



Incorporated Application Nonprofit Management Liability Insurance

APPLICATION FORM

CLAIMS-MADE WARNING FOR APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO "CLAIMS" FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE "POLICY" CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

Whenever used in this "Application", the items in quotations shall have the same meanings indicated in the "Policy". "Insured Organization" means the named insured organization applying for this insurance and its subsidiaries unless otherwise stated.

Name of "Insured Organization": _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Website Address (if applicable): _____

Federal Employer Identification Number (FEIN): _____

The Officer named below is designated as agent of the "Insured Organization" and of all "Insureds" to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

Contact Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

PRODUCER INFORMATION

Submitted by (Agency Name): _____ Dated: _____

Individual Agent's Name: _____ Agent's License Number: _____

DESCRIPTION OF INCORPORATED AGREEMENT

1. Insurance Carrier: _____
2. "Application" Form No.: _____
3. Date attached "Application" was signed: _____
4. Is any "Insured" aware of any fact, circumstance or situation involving any "Insureds" that might reasonably be expected to result in a "Claim" as defined in each coverage part applied for? Yes No

IF "YES" IS INDICATED IN RESPONSE TO QUESTION 4, PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

- | | | | |
|-----------------------------|--|---------------------|--------------------|
| (a) Date "Claim" first made | (b) Claimant's Name | (c) Allegation | (d) Current Status |
| (e) Demand Amount | (f) Settlement (Indemnity) or Reserve amount | (g) Attorney's fees | |

THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 4.



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 PROVIDE 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.

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.

NOTICE TO NEW MEXICO 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

NOTICE TO KENTUCKY 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

NOTICE TO APPLICANTS IN FLORIDA, MINNESOTA, NEW JERSEY, OHIO AND OKLAHOMA: 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, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, 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.



Please Read Carefully

It is agreed by the "Insureds" that the attached "Application", described above, is incorporated by reference into this Hanover Insurance "Application". All representations made therein are deemed incorporated by reference into this Hanover Insurance "Application" as if made herein.

The undersigned, acting on behalf of all "Insureds", declare that the statements set forth in this "Application" are true and correct and that thorough efforts was made to obtain requested information from each and every "Insured" 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 "Insureds" and that they are material and are the basis for issuance of the insurance "Policy" provided by us. 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 the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any of the "Insureds" discovers or becomes aware of any significant change in the condition of the "Insured Organization" 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;
- Any "Policy" issued, will be in reliance upon the truthfulness of the information provided in this "Application"; provided, however, with respect to such information, no knowledge or information possessed by any "Insureds" shall be imputed to any other "Insureds". If any person or persons knew as of the "Policy" inception date that such information contained in the "Application(s)" were untrue, inaccurate or incomplete, then this "Policy" will be void as to that person or persons if such information was material to issuance of the "Policy". However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the "Insured Organization" knew as of the "Policy" inception date that such information contained in the "Application(s)" were untrue, inaccurate or incomplete, then this "Policy" will be void as to that person or persons and the "Insured Organization" if such information was material to issuance of the "Policy";
- Statements in the application, facts pertaining to or knowledge possessed by the individual signing the application shall be imputed to the "Insured Organization"; and
- The signing of this "Application" does not bind the undersigned to purchase the insurance.

Dated	Chairperson of the Board of Directors, President, Chief Executive Officer or Executive Director (Signature)
Title	Chairperson of the Board of Directors, President, Chief Executive Officer or Executive Director (Print Name)

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

Please submit this "Application" including appropriate documentation to:
333 W. Pierce Road, Suite 300, Itasca, IL 60143