

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: _____
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? ☐ 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
Total Revenue (for the current year): _____

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

☐ 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

Are all animals vaccinated? ☐ 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 premise? ☐ Yes ☐ No

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

ADOPTIVE FOSTER HOMES:

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

Are visitors supervised at all times while handling adoptable animals? ☐ Yes ☐ No

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 many per year: _____

SPECIAL EVENTS/FUNDRAISERS:

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

ORGANIZATION INFORMATION (CONTINUED)

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
# of Board Members		Are Board Members elected: <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		
Pet Grooming Receipts	\$	
Pet Training Receipts	\$	
Boarding Receipts	\$	
Gift Shop Receipts	\$	
Clinical Work Receipts	\$	

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 person to believe that a claim or suit 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 _____

Coinurance 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"/> Heat Detection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm	
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"/> Heat Detection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm	
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 _____ _____ _____ _____

PROPERTY COVERAGE (CONTINUED)

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"/> Heat Detection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm	
Own/Lease:	Building Info:	Year: Updated/Inspected	Additional Occupancies
<input type="checkbox"/> Own	Number of Stories: _____	Roof: _____ / _____	_____
<input type="checkbox"/> Lease	Building Sq. Ft.: _____	Plumbing: _____ / _____	_____
	Sq. Ft. You Occupy: _____	Wiring: _____ / _____	_____
	Year Built: _____	HVAC: _____ / _____	_____

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 \$ _____

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 their 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

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.

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 _____

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

☐ Position Schedule Position Limit of Insurance Excess over Blanket

_____ \$ _____ ☐ Yes ☐ No

_____ \$ _____ ☐ Yes ☐ No

_____ \$ _____ ☐ Yes ☐ No

☐ Computer Fraud and Funds Transfer Limit of Insurance: \$ _____

☐ Faithful Performance

☐ 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

CRIME (CONTINUED)

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 persons 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				

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		\$
		\$

PRIOR LOSS INFORMATION

Have there been any claims or losses in the last 5 years?

☐ Yes ☐ No

If yes, please indicate all known claims and losses for the past 5 years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved. Attached separate pages if needed.

Date of Occurrence	Date of Claim	Type of Claim & Description of Occurrence	Amount Paid	Amount Reserved	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed

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

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

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).

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

MANAGEMENT LIABILITY (CONTINUED)

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

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DELAWARE APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO 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 is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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.

NOTICE TO TEXAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature: _____ Date: _____

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF ANY LIABILITY COVERAGE IN YOUR POLICY IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THE POLICY IS IN FORCE, DURING A RENEWAL OF THE POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE POLICY MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____