

Nonprofit Entity Advantage

New York Renewal Application

Underwritten by The Hanover Insurance Company

HIS 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.

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.NOTICE.

Whenever used in this Application, the bolded terms Named Insured, Executives and Claim shall have the meaning set forth in the policy and the term "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage.

I. NAME AND ADDRESS

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip Code: _____ Website(s): _____

Name primary insurance contact for insurance notices and check the box if you consent to The Hanover Insurance Company emailing you and your agent regarding periodic loss prevention and renewal information:

Name	Title	Email	Email list
			<input type="checkbox"/>

II. REQUESTED COVERAGE

Complete the chart below regarding requested coverage.

Requested Coverage Part		Requested Limits	New Coverage not currently purchased
<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"/>	Kidnap & Ransom Coverage	\$	<input type="checkbox"/>

1. Has the Applicant polled all **Executives** for any actual or potential litigation or **Claims**? ☐ Yes ☐ No
If any actual or potential **Claims**, have you reported such matters to the Insurer? ☐ Yes ☐ No ☐ N/A
2. If requesting higher liability limits than expiring or new coverage, please answer the following:
- a. Is any **Executive** 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 requested **Liability Coverage Parts**? ☐ Yes ☐ No ☐ N/A
- b. Solely for any new coverage that has not been purchased before, has the Applicant had any prior litigation, investigation, criminal or administrative proceedings or Crime or K&R losses that would have resulted in a **Claim** that would fall within the scope of the requested **Non-Liability Coverage Parts** or **Liability Coverage Parts** in the past 5 years? ☐ Yes ☐ No ☐ N/A
If Yes to any part of question 2. attach an explanation.

III. GENERAL & FINANCIAL INFORMATION

1. Description of Applicant's Operations: NAIC code(s): _____
2. 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 newly created locations, entities, merger, acquisition, or divestment? ☐ Yes ☐ No
- b. Any bankruptcy, reorganization or arrangement with creditors under federal or state law? ☐ Yes ☐ No
- c. Any branch, location, facility or subsidiary closings, consolidations, reductions in force or layoffs? ☐ Yes ☐ No
If Yes to any part of question 2. attach an explanation.

3. Complete the chart if requesting EPL, Crime or K&R coverage.

Number of Locations Current Year	Number of Locations Previous Year	Number of Employees Current Year	Number of Employees Previous Year

4. If requesting EPL coverage, complete the chart regarding the Applicant's number of employees by zip code.

Zip Code	State / Non-U.S. Country	Number of Employees

5. Complete the financial chart for the most recent fiscal year: _____ Month _____ Year,
or check box if attaching most recent year-end financial statements instead: ☐

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

6. With respect to any financial audit or debt covenants:
- Has an auditor issued a "going concern" opinion for the Applicant's financial statements in the past 12 months? ☐ Yes ☐ No ☐ N/A
 - Has the Applicant been out of compliance with any debt covenants in the past 12 months? ☐ Yes ☐ No ☐ N/A
 - Has the Applicant changed auditors in the last 12 months? ☐ Yes ☐ No ☐ N/A
- If Yes, to any question a. through c. attach an explanation*

IV. DIRECTORS & OFFICERS AND ENTITY LIABILITY INFORMATION

- Within the past 12 months, has there been any change (resignations, terminations, departures, retirements, etc.) involving any Directors, Officers or other senior management? ☐ Yes ☐ No
If Yes, attach name of individual(s); date of change; and reason.
- Does the Applicant own or control any for-profit subsidiaries? *If yes, provide name, nature of operations and the attach latest financials.* ☐ Yes ☐ No

V. EMPLOYMENT PRACTICES LIABILITY INFORMATION

- Complete the chart regarding the Applicant's employees:

Number of Employees	Current Year	Previous Year
Full Time (not including independent contractors):		
Part Time (include leased, temporary and seasonal):		
Independent Contractors:		
Volunteers:		
Located in California:		
Voluntary Terminations:		
Involuntary Terminations (not layoffs/downsizing):		
Layoffs/Downsizing:		

- In the past 12 months, has the Applicant updated its employee handbook or human resources policies and procedures? *If Yes, attach a description of changes.* ☐ Yes ☐ No ☐ N/A
- Prior to employee terminations does the Applicant consult with human resources or outside counsel per a written HR policy? ☐ Yes ☐ No
- Does the Applicant use written Performance Improvement Plans prior to a termination? ☐ Yes ☐ No
- In the past 12 months, has the Applicant reviewed employee classification and documentation of exempt, nonexempt, and independent contractors?
If yes, and more than 25 employees were involved, was the review done with outside counsel? ☐ Yes ☐ No ☐ N/A
- Does the Applicant conduct documented anti-discrimination and anti-harassment training for employees (whether or not required by law)? ☐ Yes ☐ No

VI. FIDUCIARY LIABILITY INFORMATION

1. Complete the chart regarding the Applicant's benefit plans. *Attach additional pages if needed.*

Plan Names (Other than health & welfare plans)	Plan Assets (Current year)	Type of Plan*	Funding % (DB Only) **	Number of Plan Participants	Plan Status***
	\$		%		
	\$		%		
	\$		%		

* *Defined Contribution (DC), Defined Benefit (DB), Excess Benefit or Top Hat (EBP)*

** *Funding % is the funding percentage of current value of plan assets to the funding target (or accumulated benefit obligation)*

*** *Active (A), Frozen (F), Sold (S), Terminated (T) -Include date of termination*

2. Are all plans in compliance with plan agreements and ERISA? *If No, attach an explanation.* ☐ Yes ☐ No
3. In the past 12 months or the next 12 months has/will any plan:
- a. Be amended in a way that will result in the reduction of benefits? ☐ Yes ☐ No
- b. Contemplate or conclude any restructuring, spin-off, transfer, consolidation, merger, termination or other similar transaction? ☐ Yes ☐ No
4. During the past 12 months, has there been or is there currently any investigation or audit by the IRS, DOL, PBGC or any other state or federal agency of an employee benefit plan or any current or former fiduciary of such employee benefit plan? ☐ Yes ☐ No
- If Yes, to question 3 or 4 attach an explanation.*

VII. CRIME COVERAGE

1. Does the Applicant prohibit employees who reconcile the monthly bank statements from also:
- Signing Checks ☐ Yes ☐ No
- Handling Deposits ☐ Yes ☐ No
- Making Withdrawals ☐ Yes ☐ No
2. Does the Applicant follow a written policy or procedure to:
- a. Utilize a Master List to assist in detecting payments to unauthorized or fictitious vendors/suppliers? ☐ Yes ☐ No
- b. Verify and reconcile all invoices to corresponding purchase orders and a Master List prior to issuing payment? ☐ Yes ☐ No
- c. Authenticate all requests to change vendor/supplier bank account information received via email, phone and text with a call back to the pre-determined vendor/supplier contact and phone number prior to wire transferring any funds? ☐ Yes ☐ No
- d. Reconcile all funds transfers on the same day and by a person who did not initiate the request? ☐ Yes ☐ No
3. Does the Applicant have written policies and procedures requiring employees that process wire transfers to never process an internal request, (inclusive of requests by owners) without first validating the request with a call back to the requestor at a pre-determined work phone number or by face to face confirmation? ☐ Yes ☐ No
4. Are employees of the Applicant, particularly those that are responsible for wire transfers or that have access to company assets, provided with anti-fraud training to include how to detect phishing, spear phishing and other fraudulent social engineering schemes? ☐ Yes ☐ No

VIII. KIDNAP & RANSOM COVERAGE

1. Complete the chart regarding the Applicant's foreign travel. *Attach additional pages if needed.*

City and 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: _____

IX. 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 including but not limited to a new **Claim** or other matter to be reported, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

X. DECLARATIONS, NOTICE AND SIGNATURES

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

Note: This **Application** must be signed by the chief executive officer or chief financial officer or equivalent position 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.

Signature

Title

Date

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

- ☐ Most recent CPA prepared financial statements (for Applicants with more than \$25 million in Total Assets)
- ☐ Most recent CPA Letter to Management and Management's response. If this Letter is not issued, check here: ☐
- ☐ Employment Practices Liability: Most recent EEO-1 report (for Applicants with more than 500 employees)

Produced By: Agent: _____ Agency: _____

Agent License No.: _____ Agent Signature: _____