

NON PROFIT ORGANIZATION RENEWAL APPLICATION



Name of Insurance Company to which application is made

NOTICE: LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. UNLESS OTHERWISE PROVIDED HEREIN, PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, REDUCE, AND MAY COMPLETELY EXHAUST THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. GENERAL INFORMATION

- a) Name of Applicant Company: _____
(Together with any subsidiaries for whom this policy is intended, hereinafter, "Applicant(s).")
- b) Address: _____
- c) Website: _____
- d) Employer Identification Number (EIN): _____

2. RENEWAL COVERAGE REQUESTED

Proposed Effective Date: _____

Please check the boxes below with an "X" to indicate which coverage is being requested. If you are not requesting a type of coverage, please leave the entire row blank.

Coverage Requested	Limits Requested	Currently Purchased	Date Coverage First Purchased	Current Limits	Current Retention	Current Carrier and Premium
☐ Directors, Officers & Entity Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Employment Practices Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Fiduciary Liability	\$	☐ Yes ☐ No		\$	\$	
☐ Crime	\$	☐ Yes ☐ No		\$	\$	
☐ Kidnap & Ransom/Extortion	\$	☐ Yes ☐ No		\$	\$	

3. PRIOR KNOWLEDGE

- a) The following question must be answered if the Applicants are requesting higher limits than current limits, including requesting coverage which is not currently purchased.

Does an Applicant or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim? ☐ Yes ☐ No

If "YES," provide full details (attach a separate sheet if necessary).

IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLIGENCE, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE REQUESTED. HOWEVER, THIS EXCLUSION SHALL APPLY UNDER A SPECIFIC COVERAGE PART ONLY TO THE EXTENT THAT THE "LIMITS REQUESTED" ARE HIGHER THAN THE "CURRENT LIMITS" PURCHASED FOR THAT COVERAGE PART.

4. APPLICANT INFORMATION

If the Applicant listed in 1(a) above has any subsidiaries, complete the following (attach a separate sheet if necessary):

a)

NAME	NATURE OF BUSINESS	DATE CREATED OR ACQUIRED	PERCENTAGE OWNED BY APPLICANT LISTED IN 1(a)	STATE/COUNTRY OF INCORPORATION

b)

Please provide the following based on the Applicants' most recent fiscal year end ("FYE") and the year prior. Please indicate negative figures using "(" or "-"	Most Recent Fiscal Year End (Month/Year) ____/____	Year Prior to Most Recent Fiscal Year End (Month/Year) ____/____
Current Assets		
Total Assets		
Current Liabilities		
Long Term Debt		
Total Liabilities		
Net Worth/Fund Balance		
Total Gross Annual Revenues		
Net Revenues After Expenses		

c) Total number of current:

- i. US based employees _____
- ii. US locations _____
- iii. foreign based employees _____ (If any, please provide full details.)
- iv. foreign locations _____ (If any, please provide full details.)

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

d) Has an Applicant experienced within the past 12 months, or does an Applicant anticipate in the next 12 months, any of the following events:

- i. Any financial restructuring, reorganization or filing for bankruptcy? ☐Yes ☐No
ii. Any downsizing, layoffs, reduction in force, plant or office closings? ☐Yes ☐No

5. DIRECTORS, OFFICERS & ENTITY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

- a) Is the Organization currently or has it at any time over the last year been in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? * ☐Yes ☐No
(If "YES," please attach details)
b) Within the past 24 months or the next 12 months, has the Organization completed or does the Organization anticipate completing any crypto-coin/crypto-token offering? ☐Yes ☐No

6. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

- a) Please list the following information based on the Applicants' current facts as of today.:

- Currently
i. Non-Union Full Time US Employees (including interns) _____
ii. Non-Union Part Time US Employees (including interns) _____
iii. Independent Contractors _____
iv. Union Employees _____
v. Foreign Based Employees _____
vi. TOTAL EMPLOYEES and CONTRACTORS _____
(line vi should be the sum of lines i-v.)
vii. Of the total number of employees/contractors listed above, please indicate how many are located in:

Currently
California _____
New Jersey _____

- b) How many employees have total compensation (including any bonus and commissions) above \$200,000 annually? _____

- c) Please also list the following:

- Within Last 12 months: Within Last 24 months:
i. Involuntary Terminations: _____
ii. Layoffs: _____
• Was severance available to all affected? ☐N/A ☐Yes ☐No
• Did all severance recipients sign a release? ☐N/A ☐Yes ☐No
If "NO" to either question, please provide full details (attach a separate sheet if necessary).

7. FIDUCIARY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

- a) For each plan to be covered, please list the following:

PLAN NAME	PLAN TYPE*	# OF PARTICIPANTS	PLAN ASSETS (CURRENT YEAR)	PLAN STATUS**
			\$	
			\$	
			\$	

* Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), or Other (O).

** Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

- b) Within the past 24 months have there been, or does an Applicant anticipate in the coming 12 months that there will be, any reductions in benefits? ☐ Yes ☐ No

8. CRIME COVERAGE PART (Complete Only if Requesting this Coverage)

- a) Have there been any changes to the Applicants' system of internal controls in the past 12 months? ☐ Yes ☐ No

If the response is "NO" to any of the remaining questions, please provide details on a separate sheet.

- b) Are disbursement and banking controls segregated so no one employee (other than the owner) can control a process from beginning to end? (e.g. request check, approve voucher, sign check, make withdrawals and account reconciliation) ☐ Yes ☐ No
- c) Is the authority to initiate and approve a wire transfer separated amongst different employees? ☐ Yes ☐ No
- d) Are employees that are responsible for wire transfers provided with regular anti-fraud training to include how to detect phishing, social engineering and other types of deception fraud schemes? ☐ Yes ☐ No

e) Complete the below if Theft of Clients' Property Off Premises coverage is requested:

- i. Will an Applicant or its employees have access to any client's money, securities, banking systems, purchasing systems, payroll systems, accounting systems and/or wire transfer systems? ☐ Yes ☐ No
If "yes," please provide details: _____
- ii. If an Applicant or its employees will have access to restricted areas of the client's premises, will this be limited by the use of keycards, locks, etc.? ☐ Yes ☐ No
- iii. How many of the Applicants' employees or 1099 contractors will be working at the client's location? _____

9. KIDNAP AND RANSOM/EXTORTION COVERAGE PART (Complete Only if Requesting this Coverage)

If the response is "YES" to any of the questions below, please provide full details (attach separate sheet if necessary).

- a) Please complete the following regarding the Applicants for each foreign (non-U.S.) location:
(If none, leave this space blank.)

Country, city, and description of operations	# of Employees

- b) Please complete the following regarding travel to foreign countries:
(If none, leave this space blank.)

Country and city(ies)	Number of Trips Per Year	Average length of stay	# of Employees

- c) If an Applicant has foreign locations or travel, describe security precautions below (attach separate sheet if necessary).

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the

Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION COLORADO APPLICANTS: 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 OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

ATTENTION FLORIDA APPLICANTS: 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.

ATTENTION HAWAII APPLICANTS: 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.¹

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A " FRAUDULENT INSURANCE ACT " MEANS 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. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY, OHIO AND PENNSYLVANIA 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION NEW MEXICO APPLICANTS: 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.

ATTENTION OKLAHOMA APPLICANTS: 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1-In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2-In Maine this sentence ends at the word "quotations."

3-The application shall actually attach in the following states: North Carolina, _____

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CONTROLLER, PRESIDENT OR BOARD CHAIRMAN.

ATTENTION NEW YORK 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, 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.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____
(Required: Florida, Iowa & New Hampshire only)

Agent License #: _____
(Required: Florida only)

Print Name: _____

Name of Agency: _____

Address: _____

Date: _____

Agent Signature: _____

(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>