



ARCH INSURANCE COMPANY

A Missouri Corporation

ADMINISTRATIVE OFFICE

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

**ALTRU
RENEWAL 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 Renewal **Application** are defined in the Policy and have the same meaning in this Renewal **Application** as in the Policy. The term "Prior Application" as used herein shall mean the Application submitted for the Policy which the Applicant seeks to renew through this Renewal **Application**. This Renewal **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. Is the Applicant exempt from Federal income tax? Yes No

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

- c. 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 fiscal year:

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 year 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 fiscal year if any of the following apply to the Applicant for the last fiscal year:
- 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

LOSS/CLAIMS HISTORY

1. Has any insurer cancelled or refused to renew any insurance, whether primary or excess, within the past year? Yes No

2. Within the past year, 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 year, has any person or entity for whom this insurance is intended given notice under the provisions of any other 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.

The person signing this Renewal **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 Renewal **Application** for the proposed Policy. Signing of this Renewal **Application** does not bind the undersigned to purchase the insurance, but it is agreed that this Renewal **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 Renewal **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 Renewal **Application** and prior to the effective date of any Policy based on this Renewal **Application**, any occurrence, event or other circumstance should render any of the information contained in this Renewal **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 Renewal **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 Renewal **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.

This Renewal **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.