



Ten Parkway North
Deerfield, Illinois 60015
(847) 572-6000 Fax (847) 572-6137

RENEWAL APPLICATION
FOR
NON-PROFIT
ORGANIZATION
LIABILITY INSURANCE

PART I - General Information

1. (a) Name of Organization: _____

(b) Principal Address: _____
(Number) (Street) (City) (State) (Zip)

2. What is the Organization's legal structure? _____

3. Name and title of the Officer of the Organization designated to receive notices from or on behalf of all persons and entities proposed for this insurance:

Name: _____ Title: _____

4. Please give details of any current insurance. If none, so state:

CGL Insurer: _____ Limit: _____ Expiration Date: _____

Personal Injury Insurance: Yes No

Coverage for Discrimination: Yes No

Medical/Professional Malpractice Insurer: _____ Limit: _____ Expiration Date: _____

5 Does the Organization have any affiliated company or subsidiary operating for profit? (If Yes, please provide full details.)..... Yes No

6. Does the Organization now have a tax exempt status under the U.S. Internal Revenue Service Code? If Yes, under what section..... Yes No

7. Has the Organization filed a Federal Income Tax return for any of the last three years? If Yes, have returns been accepted as filed? Yes No

8. Within the last five years, has the Organization received any inquiry, complaint or notice of hearing from any State or Federal Regulatory Authority or Congressional or Legislative committee? (If Yes, please provide full details.)..... Yes No

Part II - Association Information

9. (a) Number of Chapters _____ (b) Number of Members _____

10. (a) Is the Association State, Local, Regional, National or International in scope? _____

(b) Is the Association affiliated with a National or International association? (If Yes, please name Association) _____

11. Does the Association perform any of the following services?

(a) Negotiate labor contracts or provide arbitration services?..... Yes No

(b) Engage in or sponsor product or service research, standards development, experimentation or performance testing?..... Yes No

- (c) Publish any magazines, periodicals, newsletters or technical manuals?..... Yes No
- (d) Set professional standards and/or certify its members? Yes No
- (e) Involved in any accreditation activities?..... Yes No
- (f) Does the Organization act as or participate in a peer review group or committee for assessing qualifications and performance of others or the quality of products manufactured, sold, handled, or distributed? Yes No

If Yes to any of the above, please attach full details: _____

Part III – Additional Information

As part of this application, please attach the following information as applicable:

- (a) The Organization’s latest audited Annual Report (including balance sheet, income statement and notes).
- (b) The Organization’s latest interim statement.
- (c) Any newsletters, manuals or publications put out by the Organization.
- (d) List of Board Members with their outside affiliations.

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands the application, and declares and warrants all statements set forth herein are true, complete and accurate. The undersigned further declares and warrants 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 of the Policy applied for is a condition precedent to coverage.

The signing of the application does not bind the undersigned to purchase the insurance, nor does review of the application bind the Insurer to issue a policy. It is agreed that this application, and the warranties made therein, shall be the basis of the contract should a Policy be issued.

It is warranted that the particulars and statements contained in the application(s) for the proposed Policy (which shall be on file with the Insurer and shall be deemed attached hereto) are the basis for the proposed Policy, and are to be considered as incorporated into and constituting a part of the proposed Policy.

Broker _____	Signed _____
_____	Title _____
_____	(Must be signed By President or Chairman)
_____	Company _____
_____	Date Signed _____

FRAUD PREVENTION – WARNING
ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILED A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

WARNING—New York Residents: 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 \$5,000, and the stated value of the claim for each such violation.



**MARKEL AMERICAN
INSURANCE COMPANY**

Ten Parkway North
Deerfield, Illinois 60015
(847) 572-6000 Fax (847) 572-6137

**EMPLOYMENT
PRACTICES
LIABILITY
SUPPLEMENTAL
APPLICATION**

1. Name and Address of Entity: _____

2. Does the Entity carry: General Liability Insurance Yes No
 Personal Injury Insurance Yes No
 Coverage for Discrimination Yes No

3. (a) Prior EPLI Coverage for past three years (if any):

<u>POLICY PERIOD</u>	<u>INSURER</u>	<u>PREMIUM</u>	<u>LIMIT</u>	<u>RETENTION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Has any insurer ever canceled or non-renewed this type of coverage? Yes No
If YES, please attach full details.

4. Has the Entity been involved in any grievances or other administrative hearing before any of the following agencies and/or under any of the following acts?

- (a) National Labor Relations Board Yes No
 (b) Equal Employment Opportunity Commission Yes No
 (c) Federal Labor Standards Act Yes No
 (d) Fair Labor Standards Enforcement Act Yes No
 (e) Title VII of the Civil Rights Act of 1964 Yes No

- No (f) Civil Rights Act of 1991 Yes
- No (g) Age Discrimination In Employment Act Yes
- No (h) U.S. Department of Labor Yes
- No (i) Any state or local government agency such as the Labor Department or Fair Employment agency..... Yes

If the answer to any of the above is YES, please attach full details. _____

- 5. Do you use an employment application for all your applicants for hire? Yes
No

If YES, please attach a copy of the application used.

- 6. Do you publish an employment handbook? Yes
No

- No If yes, do you distribute to all employees? Yes

- No **Please attach a copy.** Is it updated regularly? Yes

- 7. Do you have a written procedure for handling employee complaints of discrimination or sexual harassment? Yes
No

Please attach a copy.

- 8. Has the Entity formally implemented and adopted anti-sexual harassment policies?..... Yes No

- No **If YES, is it distributed annually to all workers?** Yes

Please attach a copy.

- 9. Does the Entity have an affirmative action plan (AAP)? Yes
No

- 10. Do you use any tests to screen applicants for employment or to promote employees?
 Yes No

If YES, attach specifics.

- 11. (a) Does the Entity require terminations to be reviewed by its Human Resources Department? Yes
No

(b) Its Legal Department? Yes No

(c) Its outside counsel? Yes No

12. Does the Entity have a policy on accommodating the disabled now required by the Americans With Disabilities Act? Yes No

13. Number of employees: Full Time _____ Part Time _____ Total

14. Are any of the above employees covered by collective bargaining agreements with any labor organizations? Yes No

If YES, please describe: _____

15. How many staff members were terminated in each of past three years?

199 _____
199 _____
199 _____

16. Do you anticipate any plant, facility, branch or office closings, consolidations or layoffs within the next 24 months? Yes No

If YES, please attach full details.

LOSS HISTORY

17. (a) Regardless of whether or not you had insurance, on a separate sheet please furnish a first dollar Loss History for all losses in the past five (5) years. If there were no losses, state NONE. _____

(b) For any claim(s) paid or reserved in excess of \$10,000, on a separate sheet please provide: 1) the date of loss, 2) a complete description of the loss, 3) the amount paid or reserved (including expenses), and 4) the valuation date for each such claim.

(c) Has there ever been any claim against you for \$100,000 or more? Yes No

(d) Are you aware of any facts, incidents, or circumstances which may result in claims being made against you? Yes No

If YES, please attach full details.

CLAIMS HANDLING PROCEDURES

18. (a) Who in the insured’s organization has been designated to handle claims?

Name: _____

Address: _____

Telephone Number (include area code): _____

(b) With respect to claims, incidents, etc.:

1) Do you have a written procedure for obtaining information? Yes

No

2) Have you made supervisory personnel aware of your desire for prompt notice?

Yes No

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands the application, and declares and warrants all statements set forth herein are true, complete and accurate. The undersigned further declares and warrants 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 of the Policy applied for is a condition precedent to coverage.

It is agreed that no coverage shall apply under the policy being applied for with respect to any claims based upon or arising out of the facts or circumstances described in the answers given to questions 17 (A-D)

The signing of the application does not bind the undersigned to purchase the insurance, nor does review of the application bind the Insurer to issue a policy. It is agreed that this application, and the warranties made therein, shall be the basis of the contract should a policy be issued.

It is warranted that the particulars and statements contained in the application(s) for the proposed Policy (which shall be on file with the Insurer and shall be deemed attached hereto), are the basis for the proposed Policy, and are to be considered as incorporated into and constituting a part of the proposed Policy.

Signed: _____

Title: _____
(Must be signed by President or Chairman)

Company: _____

Date Signed: _____
(Must be dated)

FRAUD PREVENTION – WARNING
ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS
FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILED
A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF
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