



This application should be submitted to:

ALTRU, LLC.



McDaniel Insurance Services
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mcins@west.net http://www.mcdanielinsuranceservices.com

APPLICATION FOR NON-PROFIT ORGANIZATION AND MANAGEMENT LIABILITY INSURANCE

NOTICE: EXCEPT AS OTHERWISE PROVIDED IN THE POLICY, THE POLICY SHALL ONLY APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED...

Instructions for Completing this Application

Please read carefully. Fully answer all questions and submit all requested information. Terms appearing in bold in this Application are defined in the Policy...

GENERAL INFORMATION

1. The Applicant Company, which is to be the entity named in Item 1. of the Declarations (the "Applicant"):

Principal Address:

City: State: Zip Code:

2. Officer designated to receive correspondence and notices from the Insurer:

(Name of Officer) (Title)

3. Please provide the following information with respect to the Applicant:

a. Purpose or Description of Operations:

b. Date of Incorporation:

c. Is the Applicant exempt from Federal income tax? Yes No

d. Has there been any dispute regarding the Applicant's tax exempt status? Yes No

e. Website address (if applicable):

f. Is the Applicant applying for insurance for any entity other than the Applicant? Yes No

If "Yes," please provide the following information for each:

<u>Name of Entity</u>	<u>Non-profit or For Profit</u>	<u>Type of Operation or Business</u>

FINANCIAL INFORMATION

1. Please provide the following information for the past two fiscal years:

<u>Fiscal year-ended</u>	<u>Total Gross Revenue</u>	<u>Net Revenue</u>	<u>Total Assets</u>	<u>Net Assets</u>
	\$	\$	\$	\$
	\$	\$	\$	\$

2. Based upon the Applicant's financial condition, has anyone questioned within the last three (3) years whether the Applicant will continue as a going concern? Yes No

3. Please attach the Applicant's CPA-prepared financial statements or IRS Form 990 for the last two (2) fiscal years if any of the following apply to the Applicant for either of the last two (2) fiscal years:

- ♦ Total gross revenues exceeded \$2,000,000
- ♦ Total assets exceeded \$5,000,000
- ♦ Either net revenues or net worth were negative
- ♦ The answer to 2 above is "Yes."

EMPLOYMENT INFORMATION

Please provide the following information for the Applicant and any **Subsidiary** for which coverage is requested:

1. Number of employees: Full Time: _____ Part Time: _____
2. Does the Applicant employ a full-time Human Resource Manager? Yes No
3. Does the Applicant utilize an employee handbook? Yes No
4. Does the Applicant distribute to all employees written policy statements regarding:
- ♦ anti-discrimination Yes No
 - ♦ anti-sexual harassment Yes No

INSURANCE INFORMATION

Please provide the following information regarding any Directors & Officers/Organization Liability and General Liability insurance currently maintained by the Applicant:

<u>Insurer</u>	<u>Expiration Date</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
D&O:		\$	\$	\$
GL: Federal Insurance Co/CFMS master policy		\$	\$	\$

LOSS/CLAIMS HISTORY

1. Has any **Insurer** cancelled or refused to renew any previous insurance, whether primary or excess, within the past 3 years? Yes No
2. Within the past 3 years, has any **Claim** been made against any proposed **Insured** which would have been within the scope of coverage afforded by the proposed Policy? Yes No
*If "Yes," please attach a summary description of each **Claim** and any **Loss** payments by any **Insureds** or **Insurers**.*
3. Within the past 3 years, has any person or entity for whom this insurance is intended given notice under the provisions of any other previous or current similar primary or excess insurance policy of any facts or circumstances which may give rise to a **Claim**? Yes No
If "Yes," please attach complete details.

IT IS UNDERSTOOD AND AGREED THAT WITH RESPECT TO QUESTIONS 2 AND 3 ABOVE, IF SUCH **CLAIMS** OR NOTICE OF FACTS OR CIRCUMSTANCES EXIST, THEN THOSE **CLAIMS** AND ANY OTHER **CLAIMS** ARISING FROM SUCH **CLAIMS** OR NOTICED FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

PRIOR KNOWLEDGE

Does any person or entity for whom this insurance is intended have any knowledge or information of any actual or alleged act, error, omission, fact or circumstance which may reasonably be expected to give rise to a **Claim** within the scope of coverage afforded by the proposed Policy? Yes No
(If "Yes," please attach complete details).

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

The person signing this **Application** declares that to the best of his or her knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all **Insured(s)** to facilitate the proper and accurate completion of this **Application** for the proposed Policy. Signing of this **Application** does not bind the undersigned to purchase the insurance, but it is agreed that this **Application** shall be the basis of the contract should a Policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** and the information in the materials submitted herewith or incorporated herein are true and shall be deemed material to the decision of the **Insurer** to issue the insurance.

The undersigned agrees that if after the date of this **Application** and prior to the effective date of any Policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** or the information in the materials submitted herewith or incorporated herein inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would complete, update or correct such information. Under such circumstances, any outstanding quotations may be modified or withdrawn at the sole discretion of the **Insurer**.

This **Application** and any material submitted herewith shall be maintained on file by the **Insurer**, shall be deemed attached as if physically attached to the proposed Policy and shall be considered as incorporated into and constituting a part of the proposed Policy. The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**. All such notices must be submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

FRAUD WARNING

(All States except: AR; CO; DC; HI; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA, VT; WA; WV)

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 civil fines and criminal penalties.

Arkansas – 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 – 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.

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Louisiana – 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.

Maine – 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 – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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 civil fines and criminal penalties.

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

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – 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 – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania – 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 - 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.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - 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.

Washington - 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.

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.

This Application must be signed by the Chairman of the Board, President or Executive Director of the Applicant.

Date: _____

Signature: _____

Print Name and Title: _____

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.