



Alliant Insurance Services, Inc.
4530 Walney Road, Suite 200
Chantilly, VA 20151



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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:

a. 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: #

c. Directors & Officers: #

b. Association Members: #

d. Estimated Volunteers: #

4. Does the Applicant have a current audited financial statement?

Yes

No

If yes, please attached financial statement. 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, please attach a sample of each Newsletter and 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 yes, how frequently must a certified person be recertified? | | |
| | | |
| 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 attach details of any "yes" answers: | | |
| a. Does the Applicant provide a referral service, legal aid service, or computer service to its members or the public? If yes, explain: | Yes | No |
| | | |
| b. Does the 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 the Applicant promote, sponsor, or provide any form of insurance to its members or non-members? If yes, explain: | Yes | No |
| | | | |
| d. | Does the Applicant act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974 (ERISA)? If yes, explain: | Yes | No |
| | | | |
| e. | Is the Applicant engaged in any form of research, development, experimentation, or testing? If yes, explain: | Yes | No |
| | | | |
| f. | 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 |
| | | | |
| 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 the 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) within the last 24 months?
 - a. Resigned Employees:
 - b. Resigned Directors or Officers:
 - c. Terminated Employees:
 - d. Terminated Directors or Officers:

- | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2. | Does the Applicant have a Human Resources manual or equivalent management guidelines? | 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?
If yes, please attach full particulars and explain: | Yes | No |
| 2. | Attach list and status of all Association Management Liability claims (Directors and Officers, Employment Practices Liability, Errors and Omission/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?
If yes, please attach full particulars and explain: | Yes | No |
| 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 judgements or settlements and costs of defence. 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: 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 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.”

Applicant Name:

Signature:

(Executive Director, CEO, CFO or Chairman)

Date:

Alliant Insurance Services

4530 Walney Road, Suite 200

Chantilly, VA 20151

Broker Contact: Barry Peters

Email: barry.peters@alliant.com

Phone: 301.263.6630

Fax: 703.563.1610



Network Security Form
For Professional Liability Insurance
With Certain underwriters At Lloyd's

Program for Members of:



Administered by:



Please answer the following questions accurately. By answering these questions, the information provided together with any other material facts you supply will form the basis of any contract of insurance. Where coverage is required for 100% owned and managed subsidiaries of the Company, include them in your answers to all the questions.

1.	Do you collect, handle, store, process or transmit personal data* , whether for your own purposes or on behalf of others?	Yes	No
	Check all the types of personal data you handle, manage, store, or control: Social Security Numbers Credit/Debit Card Numbers Financial Account Numbers Government ID Numbers Credit History and Ratings Medical Records Healthcare Records Intellectual Property of Others Other (please describe):		
2.	Do you comply with any regulatory and industry supported privacy and security compliance frameworks that apply to your business, including PCI (Payment Card Industry) data security standards?	Yes	No N/A
3.	Is all personal data* encrypted using industry standard software whilst residing on your systems (including laptop computers, removable storage devices, PDAs, smartphones, and home-based PCs) or being moved (transmitted electronically or physically moved) within your organization or to/from your business partners/service providers or other public networks?	Yes	No N/A
4.	Indicate the number of personal data* records you may have residing on your systems at any one time, either at rest or in transit, including those of your employees: Under 1,000 1,000-5,000 5,000-10,000 10,000-100,000 100,000-1 Million 1 Million+		
5.	Do you maintain IT network security procedures and protocols that include as a minimum:		
	5.1 Perimeter firewall protection?	Yes	No
	5.2 Updated anti-virus measures?	Yes	No
	5.3 Operating system and software patch management?	Yes	No
6.	Do you outsource any of your data handling, data processing or business services? Provide the name of your Cloud Service Provider (CSP) and any other Third-Party Service Provider who have any of your records in their care, custody, or control:	Yes	No
	6.1 Do you communicate your security requirements to ensure those service providers maintain adequate data security measures to at least industry standards?	Yes	No
	6.2 Do you insist under service level agreements that your service providers indemnify you for any losses you suffer as a result of their actions?	Yes	No
7.	Does the applicant use Google G-Suite, Office 365, or other similar cloud-based infrastructure with the four-network security best-practice guidelines listed in Question 8 enabled? (If yes, continue to question 11).	Yes	No



8.	Which of the following security best-practice guidelines does the applicant have enabled on its network(s):		
	8.1	Filtering all incoming emails and communications for malicious links, spam, malware, and attachments?	Yes No
	8.2	Multi-Factor Authentication for all user accounts?	Yes No
	8.3	Sender Policy Framework?	Yes No
	8.4	Advanced Threat Protection settings? (If no, answer below)	Yes No
	8.4.1	Does the applicant use AWS Security Hub? (If no, answer below)	Yes No
	8.4.2	Please provide full details of compensatory controls	
9.	Does the applicant have the following protocols in place:		
	9.1	All system configuration and data is either (i) subject to regular back-ups (at least weekly) via secure cloud or (ii) maintained in offline copies disconnected from the organization's network?	Yes No
	9.2	Multi-Factor Authentication settings are enabled for access to back-up files?	Yes No
	9.3	Data is encrypted while it is in transit, at rest, and on portable devices?	Yes No
10.	Does the applicant have processes in place to implement, within 14 days, critical security, anti-virus, and malware patches received from commercial software vendors onto all of its servers, laptops, desktops, routers, firewalls, phones, and other physical devices? (If no, answer below)		Yes No
	10.1	Within how many days are critical security, anti-virus, and malware patches received from commercial software vendors implemented on physical devices? Number of Days:	
11.	Does the applicant: Provide all employees with anti-fraud training at least annually (including but not limited to detecting social engineering, phishing training, business email compromise, and other similar exposures); and before processing funds transfers and/or third-party account detail changes, confirm the transaction details with the requestor, through a secondary means of communication*?		Yes No
	<i>* A secondary means of communication is different from the first means of communication. For example, if the request is received by telephone, a secondary communication may be an email.</i>		
12.	Regarding the risks to which this proposal form relates, in the last 5 years after inquiry:		
	12.1	Have you suffered any losses or had any cyber claims made against the Company?	Yes No
	12.2	Are you aware of any circumstances which may give rise to a loss or cyber claim against the Company?	Yes No
	12.3	Has the Company suffered or received any complaints involving any breach of security, data loss, or breach of privacy?	Yes No
	12.4	Has the Company or any of its partners or directors been found guilty of any criminal, dishonest, or fraudulent activity or been investigated by any regulatory body?	Yes No
* Personal data is information relating to an identified or identifiable person. This can include social security or salary details, physical and e-mail address details, payment card details, medical information, or criminal convictions, and can be in electronic or physical file format.			
I/we declare that the responses given above are accurate. Where necessary I/we have provided additional material information relevant to this proposal. Given the importance of my/our answers, I/we will inform Underwriters of any material changes to these facts that occur after completion of this proposal.			
Name:		Signed:	
Position Held at The Insured:		Date:	