



### Application for Renewal of Insurance

THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Association Name:

Address, City,  
State, ZIP:

Contact:

Contact Email:

Contact Phone:

### ASSOCIATION OVERVIEW:

1. Legal Name of Association:

List other subsidiaries to be insured by this policy (or attach list to application):

2. Briefly describe the functions, purpose and general operations of the association:

3. Please provide the following: a) Employees: #                      b) Association Members: #  
c) Directors & Officers: #                      d) Estimated Volunteers: #

4. Does the Applicant have a current audited financial statement?                      YES                      NO  
If Yes, please attach. If No, please complete the following:

- A. Applicant’s total revenue as of most recent fiscal year \$
- B. Applicant’s total assets as of most recent fiscal year \$
- C. Applicant’s total expenses as of most recent fiscal year \$

**OPERATIONS: MEDIA AND SERVICES:**

1. Does the association publish any magazines, periodicals or newsletters?      YES      NO

If Yes, explain:

a) Does the association publish a technical manual?      YES      NO

If Yes, explain:

b) Please provide your website address.

2. Is the Applicant a certification board?      YES      NO

**If Yes, please answer the following:**

a) Who develops the certification examination?

b) How often is the exam updated?

c) Who grades the exam?

d) Do you require recertification? If so, how frequently must a certified person be re-certified?

e) Are certifications conducted on a voluntary basis (i.e. Certification is not required to practice or operate a business in the field)? If No, please explain.

**3. Please answer each of the following and provide details of any "YES" answer.**

- |  |     |    |
|--|-----|----|
| a) Does applicant provide a referral service, legal aid service, or computer service to its members or the public? If Yes, explain:  | YES | NO |
| b) Does applicant promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? If Yes, explain:   | YES | NO |
| c) Does applicant promote, sponsor or provide any form of insurance to its members or non-members? If Yes, explain:  | YES | NO |
| d) Does applicant act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974 (ERISA)? If Yes, explain:  | YES | NO |
| e) Does the applicant act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? If Yes, explain: | YES | NO |
| f) Is applicant engaged in any form of research, development, experimentation or testing? If Yes, explain:   | YES | NO |
| g) Does the applicant take any disciplinary action, or recommend disciplinary action, as a result of peer review group activities? If Yes, explain:  | YES | NO |
| h) Does applicant develop standards used to evaluate the quality of goods, manufactured products or services rendered? If Yes, explain:  | YES | NO |

**EMPLOYMENT / STAFF:**

1. How many employees and Directors or Officers have resigned or been terminated (with or without cause), or retired within the last 24 months?

a.) Resigned Employees: Resigned Directors or Officers:  
b.) Terminated Employees: Terminated Directors or Officers:

2. Does the Applicant have a Human Resources manual or equivalent management guideline? YES NO

3. Does the Applicant have an employee handbook distributed to all employees? YES NO

4. Is the Applicant currently undergoing, or does the Applicant contemplate undergoing during the next 12 months, any employee layoffs or early retirements (including ones resulting from any type of restructuring or office, branch or chapter closing)?

If Yes, please attach full details and explain. YES NO

**CLAIMS:**

1. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? YES NO

\*\*\*If Yes, attach full particulars and explain.

2. Attach list and status of all Association Management Liability claims (Directors and Officers, Employment Practices Liability, Errors and Omissions/Media ) and Cyber claims made against any proposed insured during the past five years. If None, please check here: NONE

3. Does any person proposed to be insured have knowledge or information of any act, error or omission which might give rise to an Employment Practice claim? YES NO

\*\*\*If Yes, attach full particulars and explain.

4. Please provide on a separate attachment full details on all wrongful termination, discrimination and/or harassment claims made against the Applicant or any of its Directors, Officers or employees during the last five years including amounts of any judgments or settlements and costs of defense.

If None, please check here: NONE

**It is agreed that if such knowledge or information exists, any claim or action arising there from is excluded from this proposed coverage.**

**Please attach a copy of the Annual Audited Financial Statement.**

NOTE: Alliant Affinity Solutions will be providing this application and all of the information you have submitted with it to an insurance company for underwriting purposes. In submitting this application, the applicant understands and agrees that such insurance company may rely on the statements in this application and any other documents that accompany it in offering and binding an appropriate insurance policy.

This application does not bind the applicant or the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned authorized officer of the association hereby represents that to the best of his knowledge the statements set forth in this application are true. If the information supplied on this application changes between the date of the application and the time when the policy is issued the applicant will immediately notify the Company.

**NOTICE TO NEW YORK AND OHIO APPLICANTS:**

**“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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.”**

**Applicant Name:** \_\_\_\_\_

(Executive Director, CEO, CFO or Chairman)

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

**Signature Date:** \_\_\_\_\_

**ALLIANT INSURANCE SERVICES**

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Chantilly, VA 20151  
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