

# Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## NOT FOR PROFIT MANAGEMENT LIABILITY NEW BUSINESS APPLICATION

BY COMPLETING THIS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH THE INSURANCE COMPANY INDICATED ABOVE (THE "INSURER").

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE DURING THE **POLICY PERIOD**, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE INSURER BE LIABLE FOR **CLAIM EXPENSES** OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

### APPLICATION INSTRUCTIONS

- Whenever used in this **Application**, the term "Applicant" means the **Parent Organization** applying for this insurance and all of its wholly owned/controlled subsidiaries and their respective Directors, Officers, Trustees or Governors, unless otherwise stated.
- Include all requested underwriting information and attachments.
- The Applicant is required to complete Section 1 General Information, and General Summary Section 5.
- The Applicant should complete other applicable Section(s) for which coverage is desired. Please refer to the chart below.

### REQUESTED COVERAGE

Check Coverage Desired	Section	Requested Limit	Requested Retention
<input type="checkbox"/> Directors & Officers and Entity Liability	2		
<input type="checkbox"/> Employment Practices Liability	3		
<input type="checkbox"/> Fiduciary Liability	4		

### SECTION 1 – GENERAL INFORMATION

(All Applicants must complete this section)

1. Name of Applicant: \_\_\_\_\_

2. Applicant's Principal Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Website: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Executive officer authorized to receive notices and information regarding the proposed policy:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact's telephone number: \_\_\_\_\_ Contact's email address: \_\_\_\_\_

If different than above, please indicate the individuals responsible for Human Resources and Employment Law Matters and Benefit Plan Administration:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact's telephone number: \_\_\_\_\_ Contact's email address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact's telephone number: \_\_\_\_\_ Contact's email address: \_\_\_\_\_

4. Please describe the nature of the Applicant's operations:

\_\_\_\_\_

5. Does the Applicant now have tax exempt status under the United States Internal Revenue Code?  Yes  No

6. Is there now, or has there been, any dispute as to the Applicant's tax exempt status?  Yes  No

7. Primary SIC code: \_\_\_\_\_ Federal Employer Identification Number (FEIN): \_\_\_\_\_

8. Date established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

9. If applicable, indicate the following: Number of members: \_\_\_\_\_ Number of chapters: \_\_\_\_\_

10. Financial information:

BASED ON FINANCIAL DATA AS OF:	(YEAR/MONTH)
Total Assets:	
Net Assets / Fund Balance:	
Total Restricted Net Assets:	
Annual Revenue:	
Compliance with all Debt Covenants:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach an explanation.
Do Current Assets exceed Current Liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will more than 50% of the total long-term liabilities mature within the next 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach an explanation.
Is a reduction in funding anticipated within the next 18 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach an explanation.

11. Does the applicant or any subsidiary:
- a. Negotiate labor contracts or provide arbitration services?  Yes  No
  - b. Promote, sponsor or provide any form of insurance to members or non-members?  Yes  No
  - c. Sponsor or operate a political action committee?  Yes  No
  - d. Publish any magazines, periodicals or newsletters?  Yes  No
  - e. Engage in product research, product development, testing and/or certification?  Yes  No
  - f. Promote or sponsor any type of group travel, convention, parade or similar event or assume liability in connection therewith?  Yes  No

12. Does the Applicant have any subsidiaries for which coverage is requested?  Yes  No  
 If "Yes", attach a list of these entities with ownership, tax status, and indicate nature of business for each.

13. Does the Applicant or any subsidiary render any professional services, including but not limited to conducting any standard setting, accrediting, credentialing or licensing activities for others for a fee? If "Yes", attach an explanation.  Yes  No
14. Does the Applicant currently carry General Liability insurance?  Yes  No
15. In the next 18 months (or in the past 18 months) is the Applicant contemplating or has the Applicant completed or been in the process of completing:
- a. Any actual or proposed merger, acquisition, divestment or consolidation of another entity?  Yes  No
  - b. Any branch, location, facility or office closing, consolidations or layoffs?  Yes  No
- If "Yes" to any part of Question 15, please attach an explanation.
16. Has the Applicant or any person proposed for coverage been the subject of, involved in, or convicted of, any of the following in the past five years:
- a. Anti-trust, copyright or patent infringement litigation?  Yes  No
  - b. Civil, criminal or administrative proceeding charging/alleging violation of any federal or state securities laws or regulations?  Yes  No
  - c. Any other criminal actions? Or the subject of a pending criminal proceeding?  Yes  No
  - d. Representative actions, class actions or derivative suits?  Yes  No
  - e. Federal, state or local litigation or proceeding citing a violation of anti-harassment and/or anti-discrimination law; or wrongful termination/constructive discharge?  Yes  No
- If "Yes" to any part of Question 16, attach a full description of the details. It is agreed with respect to Question 16, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.
17. Provide details of any actual or potential claims reported under prior insurance for which this policy would provide coverage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ If no such claims exist, check here:  None.

**SECTION 2 – DIRECTORS AND OFFICERS**

(Complete this section only if Directors & Officers coverage is desired.)

1. Directors and Officers Liability Insurance has been continuously in force since: \_\_\_\_\_
2. In the next 18 months or during the past 18 months, is the Applicant contemplating or has the Applicant completed or been in the process of completing:
- a. Any changes in tax exempt status?  Yes  No
  - b. Any changes in the Board of Directors or senior management?  Yes  No
  - c. Any public or private offering of debt or equity securities?  Yes  No
- If "Yes" to any part of Question 2, attach a detailed explanation.
3. Does the Applicant direct or request any individual to serve as director, officer, governor or trustee of any other entity? If "Yes", attach an explanation.  Yes  No

**SECTION 3 - EMPLOYMENT PRACTICES INFORMATION**

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

1. Employment Practices Liability Insurance has been continuously in force since: \_\_\_\_\_

2. Employee Count:

Domestic	
Foreign	

3. Domestic Employee Breakdown:

State	Full Time	Part Time/Temp/ Seasonal	Independent Contractors	Volunteers/ Interns

If more room is needed, please include via attachment.

4. Turnover for the last three years:

Year	Total Employees	Percentage

5. Does the Applicant have a Human Resources department?  Yes  No  
 If "No", does the Applicant have other qualified staff members serving equivalent functions?  Yes  No  
 If "No", how are these issues handled and by whom? Please attach details.

6. Does the Applicant have a written Human Resources Manual in place?  Yes  No  
 If "Yes", does the Human Resources Manual address the following:
- a. Anti-Discrimination?  Yes  No
  - b. Anti-Sexual Harassment?  Yes  No
  - c. Americans with Disabilities Act?  Yes  No
  - d. Family Medical Leave Act?  Yes  No
  - e. Progressive Discipline?  Yes  No
  - f. Performance Management?  Yes  No
  - g. Employment At Will?  Yes  No

When was the Human Resources Manual last updated and distributed? \_\_\_\_\_

7. Are employment issues relating to the following handled by the Human Resources Department, outside counsel and/or the Legal Department?
- a. Terminations?  Yes  No
  - b. Discrimination?  Yes  No
  - c. Sexual Harassment?  Yes  No
  - d. Layoffs?  Yes  No
  - e. Transfers?  Yes  No
  - f. Promotions / Demotions?  Yes  No

8. Is any reduction of employees or change of status anticipated or being contemplated in the next 18 months or has any such reduction or change occurred in the past 18 months?  Yes  No  
 If "Yes", please answer the following:
- a. What percentage of employees will be affected? \_\_\_\_\_%
  - b. Will outside counsel be utilized?  Yes  No
  - c. Will severance be offered to all affected employees?  Yes  No
  - d. Are procedures in place to assist affected employees find work?  Yes  No
  - e. Will affected employees be required to sign release statements?  Yes  No
9. Total percentage of current employees with annual compensation greater than \$100,000: \_\_\_\_\_%
10. Please answer the following questions only if the Applicant is or has been a federal contractor.
- a. Does the Applicant currently have an Affirmative Action Plan in place? If "No", attach an explanation.  Yes  No
  - b. Has the Applicant been subject to an OFCCP audit? If "Yes", attach an explanation.  Yes  No

**SECTION 4 – FIDUCIARY LIABILITY**

(Complete this section only if Fiduciary Liability coverage is desired.)

1. Fiduciary Liability Insurance has been continuously in force since: \_\_\_\_\_
2. Plan Summary:

Plan Name	Plan Type	Year Established	Plan Assets (current year)	Plan Participants	Multi or Multiple Employer Plan (Yes/No)	Plan Funding Percent (DB Only)

Types of Plans:      Defined Contribution Plan = DC      Employee Stock Ownership Plan = ESOP  
                                  Defined Benefit Plan = DB                      Welfare Plan = WP

3. If any plan for which coverage is requested holds or invests in securities of the Applicant, please provide details, including name of plan, number of shares held and most recent share value. If no such plan, check here:  None
4. In the past 18 months has the Applicant merged, spun-off, transferred or terminated any employee benefit plan(s) or is any such merger, spin-off, transfer or termination being contemplated in the next 18 months? If "Yes", provide details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance.  Yes  No
5. Are all plans in compliance with plan agreements or ERISA?  Yes  No  
 If "No", please describe: \_\_\_\_\_
6. Has any fiduciary been:
- a. Accused of, found guilty of, or held liable for a breach of trust?  Yes  No
  - b. Convicted of criminal conduct?  Yes  No
- If "Yes" to any of the above, please attach a full description of the details.

7. Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to an increase in participant's share of cost? If "Yes", please attach details. If there have been any amendments, please attach copies.  Yes  No
8. Do any plans(s) employ outside providers to perform services in the following disciplines?  Yes  No
- a. Investment  Yes  No
  - b. Accounting  Yes  No
  - c. Actuarial  Yes  No
  - d. Legal  Yes  No
  - e. Administrative  Yes  No

**SECTION 5 – GENERAL SUMMARY**

(All Applicants must complete this section.)

1. Has the Applicant been declined, cancelled or non-renewed for any of the coverages to which this **Application** relates, including its Directors, Trustees or Officers or has any underwriter indicated any intent not to offer renewal terms to the Applicant? If "Yes", please attach an explanation. (Not applicable in Missouri)  Yes  No

2. Please complete the chart below:

Liability Coverage Sections	The Applicant currently purchases this coverage		Current limit of liability	Current Insurer	Retention	Expiration Date	Premium
	Yes	No					
Directors & Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>					
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>					
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>					

3. REPRESENTATION: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS.

The Applicant must complete the Prior Knowledge Statement below if the Applicant answered "No" to any Coverage listed above in Section 5, Question 2.

PRIOR KNOWLEDGE STATEMENT: No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant does not currently maintain insurance, except: None  or

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Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

4. **MATERIAL CHANGE:** The Undersigned declares that if there is any material change in the answers to the questions in this **Application**, or any occurrence or event that takes place prior to the effective date of the insurance for which **Application** is being made which may render inaccurate, untrue, or incomplete any statement made, the Applicant must immediately notify the Insurer in writing. The Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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**Fair Credit Report Act Notice:** PERSONAL INFORMATION ABOUT THE APPLICANT, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN THE APPLICANT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY THE INSURER OR THE INSURER'S AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT THE APPLICANT'S AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER THE APPLICANT'S ELIGIBILITY FOR INSURANCE OR THE PREMIUM THE APPLICANT WILL BE CHARGED. THE INSURER MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE APPLICANT'S SCORE. THE APPLICANT HAS THE RIGHT TO REVIEW THE APPLICANT'S PERSONAL INFORMATION IN THE INSURER'S FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF THE APPLICANT'S RIGHTS AND THE INSURER'S PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT THE APPLICANT'S AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO THE INSURER.

**Fraud Warning:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

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The undersigned represents that to the best of his/her knowledge and belief the statements set forth in this **Application** and in any attachments herein are true and complete. The Insurer is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this **Application**. The signing of this **Application** does not bind the Undersigned to purchase the insurance, nor does the review of this **Application** bind the Insurer to issue a policy. It is agreed that this **Application** shall be the basis of the contract should a policy be issued. This **Application** will be attached and become a part of the policy.

This **Application** must be signed by the president, chief executive officer, chief operating officer, chief financial officer or in-house general counsel of the **Parent Organization** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
_____	_____ _____ Name (please print)	_____

As part of this **Application**, please submit the following documents for every **Applicant** seeking coverage:

- Applicant's latest fiscal year end financial statement (CPA prepared), most recently filed IRS Form 990 and latest interim financial statement.
- List of the Applicant's current Directors & Officers.
- Audited plan financial statements and copies of the most recently filed Forms 5500 (and attachments) for all ERISA plans for which coverage is requested.
- Copies of the latest versions of the Applicant's employee handbook.
- Most recent EEO-1.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS **APPLICATION** IS ON FILE WITH THE INSURER AND ALONG WITH THE **APPLICATION** IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, SHOULD ONE BE ISSUED. THE INSURER WILL HAVE RELIED UPON THIS **APPLICATION** AND ATTACHMENTS IN ISSUING ANY POLICY.

PRODUCED BY (Insurance Agent or Broker):	
Producer Name: _____	Firm Name: _____
Taxpayer ID or Social Security No.: _____	Producer License No.: _____
Agency: _____	
Address (No., Street, City, State, ZIP): _____	
_____	

**STATE FRAUD STATEMENTS**

**THIS NOTICE IS PART OF YOUR APPLICATION:**

**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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN THE 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 HAWAII**

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN OHIO**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION 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 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.