



OLD REPUBLIC INSURANCE COMPANY

This completed document should be submitted to:
ALTRU, LLC
3975 Erie Avenue
Cincinnati, OH 45208
T: 800-529-8850 www.altru.com

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 INSUREDS DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER IN ACCORD WITH THE PROVISIONS OF THE POLICY.

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:

Name of Entity	Non-profit or For Profit	Type of Operation or Business

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: Full Time: _____ Part Time: _____

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

TRANSACTIONS AND EEOC CHARGES

1. 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 12 months? Yes No

2. During the past 12 months has there been or are there now pending any civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission or similar state body) brought against the **Organization** or its **Subsidiaries** or any **Insured Person**? Yes No

*If “Yes,” please provide details as an attachment to this **Application** including defense costs, judgments and/or settlements.*

IT IS UNDERSTOOD AND AGREED THAT WITH RESPECT TO QUESTION 2 ABOVE, IF SUCH EEOC OR SIMILAR STATE EMPLOYMENT PROCEEDINGS EXIST, THEN THOSE **CLAIMS** AND ANY OTHER **CLAIMS** ARISING FROM SUCH PROCEEDINGS 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.

FRAUD WARNING

(All States except: AR; CO; DC; HI; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA, VT; WA; WV)

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.

Arkansas – 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.

Colorado – 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.

District of Columbia - 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.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Louisiana – 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.

Maine – 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.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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.

New York – 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – 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.

Oregon – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania – 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.

Tennessee - 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.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - 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.

Washington - 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.

West Virginia – 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.

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.