

Nonprofit Entity Advantage

New York Renewal Application

Underwritten by The Hanover Insurance Company

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY COVERS ONLY CLAIMS ACTUALLY MADE AGAINST THE INSURED WHILE THE POLICY REMAINS IN EFFECT. THERE IS NO COVERAGE FOR WRONGFUL ACTS OCCURRING PRIOR TO THE RETROACTIVE DATE, IF ANY. ALL COVERAGE UNDER THE POLICY CEASES UPON THE TERMINATION OF THE POLICY, EXCEPT FOR THE AUTOMATIC REPORTING PERIOD COVERAGE OF 60 DAYS OR ANY EXTENDED REPORTING PERIOD COVERAGE OF 1, 2, 3, 4, 5 or 6 YEARS THAT THE INSURED MAY CHOOSE TO PURCHASE. POTENTIAL COVERAGE GAPS MAY ARISE UPON EXPIRATION OF THE EXTENDED REPORTING PERIOD.

DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

UNLESS OTHERWISE SPECIFIED HEREIN, THIS POLICY IS WRITTEN ON A DEFENSE EXPENSE WITHIN LIMITS BASIS. THE LIMITS OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY DEFENSE EXPENSES AND THE INSURER WILL HAVE NO LIABILITY FOR LEGAL DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMITS STATED IN THIS POLICY. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

I. APPLICATION INSTRUCTIONS

- Whenever used in this Application, the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage, unless otherwise stated.
- Include all requested underwriting information indicated in Section XI. below.
- Complete the relevant sections of this application and any Supplemental Applications in accordance with the coverages being requested.

II. GENERAL INFORMATION

1. Name of Applicant: _____
2. Address of Applicant: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Name and Address (if different than above) of Primary Contact (Executive Officer authorized to receive notices and information regarding the proposed policy):
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip Code: _____
4. Individual responsible for human resources or employment law matters (*Loss Prevention services contact*):
Name: _____ Title: _____
E-Mail Address: _____ Telephone: _____
5. State of incorporation: _____ Date established: _____
6. Describe the Applicant's operations:

7. Does the applicant have any of the following:
- a. Subsidiaries domiciled outside the U.S.?
 - b. Branch or representative offices outside the U.S.?
 - c. Joint ventures or partnerships with third parties outside the U.S.?
 - d. Revenue or donations originating outside the U.S.?
- If "Yes", please attach details including the country(ies), nature of operations, and names of venture partners including percentage ownership.*
8. Within the past 12 months, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, Executive Director, President, Chief Executive Officer or Chief Financial Officer (or equivalent positions)?
If "Yes", please attach the following details: Name of individual(s); date of change; and reason for change.
9. In the next 12 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 merger, acquisition, or divestment?
 - b. Any change in outside auditors?
 - c. Any reorganization or arrangement with creditors under federal or state law?
 - d. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs?
- If "Yes" to any part of Question 9, please attach an explanation.*
10. In the past 12 months has the Applicant commenced offering any new or additional services?
If "Yes", please attach a full description of the details.
11. Is the Applicant in compliance with all debt and/or loan covenants?
If "No" please attach a full explanation
12. Please complete the following financial information for the most recent fiscal year (indicate month/year):
 ____ Month ____ Year, or check box if attaching most recent year-end financial statements instead: ☐

Financial Data	Current Year	Previous Year
Total Assets:	\$	\$
Fund Balance (Net Assets):	\$	\$
Total Revenue:	\$	\$

13. Please provide the following information regarding the Applicant's employees.

Number of Employees	Current Year	Previous Year
Full Time (include Independent Contractors):		
Part Time (include leased and seasonal):		
Volunteers:		
Located in California:		
Located outside the U.S.:		

III. REQUESTED COVERAGE

Indicate below which coverages are being requested. Complete only those sections of this Application which pertain to requested coverage.

Coverage Part		Requested Limit(s) Check the box if requesting higher limits than expiring and indicate requested limit.
<input type="checkbox"/>	Directors & Officers and Entity Liability	<input type="checkbox"/> \$
<input type="checkbox"/>	Employment Practices Liability	<input type="checkbox"/> \$
<input type="checkbox"/>	Fiduciary Liability	<input type="checkbox"/> \$
<input type="checkbox"/>	Crime Coverage	<input type="checkbox"/> \$
<input type="checkbox"/>	Cyber Privacy & Security Coverage	<input type="checkbox"/> \$
<input type="checkbox"/>	Kidnap & Ransom Coverage	<input type="checkbox"/> \$

If requesting larger liability limits than expiring as indicated in the above table, please answer the following question. Do not complete this question if no change in liability limits is requested.

Is any **Insured** proposed for coverage aware of any fact, circumstance, or situation that might reasonably be expected to result in a **Claim** that would fall within the scope of the proposed **Liability Coverage Parts**?

Yes ☐ No ☐

If "Yes" please attach a full description of the details.

IV. DIRECTORS AND OFFICERS LIABILITY INFORMATION

1. During the past 12 months, has the Applicant or any organization or person proposed for coverage been the subject of, or been involved in, any of the following:

a. Anti-trust, copyright or patent litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Civil, criminal or administrative proceeding alleging violation of any Federal or State securities laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Civil, criminal or administrative proceeding alleging violation of any Federal or State Anti-Trust or Fair Trade Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Any other criminal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Any action for suspension or revocation of a license, authority or for any professional disciplinary sanction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes" to any of the above in Question 1, attach a full description of the details.

2. Other than those identified in your response to Question 1 above, has any claim been brought at any time during the past 12 months against (i) any Applicant or (ii) any proposed insured individual in his or her capacity as a director or officer of any entity? ☐ Yes ☐ No
 If "Yes" please attach a full description of the details.

V. EMPLOYMENT PRACTICES LIABILITY INFORMATION

1. In the past 12 months has the Applicant updated its employment practices handbook, or human resources policies and procedures? ☐ Yes ☐ No
 If "Yes" please attach a copy of updated materials and a description of changes.
2. In the past 12 months has the Applicant experienced, or in the next 12 months is the Applicant planning, layoffs or a reduction in workforce? ☐ Yes ☐ No

If "Yes" and if such lay off or reduction in workforce is more than 5% of the workforce or more than 50 employees, please respond to the following:

- a. Provide a description of the Applicant's procedures for conducting a staff reduction and management level/positions involved in this process. ☐Yes ☐No
- b. Does the Applicant analyze whether protected classes will be adversely impacted as a result of a staff reduction? ☐Yes ☐No
- c. Is the analysis reviewed by outside counsel? ☐Yes ☐No
- d. Does the Applicant utilize consistent criteria to determine which employees will be impacted? ☐Yes ☐No
- e. Does the applicant have a written severance and waiver agreement in place? ☐Yes ☐No
3. In the past 12 months has the Applicant:
 - a. Been involved in litigation regarding wrongful termination, harassment or discrimination? ☐Yes ☐No
 - b. Received notice of an investigation from the Equal Employment Opportunity Commission? ☐Yes ☐No

If "Yes" please attach a copy of updated materials and a description of changes.
4. What is the percentage of employee turnover in the last twelve months? %

VI. FIDUCIARY LIABILITY INFORMATION

1. Please list the names and types of **Applicant's** employee benefits plan(s). Attach additional pages if needed.

Plan Names (Do not include health & welfare plans)	Plan Assets (Most current year)	Type of Plan*	Funding (DB only) Under or Over Funded by more than 25%	Number of Plan Participants	Third Party or Outside Administrators
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

** Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)*

2. Are all plans in compliance with plan agreements and ERISA? ☐Yes ☐No
If "No," please describe: _____
3. In the past 12 months has there been, or is there currently under consideration in the next 12 months, any restructuring, spin-off, transfer, consolidation, merger, termination or other similar transaction of any employee benefit plan? ☐Yes ☐No
If "Yes", please attach a full description with details.
4. During the past 12 months, has there been, or is there currently, any investigation by the IRS, Department of Labor (DOL) Pension Benefit Guarantee Corporation (PBGC), or any other State or Federal Agency of any employee benefit plan or any current or former fiduciary of such employee benefit plan? ☐Yes ☐No
If "Yes" please attach a full description of the details.

VII. CYBER PRIVACY AND SECURITY COVERAGE

1. Please provide the following:

Number of Donor/Customer/Patient Records: _____
 Number of Online Customers: _____
 Total Number of IP Addresses Assigned: _____

Number of Active IP Addresses: _____
 Gross Revenue from on-line donations, sales or services: _____
 Estimated Number of Credit Card Transactions if applicable: _____

2. Please indicate the type of information that the Applicant collects and which resides on the Applicant's or service provider's systems and networks.
- | | | |
|---|--|---|
| <input type="checkbox"/> Credit Card Numbers | <input type="checkbox"/> Race, Ethnicity, National Origin | <input type="checkbox"/> Salary and Compensation |
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Data Regarding Sexual Orientation | <input type="checkbox"/> Criminal Records |
| <input type="checkbox"/> Email Addresses | <input type="checkbox"/> Account Numbers | <input type="checkbox"/> Disability Status |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Financial Data (i.e. credit rating) | <input type="checkbox"/> Civil Judgments |
| <input type="checkbox"/> National ID Numbers | <input type="checkbox"/> Passwords, Including PINs | <input type="checkbox"/> Clients' Intellectual Property |
| <input type="checkbox"/> Drivers' License Numbers | <input type="checkbox"/> Usernames | |

3. In the past 12 months has the Applicant entered into agreements with third-party service providers for back up of electronic data, web-site hosting, processing or maintenance of sensitive data, maintenance of applications or infrastructure hosting? ☐ Yes ☐ No
If "Yes" to any of the above please attach a list of providers and services offered.

4. Have there been any changes in the Applicant's policies and procedures regarding:
- | | |
|---|--|
| a. Information Security | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Web Server Security | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Virus, Intrusion Detection and Penetrating Testing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Mobile Device Security | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Business Continuity Planning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Incident Response Planning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If "Yes" to any of the above please attach an explanation.*

5. Has an external system security assessment, other than vulnerability scans or penetration tests, been conducted within the past 12 months? ☐ Yes ☐ No

6. Has the Applicant had any computer or network security incidents during the past 12 months? ☐ Yes ☐ No
Incident includes any unauthorized access or exceeding authorized access to any computer, system, data base or data; intrusion or attack; the denial of use of any computer or system; intentional disruption, corruption or destruction of electronic data, programs or applications or similar incidents.

7. If the Applicant has been the target of any computer or network attacks in the past year did the number of attacks increase? ☐ No attacks
☐ Yes, increased

VIII. CRIME COVERAGE

1. Does the Applicant:
- | | |
|---|--|
| a. Allow the employees who reconcile the monthly bank statements to also: | |
| i. Sign checks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Handle deposits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Have access to check signing machines or signature plates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. Does the Applicant verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment? ☐ Yes ☐ No
3. Does the Applicant have procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized master vendor list? ☐ Yes ☐ No

IX. KIDNAP & RANSOM COVERAGE

1. Complete the following information regarding the foreign travel of the Applicant:

Please attach additional pages if needed.

Country Visited	Number of annual trips	Average length of stay	Number of employees traveling	Number of independent contractors traveling

2. Describe the Applicant's security precautions while traveling, both domestic and international, including use of security consultants:

X. MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this **Application** and the Policy inception date, which would render the **Application** inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

XI. DECLARATIONS, NOTICE AND SIGNATURES

The submission of this Renewal Business Application does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this Application.

The undersigned, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this **Application** and in any attachments or other documents submitted with the **Application** are true and complete, and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this **Application**.

The undersigned agree that the information provided in this **Application** and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the **Application** and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with us.

The information requested in this Renewal Business Application is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**.



HANOVER
Nonprofit Entity Advantage
New York Renewal Application

Note: This **Application** must be signed by the chief executive officer or chief financial officer of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

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 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 A CLAIM FOR EACH SUCH VIOLATION.

Date

Signature

Title

Supporting Documentation: please attach a copy of the following for every Applicant seeking coverage:

- ☐ Most recent CPA prepared financial statements
- ☐ Most recent CPA Letter to Management and Management's response. If this Letter is not issued, check here: ☐
- ☐ Employment Practices Liability (for Applicants with 500 or more employees):
 - ☐ Employee handbook
 - ☐ Employment application form
 - ☐ Most recent EEO-1
 - ☐ Third party policies and statements, if requesting such coverage

Produced By: Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____

Agent License No.: _____ Agent Signature: _____

Address (Street, City, State, Zip): _____