability ever been cancelled or non-renewed? (Not applicable in MO) Yes No

58. Has the applicant or any person proposed for coverage (whether or not in the service of applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)? Yes No

59. Does the organization administer or sponsor any insurance programs? Yes No

IV. FIDUCIARY LIABILITY (AVAILABLE FOR 100 EMPLOYEES OR LESS)

60. Does each Pension Plan use an outside investment manager? Yes No
If no, fiduciary will not be offered.

61. 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.

62. 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.

63. 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.

64. 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.

V. OPTIONAL COVERAGES

Special Events

65. Add blanket event coverage including Host Liquor (up to 2,500 attendees per event maximum*)? Yes No

If "Yes,"

- a. What is the total number of events? _____
- b. What is the number of attendees for the largest event? _____
- c. Provide a brief description of events:

* Events with over 2,500 attendees and/or events needing commercial liquor coverage must be scheduled

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: 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.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma Fraud Statement: WARNING: 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.

Oregon Fraud Statement: Notice to Oregon applicants: 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 may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio 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 person to criminal and civil penalties.

Tennessee, Virginia and Washington 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 include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. 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.

Applicant's signature: _____

Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____