

## FLEXI PLUS FIVE RENEWAL APPLICATION - MASSACHUSETTS

NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE  
EMPLOYMENT PRACTICES LIABILITY INSURANCE  
FIDUCIARY LIABILITY INSURANCE  
WORKPLACE VIOLENCE COVERAGE  
INTERNET LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY  
PLEASE READ YOUR POLICY CAREFULLY

### Instructions:

Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly owned/ controlled subsidiaries.

The **Applicant** is required to complete Sections 1, 2, and 7.

The **Applicant** should complete other applicable Section(s) for which coverage is desired. (See chart below)

Please include all requested underwriting information and attachments. Failure to supply may result in delay.

CHECK COVERAGE DESIRED	SECTION	REQUESTED LIMIT
Directors & Officers	2	\$
Employment Practices	3	\$
Fiduciary Liability	4	\$
Workplace Violence	5	\$
Internet Liability	6	\$

### SECTION 1 – GENERAL INFORMATION (All Applicants must complete this Section)

1. Name of Parent Organization:
2. Change in Address:      None or Change in internet address:      None or www.  
Billing contact name:
3. Have there been any changes in the **Applicant's** operation?      Yes      No  
**If yes, please provide details.**
4. Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code?      Yes      No  
**If no, provide an explanation.**
5. The Officer of the **Applicant** designated to receive any and all notices from the **Underwriter** or their authorized representative concerning this insurance is:  
Name:      Title:      E-mail Address:

FINANCIAL INFORMATION	MOST RECENT FISCAL YEAR END	PRIOR FISCAL YEAR END
Total Current Assets:	\$	\$
Total Assets:	\$	\$
Total Current Liabilities:	\$	\$
Long Term Debt:	\$	\$
Net Assets/ Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

**Please attach the most recent annual financial audit or 990 tax form.**

6. Employee count:

	CURRENTLY	ONE YEAR AGO
Full Time:		
Part Time:		
Temporary/ Leased:		
Independent Contractors:		
Volunteers:		
Total:		

7. Total number of employees located outside the U.S.:

8. Please provide a breakdown of number of employees located in the following states:

	CURRENTLY
California	
Illinois	
Florida	
New Jersey	
New York	
Texas	
Washington	

**SECTION 2 – DIRECTORS AND OFFICERS  
(All Applicants must complete this Section)**

1. In the past twelve (12) months or the next twelve (12) months, has the Applicant been or anticipate being involved in any of the following?

**If yes, attach details.**

Creation of any new subsidiaries?	Yes	No
Mergers, acquisitions or consolidation with another entity?	Yes	No
Changes in the board of directors or senior management (other than death or retirement)?	Yes	No

**SECTION 3 – EMPLOYMENT PRACTICES**

**(Complete this section only if Employment Practices Liability Coverage is desired.)**

**N/A**

1. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary:                      Involuntary:                      Laid Off:                      Demoted:

2. Is any reduction of employees or change of status anticipated in the next year?

Voluntary:                      Involuntary:                      Lay Offs:                      Demotions:

3. Has the Applicant implemented any new employment practice/ human resource policies or procedures?

Yes              No

**If yes, please provide details.**

**SECTION 4 – FIDUCIARY LIABILITY**  
 (Complete this section only if Fiduciary Liability Coverage is desired.)

N/A

1. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Assets/ Contributions	Type	Participants	Administrator
Example: The ABC Children Corp 401K Plan	2000	\$1,000,000	2	75	Self
a.		\$			
b.		\$			
c.		\$			
d.		\$			

**Please attach a separate page or use the additional information page provided at the end of the application.**

\* 1 = Employee Welfare Benefit Plan (as defined by ERISA), 2 = Defined Contribution Plan (as defined by ERISA),

3 = Defined Benefit Plan (as defined by ERISA), 4 = Other. **If Type is 3 or 4 a Fiduciary Liability Supplemental Application must be completed.**

- |  |     |    |
|--|-----|----|
| 2. Have there been any changes to any plan listed above?<br><b>If yes, please attach details.</b>                    | Yes | No |
| 3. Has any plan requested or contemplated filing a request for termination?<br><b>If yes, please attach details.</b> | Yes | No |
| 4. Has any plan been spun-off (sold), transferred or terminated?<br><b>If yes, please attach details.</b>            | Yes | No |

**SECTION 5 – WORKPLACE VIOLENCE**  
 (Complete this section only if Workplace Violence Coverage is desired.)

N/A

- |  |     |    |
|--|-----|----|
| 1. Has the <b>Applicant</b> added additional work locations?<br><b>If yes, please attach details.</b>  | Yes | No |
| 2. Has the Applicant implemented any new employment procedures, office procedures, or security procedures?<br><b>If yes, please attach details.</b>  | Yes | No |
| 3. In the past twelve (12) months or in the next twelve (12) months, has the <b>Applicant</b> been involved with or anticipate any layoffs, staff reductions, or facility closings?<br><b>If yes, please attach details.</b> | Yes | No |

**SECTION 6 – INTERNET LIABILITY**  
 (Complete this section only if Internet Liability Coverage is desired.)

N/A

- |   |     |    |
|---|-----|----|
| 1. Has the <b>Applicant</b> created any new websites?<br><b>If yes, please provide the site address(es)?</b>          | Yes | No |
| 2. Has the <b>Applicant</b> made any material changes to the existing site?<br><b>If yes, please provide details.</b> | Yes | No |

**SECTION 7 – GENERAL SUMMARY**  
**(All Applicants must complete this Section.)**

- |  |     |    |
|--|-----|----|
| 1. Has the <b>Applicant</b> been the subject or involved in any litigation in the past twelve (12) months?<br><b>If yes, please provide details.</b>               | Yes | No |
| 2. In the next twelve (12) months, does the Applicant anticipate any substantial change or reorganization of operations?<br><b>If yes, please provide details.</b> | Yes | No |

If there is any material change to the answers of the Application’s questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

**FALSE INFORMATION**

**WARNING:** 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 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.

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers to Philadelphia Indemnity Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN 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.

**APPLICABLE IN DISTRICT OF COLUMBIA:** 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.

**APPLICABLE IN FLORIDA** 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 OF THE THIRD DEGREE.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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 OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN 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.

**APPLICABLE IN 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.

**APPLICABLE IN 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.

**APPLICABLE IN OHIO:** 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.

**APPLICABLE IN OKLAHOMA:** 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.

**APPLICABLE IN 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.

**APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)