



IRONSHORE COMPANIES

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APPLICATION FOR NOT-FOR-PROFIT ENTITY AND DIRECTORS AND OFFICERS LIABILITY INSURANCE INCLUDING EMPLOYMENT PRACTICES CLAIMS COVERAGE

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED AS SOON AS PRACTICABLE TO THE INSURER, BUT IN ANY EVENT NO LATER THAN THIRTY (30) DAYS AFTER THE TERMINATION OF THE POLICY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENTS OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR COSTS OF DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR COSTS OF DEFENSE AND SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.

THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND THE INSUREDS.

1. GENERAL INFORMATION:

- a) Applicant _____
- b) Principal Address _____
- c) Nature of Business _____
- d) Date of Incorporation _____
- e) State of Incorporation _____
- f) Name and Title of officer of the Applicant designated as the Company contact: _____

2. CURRENT INSURANCE

D&O (Directors & Officers Liability)	Fiduciary Liability
Carrier(s) _____	Carrier(s) _____
Limit _____	Limit _____
Premium _____	Premium _____
Expiration _____	Expiration _____
EPL (Employment Practices Liability)	Crime
Carrier(s) _____	Carrier(s) _____
Limit _____	Limit _____

Premium _____
Expiration _____

Premium _____
Expiration _____

Have any of the **Applicant's** D&O or EPL carriers indicated an intent not to offer renewal terms? Yes No
(If "Yes," please provide details as an attachment to this Application.)

3. FINANCIAL INFORMATION

Information must be based on the most recent audited financials or interim financials if audited financials are not available.

- a) What percentage of revenues does the Applicant or any of its Subsidiaries receive from government sources?
 None Less than 50% Greater than 50% to 60%
 Greater than 60% to 70% Greater than 70% to 80%
 Greater than 80%

- b) Has the Applicant or any of its Subsidiaries changed auditors in the past year?
 Yes No N/A
If "Yes", please attach complete details.

- c) Please provide the following Information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated:	_____ (Year/Month)
Total Assets	\$
Current Assets	\$
Total Liabilities	\$
Current Liabilities	\$
Fund Balance	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Cash flow from Operations	\$

4. DIRECTOR/OFFICER INFORMATION

- a) Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination.
- b) Are Board members elected? Yes No
If "No," please attach complete details.
- c) Does the Board hold meetings more than 3 times per year? Yes No
- d) Does the Applicant participate in a Risk Management Program? Yes No
- e) Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?
 Yes No
If "Yes," please attach complete details.
- f) Does the Applicant have the any of the following Committees? Please check all that apply.
 Audit Compensation Nominating

5. EMPLOYMENT PRACTICES INFORMATION

- a) Enter the TOTAL number of employees (by type) in the boxes below.
Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)

1. Number Employees in **ALL** States/Jurisdictions:

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			

Total Number of Independent Contractors	
-----------------------------------------	--

2. Number of Employees located in **CALIFORNIA ONLY**:

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
-----------------------------------------	--

3. Number of Employees located in **DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY** (collectively):

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
-----------------------------------------	--

- b) For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?

Year , % Year , % Year , %

- c) Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?

Yes No

- d) Does the Applicant or any of its Subsidiaries have a human resources manual or equivalent written management guidelines? Yes No

If "Yes", does it address the following issues?

- | | | |
|-----------------------------------------------------|------------------------------|-----------------------------|
| Legally prohibited Discrimination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual Harassment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compliance with the Americans with Disabilities Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compliance with the 1991 Civil Rights Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compliance with the Family Medical Leave Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee disciplinary actions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Terminations, layoffs and early retirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee appraisals / reviews | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- e) Do employees certify that they have reviewed the HR material and will comply with its Terms and Conditions? Yes No

- f) Does the Applicant or any of its Subsidiaries have an Employee Handbook? Yes No
If "Yes," is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? Yes No
- g. Is there a formalized process in place for reporting complaints/ harassment? Yes No
If "Yes," do employees know this action will not result in a retaliatory action? Yes No
- h) Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department?
 Yes No If "No", please attach complete details.
- i) Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements? Yes No
If "Yes", please attach complete details.
- a. Have there been any structured layoffs in the past 24 months? Yes No
If "Yes," what percentage of employees? 1-10% 11-25% Over 25%
 - b. Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay-off procedure?
 Yes No
 - c. Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs? Yes No If "No", please attach complete details
 - d. Please provide the number of layoffs that have occurred or are about to occur. _____
 - e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work? Yes No

6. HEALTHCARE ENTITY INFORMATION

If not applicable, please check here and skip to next Section.

- a) Please select all that describe the Applicant's and any Subsidiary's nature of business.
- | | |
|-------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Nursing Home/Retirement Home | <input type="checkbox"/> Multi Location Health System |
| <input type="checkbox"/> Drug Rehabilitation Centers | <input type="checkbox"/> Stand Alone Hospital |
| <input type="checkbox"/> Outpatient/Surgery Center | <input type="checkbox"/> Psychiatric/Behavioral Health Facility |
| <input type="checkbox"/> Other (describe): _____ | |
- b) Is any of the Applicant's any of its Subsidiary's medical malpractice, HPL (Healthcare Professional Liability) exposure self-insured or insured by means of a funded trust, captive, subsidiary, or reciprocal risk sharing operation? Yes No
- c) Does the Applicant contract with any third party to manage, operate, or administer its' facility or operations? Yes No
- d) How many beds does the Applicant or any of its Subsidiaries operate? _____
- e) Does the Applicant or any of its Subsidiaries employ physicians or are they independent contractors? Please provide details _____
- f) Are there any competing hospitals within 25 miles? Yes No
- g) Has the Applicant or any of its Subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following:
1. Civil False Claims Act? Yes No
 2. Physician Ownership and Referral Act (The Stark Act)? Yes No

3. Any similar law or regulation? Yes No

If "Yes" to any of the above, 7(a) – 7(c), please attach complete details.

7. EDUCATIONAL ENTITY INFORMATION

If not applicable, please check here and skip to next Section.

a) Please select all that to describe the Applicant's or any Subsidiary's nature of business.

- Public School Charter School Private School
 Special Education Facility Vocation/Technical Junior/Community College
 4-Year College/University Medical School Business School
 Law School State/County/ Municipality Sponsored
 Multi-District Special District Other (describe): _____

b) Enrollment: _____ Current Year _____ Prior Year

c) Types of Employment (Please select all that apply).

- Full-Time Faculty/Instructors – Number: _____
 Part-Time Faculty/Instructors – Number: _____
 Administrative Personnel (including principals, deans and provosts) _____

d) How many campuses or schools are part of the Applicant or any of its Subsidiaries? _____

e) Have any campuses, schools or study programs (including music art or athletics) been closed, reduced or discontinued during:

- a. The past 24 months? Yes No
b. The next 12 months? Yes No

If "Yes," to any of the above, 5(a) – 5(b), please attach complete details.

f) Date of last accreditation: _____ By which body? _____

g) Has any accreditation body threatened or taken any probationary or censure activity?

- Yes No

If "Yes," please attach complete details.

h) What percentage of the Applicant's or any Subsidiary's classes are conducted via internet or website? _____%

8. LABOR UNION ENTITY INFORMATION

If not applicable, please check here and skip to next Section.

a) Local Number or Title: _____

b) International or National Affiliation: _____

c) Number of Members: _____

d) Does the Applicant or any of its Subsidiaries operate an apprenticeship program?

- Yes No

If "Yes", does the applicant seek Educator Legal Liability Coverage for the apprenticeship program?

- Yes No

e) Is Individual Labor Leader coverage requested? Yes No

9. PREVIOUS EXPERIENCE:

Only complete Question #9 if the Applicant does not have any insurance in place.

- a) On a separate attachment, please provide full details on all inquiries, investigations, grievance filings or other administrative hearings previously filed during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here)

- b) Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect?
 Yes No
If Yes, provide complete details

- c) Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim being made against the Company, any Director and/or Officer and/or Employees?
Yes No

If Yes, provide complete details.

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, WHETHER REPORTED OR NOT REPORTED, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM HAVE BEEN REPORTED, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

- d) Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance? Yes No

If Yes, provide complete details.

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS WHETHER DISCLOSED ABOVE OR NOT, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

10. MATERIALS REQUESTED:

As an attachment to this Application, please include the following (where applicable):

- Complete list of all Directors and Officers to include their name, position, term of office, and affiliation with any other outside organizations.
- Most recent Annual Report.
- Latest CPA Management letter together with Applicant's response, if any.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. 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. HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE, ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

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 ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION FORM ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO APPLICANTS: 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 PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO 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 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 AUHTORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: 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 DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO 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 (365:15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANT: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED BY THE CHAIRMAN OF THE BOARD AND PRESIDENT AND DATED. IF THE CHAIRMAN OF THE BOARD AND PRESIDENT ARE THE SAME INDIVIDUAL, PLEASE HAVE THE APPLICATION SIGNED BY THE CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER OR GENERAL COUNSEL IN LIEU OF THE PRESIDENT.

DATE _____

SIGNATURE _____

TITLE _____

DATE _____

SIGNATURE _____

TITLE _____

NAME OF BROKER _____

NAME OF AGENCY _____

ADDRESS _____

LICENSE NUMBER _____

SIGNED _____