

Renewal Proposal Form for Nonprofit Directors' and Officers'
Liability, Employment Practices Liability, Fiduciary Liability, and
Workplace Violence Coverages



30 Park Avenue Manhasset, NY 11030
Phone 516-365-7440 | Fax 516-365-9566
www.nifgroup.com/nifpro/

Name of Organization _____

Address _____ City _____

State _____ Zip Code _____ Website _____

1. Number of Employees _____ Turnover rate in past 12 months _____

2. Annual Salary/Wages Expense \$ _____

3. Total Assets \$ _____

4. Has there been any change in the Organization's legal structure, purpose(s), tax status or the nature of operations during the past 3 years? **If "Yes," please attach details.** Yes No

5. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed during the past 3 years? **If "Yes," please attach details.** Yes No

6. Have there been during the last 3 years, or are there now pending, any civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against the Organization, its Subsidiaries, the Employee Benefit Plans of the Organization or its Subsidiaries, or any person proposed for this insurance in their capacity as either Director, Officer, Trustee, employee, volunteer, or staff member of the Organization or its Subsidiaries. Yes No

If "Yes," for each proceeding please attach details of the complaint, the dollar amount of costs of defense and loss, the date the proceeding was filed, and whether the proceeding is open or closed.

Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, PA, TN, VA:

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 may also be subject to a civil penalty.

In Colorado: 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.

In Washington, Maine and Louisiana: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

In Florida: Any person who knowing 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.

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In New York: 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 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 (\$5,000.00) and the stated value for each such violation.

It is agreed the particulars and statements contained in Proposal Forms submitted to the Insurer (and any material submitted therewith) are the representations of the Insured and are to be considered as incorporated in and constituting part of this Policy. It is also agreed this Policy is issued in reliance upon the truth of such representations. However, coverage shall not be excluded as a result of any untrue statement in the Proposal Form, except:

- (1) as to any Insured Person making such untrue statement or having knowledge of its falsity; or
- (2) as to the Organization and any Subsidiary, if the person(s) who signed the Proposal Form(s) for this coverage or any Insured Person who is or was a past, present or future Chief Financial Officer, President, or Executive Director of the Organization made such untrue statement or had knowledge of its falsity.

By _____
SIGNATURE OF EXECUTIVE DIRECTOR PRINT NAME DATE

The above individual is also designated as agent of the Organization and all of the Insureds to receive any and all notices from the Insurer.

This Proposal Form, including any material submitted therewith, shall be treated in strictest confidence. Submit this Proposal Form including documentation to:



30 Park Avenue Manhasset, NY 11030
Phone 516-365-7440 | Fax 516-365-9566
www.nifgroup.com/nifpro/