



**ARCH INSURANCE COMPANY**

A Missouri Corporation

ADMINISTRATIVE OFFICE

One Liberty Plaza  
53<sup>rd</sup> Floor  
New York, NY 10006  
Tel: 800-817-3252

**ALTRU  
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 DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER IN ACCORD WITH THE PROVISIONS OF THE POLICY. EXCEPT AS OTHERWISE PROVIDED IN THE POLICY, THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS MAY BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THIS APPLICATION AND THE POLICY CAREFULLY.**

**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 and have the same meaning in this Application as in the Policy. This Application consists of the information contained herein, all materials submitted herewith and any other information or materials included within the definition of **Application** in the Policy. All such materials shall be held in confidence.

**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:

Fiscal year-ended	Total Gross Revenue	Net Revenue	Total Assets	Net Assets
	\$	\$	\$	\$
	\$	\$	\$	\$

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 (stated in full-time equivalents): \_\_\_\_\_

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:	\$	\$	\$	\$

### **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 Prevention - General Warning**

**NOTICE:** Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

**NOTICE TO ARKANSAS, LOUISIANA AND 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 fines and confinement in 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 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 in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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 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 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 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 claims 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 PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 TENNESSEE & 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.

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.