

**ARCH CANOPY POLICY FOR NONPROFIT ORGANIZATIONS<sup>SM</sup> APPLICATION  
RENEWAL APPLICATION**



**NOTICE:** THE LIABILITY COVERAGE PARTS OF THIS POLICY 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.

**Instructions for completing this Application:** Please read carefully, fully answer all questions, and submit all requested information. As noted below, certain questions apply only to specific types of Applicants. As used herein, "Applicant" means the organization named below as well as any subsidiary or employee benefit plan of such company.

**1. NAME, ADDRESS, AND CONTACT INFORMATION**

Name of Applicant: \_\_\_\_\_  
 Principal Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Nature of Operations: \_\_\_\_\_

**2. COVERAGE(S) APPLIED FOR**

Select each coverage applied for and insert the requested limit of liability. Complete the items below relevant to each coverage applied for.

**Nonprofit (D&O) Organization Liability and Employment Practices Liability** . . . . . Limit of Liability Requested: \$ \_\_\_\_\_  
 **Fiduciary Liability** . . . . . Limit of Liability Requested: \$ \_\_\_\_\_  
 **Shared Limit**     **Separate Limit**  
 **Crime** . . . . . Limit of Liability Requested: \$ \_\_\_\_\_  
 **Kidnap and Ransom** . . . . . Limit of Liability Requested: \$ \_\_\_\_\_

**3. GENERAL ORGANIZATION INFORMATION**

- A.** 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) or change(s) or termination(s), and details on whether severance was paid or waivers signed.*

B. Please complete the following information (for the current year):

Total Revenue: \$ \_\_\_\_\_ Total Assets: \$ \_\_\_\_\_ Total Liabilities: \$ \_\_\_\_\_

Employees: \_\_\_\_\_

If revenue > \$1MM, provide most recent IRS Form 990 (or audited financial statements).

If revenue > \$10MM, provide most recent audited financial statements.

4. EMPLOYMENT PRACTICES INFORMATION

If Applicant has greater than 100 employees, fill out Arch EPL supplemental application in lieu of below.

A. Employee Count Current Year Previous Year

- 1. Full time employees:
2. Part time employees:
3. Volunteers:
4. Employees located in CA:
5. Involuntary terminations (past 12 months):

B. Has the Applicant made any changes to its HR policies within the past year? Yes No

If "Yes" attach a detailed explanation.

5. FIDUCIARY INFORMATION (TO BE COMPLETED ONLY IF COVERAGE PURCHASED)

A. For each plan proposed for coverage, please list the following:

Table with 5 columns: Plan Name, Type of Plan\*, Total Assets, Annual Contributions, Number of Participants

\*Defined Benefit (DB); Defined Contribution (DC); Excess Benefit or Top Hat (EB); Other (O)

6. CRIME INFORMATION (TO BE COMPLETED ONLY IF COVERAGE PURCHASED)

Has the Applicant made any changes to its Crime controls within the past year? Yes No

If "Yes" attach a detailed explanation.

7. KIDNAP AND RANSOM INFORMATION (TO BE COMPLETED ONLY IF COVERAGE PURCHASED)

Has the Applicant made any changes to its foreign locations or travel within the past year? Yes No

If "Yes" attach a detailed explanation.

IT IS AGREED THAT ANY CLAIM ARISING FROM, BASED UPON, OR ATTRIBUTABLE TO ANY ACTUAL OR ALLEGED ACT, ERROR, OMISSION, FACT OR CIRCUMSTANCE OF WHICH ANY SUCH PERSON OR ORGANIZATION HAS ANY KNOWLEDGE OR INFORMATION WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete. Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any policy of a claim or potential claim. All such notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

**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 or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, 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 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 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 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, TENNESSEE, VIRGINIA AND WASHINGTON 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 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 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 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 the 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 intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment 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.

**This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer, Executive Director, Chief Financial Officer, President, General Counsel, Trustee, or Chairperson or any equivalent position.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:**

Program Administrator  
**Affinity Nonprofits**  
1120 20th St, NW, Ste 600  
Washington DC 20036  
800-432-7465 • 800-701-1982 fax  
inforequest@affinitynonprofits.com

Affinity Nonprofits is the program name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.