

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____

Date proposal needed: _____

Legal Name of Organization: _____

FEIN: _____

Mailing Address: _____ County: _____

Phone #: _____ Fax #: _____

Website Address: _____

Executive Director: _____ Phone #: _____ E-Mail: _____

Best time to contact: _____

Shelter Manager: _____ Phone #: _____ E-Mail: _____

Best time to contact: _____

INSURANCE AGENT INFORMATION

Agents Name: _____ CSR or Other Contact _____

Name of Agency: _____

Address: _____

Agency Phone: _____ Fax: _____ E-mail address: _____

Do you currently write this account? Yes No

If yes, for how long? _____ Carrier Name: _____

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency Name and Address: _____

ORGANIZATION INFORMATION

Is your organization a 501(c)(3)? Yes No

Year organization was established: _____

Total Revenue (for the current year): _____

Does your organization provide shelter for large, wild or exotic animals? Yes No

Is there a staff member on premise at all times? Yes No

Does your organization employ animal control officers or humane law enforcement? Yes No

If yes, a. Do the officers have citation or arrest authority? Yes No

b. Do the officers carry firearms? Yes No

c. Do the officers carry separate liability coverage? Yes No

Is your organization a no-kill animal shelter? Yes No

Is your organization an open-admission animal shelter? Yes No

ORGANIZATION INFORMATION (CONTINUED)

EMPLOYEES & VOLUNTEERS:

Do you have a formal training procedure for employees & volunteers? Yes No

To whom do the volunteers report? _____

Do you provide personal protective equipment (latex gloves, bite gloves, restraining poles)? Yes No

Do you provide training and information on zoonotic disease to employees and volunteers? Yes No

What capacity are volunteers involved?

Dog walking On Premise Off Premise

Animal care attendant

Kennel attendant (cleaning cages and runs)

Other (please specify) _____

ANIMAL HEALTH ASSESSMENT:

Are the health and conditions of animals evaluated prior to placement in general population? Yes No

Do you spay or neuter? Yes No

Do you perform euthanasia? Yes No

Are all drugs and narcotics kept under lock and key with restricted access? Yes No

Is there a crematory on the premises? Yes No

If yes, annual receipts? _____

ANIMAL BEHAVIOR ASSESSMENT:

Is there a Certified Animal Behaviorist on staff? Yes No

Are the following temperament tests performed on each animal?

a. Food Aggression Yes No

b. Aggression toward other animals Yes No

c. Aggression toward persons/children Yes No

Are all animals leashed or in carriers when out of kennels? Yes No

Are kennels clearly labeled for animals deemed aggressive? Yes No

Do you place animals with aggressive behaviors into foster or adoptive homes? Yes No

If yes, please explain: _____

Does your organization accept animal transfers from other shelters? Yes No

If yes, please describe your in-house intake & assessment process: _____

ADOPTIVE FOSTER HOMES:

Do you have written procedures and guidelines in place for determining suitable foster/adoptive homes? Yes No

Are visitors always supervised while handling adoptable animals? Yes No

If animal has a history of behavioral or health issues, how are potential adopters notified?

Verbal Written Written with signature required

ORGANIZATION INFORMATION (CONTINUED)

WAIVERS:

- Does the adoption agreement contain a hold harmless waiver? Yes No
- Are all foster homes required to sign a contract? Yes No
- Does the contract contain a hold harmless waiver? Yes No
- Do you participate in off-site adoption events? Yes No
- If yes, how may per year: _____

WAIVERS REQUIRED:

- Visitors Yes No
 - Includes Hold Harmless Wording Yes No
- Volunteers Yes No
 - Includes Hold Harmless Wording Yes No
- Adopters Yes No
 - Includes Hold Harmless Wording Yes No
- Fosters Yes No
 - Includes Hold Harmless Wording Yes No
- If waivers are not required, is your organization willing to implement & provide a copy? Yes No

Please indicate the following for this year:

# of Kennels/Cages/Compartments		
# of Employees (not including vet)		
# of Volunteers (not including vet)		
# of Employed Veterinarians		Annual Payroll: \$
# of Volunteer Veterinarians		
# of Contracted Veterinarians		Do you obtain proof of insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average # of volunteers per day	<input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50+	
Average # of visitors per day		
# of animal intakes annually		
# of adoptions annually		
# of fosters annually		
# of animals placed in foster homes annually		
Pet Grooming Receipts	\$	
Pet Training Receipts	\$	
Boarding Receipts	\$	
Gift Shop/Thrift Store Receipts	\$	
Clinical Work Receipts	\$	

OTHER OPERATIONS

SPECIAL EVENTS/FUNDRAISERS:

Event	# of Expected Attendees	Location	Gross Revenue	Is Alcohol Served or Sold?	Is a Waiver required of participants?
			\$		
			\$		
			\$		

DOES YOUR ORGANIZATION PARTICIPATE IN ANY OF THE FOLLOWING:

YOUTH CAMPS

Yes No

How many camp participants does the Insured host per year? _____

Is there overnight youth exposure? Yes No

What is the ratio of adults to youth? Yes No

Is there any transportation of the youth by the insured? Yes No

If yes, please explain: _____

Are parents required to sign a waiver? Yes No

If animals are allowed around the campers, how are the animals vetted for safety? _____

Are dogs always leashed and under the control of the Insured? Yes No

Is there any administering of medicine to any youth campers? Yes No

PRISON / INMATE DOG TRAINING

Yes No

Is there a written contract in place between the shelter and the prison? Yes No

Are there written operating procedures in place (for both the shelter and prison)? Yes No

What level of security is the prison? _____

How often annually does this program run? _____

How many dogs and inmates participate in the program at one time? _____

Please explain how the animals and inmates are chosen and what training is required before handling the animals. _____

Are animals restricted to a training area where others cannot get in? Yes No

Are the animals always crated when not in training? Yes No

Is there any transportation provided by the insured for the prisoners? Yes No

PET DAY OUT / TEMPORARY OUTINGS

Yes No

If yes, please explain: _____

GENERAL LIABILITY LIMITS

Each Occurrence/General Aggregate Limit:

- \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000 Other: _____
 Occurrence Claims-made Retroactive Date: _____

Optional coverages:

- Waiver of Subrogation
 Stop Gap Liability (only applicable in monopolistic states)

VETERINARIAN PROFESSIONAL LIABILITY

N/A

Each Occurrence/General Aggregate Limit:

- \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000 Other: _____
 Occurrence Claims-made Retroactive Date: _____

VOLUNTEER ACCIDENT INSURANCE

N/A

Do you currently have Volunteer Accident Insurance?

Yes No

If yes, what is the effective date? _____

EMPLOYEE BENEFITS LIABILITY

N/A

Each Occurrence/General Aggregate Limit:

- \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000 Other: _____
 Occurrence Claims-made Retroactive Date: _____

Does the organization have an Employee Benefits handbook?

Yes No

Has any claim been made, or suit filed against the company and/or its employees in the past 5 years alleging an error or omission in the administration* of your benefit programs?

Yes No

If yes, please describe: _____

EMPLOYEE BENEFITS LIABILITY (CONTINUED)

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable per to believe that a claim or suite might result?

Yes No

If yes, please describe: _____

*Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos, or messages to participants.

PROPERTY COVERAGE

Building & Contents Deductible: \$500 \$1,000 \$2,500 Other _____

Coinsurance Percentage: 80% 90% 100%

Blanket Coverage: Building Only Contents Only Building/Contents Combined None

PROPERTY SCHEDULE

Loc. No.:		Address:			
Building Limit: \$		Personal Prop. Limit: \$		Occupancy Type:	
Construction Type: <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Building Protection: (Check all that apply) <input type="checkbox"/> Local Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Cameras <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Full Intrusion Perimeter Alarm <input type="checkbox"/> Heat Detection <input type="checkbox"/> Other: _____			
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Occupancies _____ _____ _____		
Loc . No.:		Address:			
Building Limit: \$		Personal Prop. Limit: \$		Occupancy Type:	
Construction Type: <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Building Protection: (Check all that apply) <input type="checkbox"/> Local Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Cameras <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Full Intrusion Perimeter Alarm <input type="checkbox"/> Heat Detection <input type="checkbox"/> Other: _____			
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Occupancies _____ _____ _____		
Loc. No.:		Address:			
Building Limit: \$		Personal Prop. Limit: \$		Occupancy Type:	
Construction Type: <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Building Protection: (Check all that apply) <input type="checkbox"/> Local Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Cameras <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Full Intrusion Perimeter Alarm <input type="checkbox"/> Heat Detection <input type="checkbox"/> Other: _____			
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Occupancies _____ _____ _____		

Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Occupancies _____ _____ _____
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Type 1-Frame - Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.

Type 2-Joisted Masonry - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

Type 3-Non-Combustible - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials.

Type 4-Masonry Non-Combustible - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.

Type 5-Modified Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.

Type 6-Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

For additional locations please include Acord Application.

INLAND MARINE

N/A

Scheduled Equipment

No.	Description (Year, Make, Model, Serial No.)	Limit of Insurance	Deductible
1		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
2		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
3		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
4		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
5		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000

BUSINESS AUTO

N/A

Indicate the desired coverage below:

- \$ _____ Auto Liability
- \$ _____ Medical Payments
- \$ _____ PIP / No Fault (Medical Expense Benefits – Applies Only in PA)
- \$ _____ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)
- \$ _____ OBEL (Applies Only in NY)
- \$ _____ Uninsured Motorists/ Underinsured Motorists
B.I. Stacking Non-Stacking (if applicable)
- \$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

Indicate the desired deductible for scheduled vehicles with Physical Damage Coverage:

- Comprehensive \$500 \$1000 \$2500 \$5000 Other \$ _____
- Collision \$500 \$1000 \$2500 \$5000 Other \$ _____

BUSINESS AUTO (CONTINUED)

Do the employees or volunteers use their personal vehicles on behalf of the organization? Yes No

If Yes, a. Number of employees/volunteer that utilize their personal vehicle: _____

b. Do the employees/volunteers transport animals in their personal vehicle? Yes No

c. Do you require proof of insurance from the employee/volunteer? Yes No

d. Do you have minimum requirements for personal auto policy limits? Yes No

If yes, what are the minimum limits required: _____

Are animals properly secured during transport? Yes No

Are there written standard operating procedures for use of company owned vehicles? Yes No

Is there a formal vehicle maintenance program in place? Yes No

Do all drivers have a license commensurate with applicable legal requirements (CDL, etc.)? Yes No

Does your organization run MVRs on all drivers? Yes No

Is driver training provided for employees? Yes No

If Yes, please describe: _____

VEHICLE SCHEDULE

Veh No.	Year	Make	Model	VIN	Original Cost New	Loc. No.
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	
9					\$	
10					\$	

For additional autos please include Acord Application.

CRIME

N/A

FIDELITY

Commercial Blanket Limit of Insurance \$ _____

Number of Class I Employees/Volunteers (direct contact with funds) _____

List name & title of all Class 1 Employees/Volunteers

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

CRIME (CONTINUED)

Number of Class II Employees/Volunteers (all others) _____

<input type="checkbox"/> Position Schedule	Position	Limit of Insurance	Excess over Blanket
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Computer Fraud and Funds Transfer		\$ _____	
<input type="checkbox"/> Faithful Performance			
<input type="checkbox"/> Forgery or Alterations	Limit of Insurance: \$ _____		

How are the organizations' computers secured? _____

How are online login credentials secured? _____

Does anyone have access to an organization credit card (including debit cards)? Yes No

If yes, are they authorized to make online purchases? Yes No

Does anyone have access to the organizations accounts from home? Yes No

If yes, do they use an organization-issued computer, or a personal computer?

Organization Personal

If they use an organization computer, are other household members barred from using it? Yes No

MONEY AND SECURITIES

Event	Date of Event	Limit Needed
_____	_____	\$ _____
_____	_____	\$ _____

GENERAL CRIME INFORMATION

Are internal account reviews conducted? Yes No

If yes, by whom and how often are accounts examined? _____

When were the accounts last examined? _____

Are Invoices or Requisitions, Check Registers and Bank Statements cross-checked against each other at reconciliation? Yes No

Do all checks require 2 signatures? Yes No

If No, do checks over a certain amount require 2 signatures? Yes in excess of: \$ _____ No

Are procedures in place requiring segregation of duties so that no single transaction can be fully controlled from organization to completion by one person? Yes No

Do you prohibit employees who reconcile monthly bank statements from:

a. Signing Checks? Yes No

b. Making Withdrawals? Yes No

c. Handling deposits? Yes No

Do you maintain a list of authorized vendors? Yes No

Do you verify invoices against a corresponding purchase order, receiving report and/or vendor list prior to issuing payment? Yes No

Do you perform reference checks, including criminal history checks, on people who frequently handle money? Yes No

EXCESS LIABILITY

N/A

Limit of Insurance: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1,000,000 bodily injury by accident/\$1,000,000 bodily injury by disease/\$1,000,000 bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Effective Dates: _____ Policy Period: _____

Employers Liability (Coverage B) Limits: \$_____ Bodily Injury by Accident
 \$_____ Bodily Injury by Disease
 \$_____ BI by Disease Policy Limit

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

ADDITIONAL INTERESTS

List any entities that need to be listed as Additional Insured, Loss Payee or Mortgagee along with their interest.

Loc. No.	Name & Address	Loss Payee	Mortgage-holder	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT INSURANCE

Line of Business	Name of Insurer	Annual Premium
General Liability		\$
Professional Liability		\$
D&O / EPLI		\$
Cyber Liability		\$
Property		\$
Business Auto		\$
Crime		\$
Inland Marine		\$
Excess/Umbrella		\$

SUBMISSION REQUIREMENTS

- Copies of current Declaration Pages
- Complete list of drivers including full name, date of birth, license number, state where individual is licensed & date of hire
- Five years of currently valued (within 60 days), hard copy loss runs including loss description and details.
- Copy of all waivers currently utilized.

MANAGEMENT LIABILITY

N/A

NOTICE: THE EMPLOYMENT PRACTICES LIABILITY AND DIRECTORS & OFFICERS LIABILITY COVERAGE PARTS OF THE POLICY APPLIED FOR PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF ANY LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY FOR THE COVERAGE TO WHICH SUCH LIMIT APPLIES, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, SHALL APPLY TO THE DEDUCTIBLE. NOTICE: A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED. NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.

DIRECTORS & OFFICERS LIABILITY

Claims Made Limit: \$1,000,000 \$2,000,000 Other: _____
 Pending & Prior Litigation Exclusion: _____

EMPLOYMENT PRACTICES LIABILITY

Claims Made Limit: \$1,000,000 \$2,000,000 Other: _____
 Pending & Prior Litigation Exclusion: _____
 Shared Limit Separate Limits

To backdate the pending and prior date, please provide the expiring declaration page.

GENERAL ORGANIZATION INFORMATION

A. Does the Applicant:

1. Currently have or previously had any disputes as to Applicant's tax exempt status? Yes No
If "Yes" to the above, attach a detailed explanation.

B. Has the Applicant experienced within the past year, or does it expect to experience in the next year, any:

1. Bankruptcy proceedings or reorganizations or arrangements with creditors under federal or state law? Yes No
2. Location, facility, or office closings, consolidations or layoffs? Yes No
3. Changes in its operations or services? Yes No
4. Involuntary terminations of officers or senior employees? Yes No
5. Breach/violation of loan agreement or other material contractual obligation? Yes No

If "Yes" to 1 through 5, attach a detailed explanation. For question 4, include details on reason(s) for change(s) or termination(s), and details on whether severance was paid or waivers signed.

C. Please complete the following information (for the current year):

Total Assets: _____ Total Liabilities: _____

If revenue > \$1MM, provide most recent IRS Form 990 (or audited financial statements).

MANAGEMENT LIABILITY (CONTINUED)

EMPLOYMENT PRACTICES INFORMATION

- | A. Employee Count | Current Year | Previous Year |
|---|--------------|---------------|
| 1. Full time employees: | _____ | _____ |
| 2. Part time employees: | _____ | _____ |
| 3. Employees located in CA: | _____ | _____ |
| 4. Involuntary terminations (past 12 months): | _____ | _____ |
- B. Does the Applicant distribute and record the receipt of the below written procedures to all employees:
1. Equal Opportunity Employment? Yes No
 2. Prohibition of Discrimination and Sexual Harassment? Yes No

LOSS/CLAIMS INFORMATION (DO NOT COMPLETE FOR RENEWALS)

- A. Regarding the coverage(s) applied for, has the Applicant given notice of any claim, circumstance, potential claim, or loss to any insurer during the past 5 years? Yes No

If “Yes” attach detailed explanation of all such claims, circumstances, potential claims, and losses.

- B. Has the Applicant or any person or entity proposed for coverage been the subject of, or been involved in, any civil, criminal or administrative actions or proceedings during the past 5 years, including (but not limited to):
1. Anti-trust, membership denial, copyright or patent litigation? Yes No
 2. Discrimination or harassment? Yes No
 3. Any other civil, criminal or administrative actions or proceedings? Yes No

If “Yes” for 1 through 3 above, attach a detailed explanation.

- C. Regarding the coverage(s) applied for, has any insurer cancelled or refused to renew any such coverage(s) within the past 3 years? Yes No

(MISSOURI RESIDENTS SHOULD NOT ANSWER THIS QUESTION)

- D. Regarding the coverage(s) applied for, have there been any claims against any person or entity proposed for coverage that may fall within the scope of such coverages during the past 5 years? **If “Yes” attach a detailed explanation.** Yes No

PRIOR KNOWLEDGE – MANAGEMENT LIABILITY COVERAGE PARTS (DO NOT COMPLETE FOR RENEWALS)

Does any person or entity proposed for coverage have any knowledge of or information concerning any actual or alleged act, error, omission, fact or circumstance which may result in a claim that may fall within the scope of coverage applied for? If “Yes” attach a detailed explanation. Yes No