



NON PROFIT ORGANIZATION MANAGEMENT INDEMNITY INSURANCE APPLICATION—Category 1 (ANNUAL REVENUES OF UP TO \$1,000,000)

Return Applications To:
ROCKWOOD PROGRAMS, INC.
3001 Philadelphia Pike
Claymont, DE 19703-2580
Ph: 800-558-8808 • Fax: 302-764-5477
www.rockwoodinsurance.com

RATES SHOWN BELOW ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Functions as a Chamber of Commerce, Church/ Synagogue, Historical Society, Performing Arts Organization, Youth Sports Organization, Swim Club or Foundation.
- Generates up to \$1,000,000 in revenues annually
- Has been claims-free for a minimum of 5 years
- Has 10 or fewer employees
- Is not domiciled in CA, NJ, OR or WA

**DETERMINE FULL AMOUNT DUE
BASED ON THE APPLICANT'S ANNUAL REVENUE RANGE.**
If accepted for Coverage, Risks will be written with No Retention for both Directors & Officers and Employment Practices Liability.

Limit of Liability	Annual Revenue Range		
	Up to \$250,000	\$250,001–\$500,000	\$500,001–\$1,000,000
Full Amount Due →	\$760	\$795	\$835

APPLICANTS POSSESSING RISK CHARACTERISTICS OTHER THAN THOSE OUTLINED ABOVE MUST COMPLETE A FULL APPLICATION. THESE RISKS WILL BE UNDERWRITTEN AND RATED INDIVIDUALLY. **Contact Rockwood Programs for more details. Other Limit and Retention options are available.**

I GENERAL APPLICANT INFORMATION

Applicant's Name _____

Location Address _____ City _____ State _____ Zip _____

Mailing Address (if different than location) _____ City _____ State _____ Zip _____

Website _____ Officer Contact _____ Ph (____) _____

II GENERAL UNDERWRITING INFORMATION & ELIGIBILITY

1 Description of Operations _____

2 Annual Revenue \$ _____

3 Fund balance (Total Assets minus(–) Total Liabilities) \$ _____

4 Employee Count

Full Time	Part Time	Seasonal/Temporary	Volunteer

5 Date of Incorporation _____

If any questions (6 through 11, right) are answered "Yes", please provide details on a separate sheet.

6 Does the proposed Insured offer services to individuals under the age of 18? Yes No

7 Does the proposed Insured offer a Professional Service? Yes No

8 Does the proposed Insured have plans for or have there been mergers/acquisitions/down-sizing (within the past or future 12 months)? Yes No

9 Does the proposed Insured have a Subsidiary(s)/Affiliated Entity(s)? Yes No

a If "Yes", is the proposed Insured seeking coverage for the Entity(s)? Yes No

10 Has the proposed Insured's insurance been non-renewed or cancelled (within the past 5 years)? Yes No

11 Is the proposed Insured currently or anticipating bringing litigation? Yes No

III PRIOR INSURANCE INFORMATION

Describe any current insurance maintained.

Coverage	Yes	No	Limits	Continuity Date	Expiring Premium
Insured Persons & Organization Liability	<input type="checkbox"/>	<input type="checkbox"/>		/ /	\$
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>		/ /	\$
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>		/ /	\$

IV CLAIMS INFORMATION

- 1 Has there been, or is there now pending, any Claims(s) against any proposed Insured? Yes No
- 2 Does any proposed Insured have knowledge or information of any act, error, omission, fact, circumstance, inquiry or investigation which might give rise to a Claim under the proposed Policy? Yes No
- 3 During the last 5 years have any of the Insureds been involved in any administrative proceedings before the Equal Employment Opportunity Commission, the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs, or any state or local government agency whose purpose is to address employment-related claims? Yes No
- 4 Have any Insureds ever been the subject of a disciplinary action or required to comply with any judicial or administrative agreement, order, decree or judgment? Yes No

V FIDUCIARY LIABILITY INFORMATION

Does the Applicant wish to purchase Fiduciary Liability coverage? Yes No

VI GENERAL LIABILITY & PROPERTY DAMAGE INFORMATION

Does the Applicant wish to purchase General Liability or Property Damage Coverage? Yes No
Please complete the Fiduciary Liability/General Liability Supplemental Questionnaire if the Applicant wishes to purchase these coverages.

NOTE: An additional premium will be charged.

PAYMENT OPTION Check for Full Amount Due, Payable to **Rockwood Programs, Inc.**

NOTICE TO ALL APPLICANTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, REPRESENTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS . THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS ,ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT CERTIFIES AND REPRESENTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature: _____ Date / /
(Must be signed by an Officer or Executive Director of the Applicant) Mo Day Yr

Print Name _____ Print Title _____