



HAMILTON

NON-PROFIT ORGANIZATION MANAGEMENT LIABILITY RENEWAL APPLICATION

Required documents, in addition to this application:

- Most recent annual financial statements

APPLICANT INFORMATION

Current Hamilton Policy Number:	
Legal name of the Applicant:	
Mailing Address:	

<p>Please provide information regarding any changes to ownership, directorship, affiliated entities or other material changes since the inception of the last policy.</p>

GENERAL INFORMATION

1. Does the applicant now have recognized tax-exempt status under the US Internal Revenue Code?	Yes	No
If "no", is tax-exempt filing with the IRS pending?	Yes	No

2. Financial Information:	Most Recent Fiscal Year End	
	Month/Year:	
Cash & Cash Equivalents	\$	
Current Assets	\$	
Total Assets	\$	
Current Liabilities	\$	
Long Term Debt	\$	
Total Liabilities	\$	
Total Revenues	\$	
Operating Income	\$	
Interest Expense	\$	
Net Income	\$	
Cash Flow From Operations	\$	

3. What percentage of your revenue is generated from government sources?	%
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4. Has the applicant, in the last 12 months completed, or is the applicant contemplating in the next 12 months, any of the following:
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a. Any actual or proposed merger, acquisition or divestiture?	Yes	No
b. Any creation of a new organization, subsidiary or division?	Yes	No
c. Public or private offering of securities or debt?	Yes	No
d. Closings, consolidations, or divestments of any branch, location, office or subsidiary?	Yes	No
e. Layoffs or reductions in workforce?	Yes	No
f. Change in senior executive officers for reason other than death or incapacitation?	Yes	No

If "Yes" to any above, provide information in the Supplemental Information section or via separate attachments.

EMPLOYMENT INFORMATION (complete if requesting Employment Practices Liability)

5. Employee Count:	Current Year	Previous Year
Full Time employees		
Part-time employees		
Independent Contractors		
Volunteers		
Leased employees		
Seasonal employees		

6. Employees by state:	State:	State:	State:	State:	State:
Full Time employees	%	%	%	%	%
Part-Time employees	%	%	%	%	%
Independent Contractors	%	%	%	%	%
Volunteers	%	%	%	%	%

7. Please indicate the percentage (%) of staff salary ranges (inclusive of all compensation)				
Salary bands:	<\$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	>\$250,000
Full Time employees	%	%	%	%
Part-Time employees	%	%	%	%

8. Does the applicant have any employees outside the US?	Yes	No
If yes, please list the country(ies) and number of employees:		

9. How many employees are covered by collective bargaining or union arrangements?

10. Turnover Rate:	Past Year
Officers	%
Other Employees	%

11. Does the applicant:		
a. Anticipate any merger, acquisition or addition of any operations that would comprise a 25% (or 10 employees, whichever is greater) increase over current number of employees?	Yes	No

b. Anticipate the total number of employees to decrease by more than 10% (or five employees, whichever is greater) through any reduction in force, systematic lay-off, closure of any division, office or facility?	Yes	No
If yes, to b. above, will you consult with and adopt the advice of legal counsel specializing in labor and employment law?	Yes	No

12. Human Resources		
Have any changes been made to:		
a. Human Resources or Personnel Department?	Yes	No
b. Employee handbook?	Yes	No
c. Written policies regarding equal opportunity employment, anti-discrimination and anti-harassment?	Yes	No
d. Employee termination procedures/controls?	Yes	No
e. Personnel file retention?	Yes	No
f. Written employment agreements with all officers?	Yes	No
<i>If "Yes" to any above, provide information in the Supplemental Information section or via separate attachments.</i>		

FIDUCIARY INFORMATION (complete if requesting Fiduciary Liability)

13. Plan Information	*Type of Plan	Total Plan Participants	Active # of Plan Participants	Total Plan Assets	If a DB plan, current % funded
Plan Names				\$	%
				\$	%
				\$	%
				\$	%

**Plan type: Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership Plan (ESOP), Excess Benefit or Top Hat (EBP), Excess Benefit Plan (EB), Welfare Benefit Plan (WB)*

14. Has there been any merger, termination or freezing of any plan in the last twelve (12) months?	Yes	No
15. Are there any plans NOT in compliance with plan agreements or ERISA?	Yes	No
16. Is any plan a multiemployer or multiple employer plan?	Yes	No
17. Does the applicant or any subsidiary utilize a Plan investment manager?	Yes	No
If yes, what percentage of plan assets are managed by the manager as defined by ERISA		%
18. How often are guidelines and goal reviewed and/or amended by fiduciaries?		
19. Have any plans been spun-off, merged or terminated in the last twelve (12) months?	Yes	No
20. Does the applicant or any subsidiary expect any reduction in benefits, cessation of benefits or increase in costs to plan participants as a result of any plan amendment anticipated in the next twelve (12) months?	Yes	No
Have any such amendments been adopted in the last twelve (12) months?	Yes	No
<i>If "Yes" to any above, provide information in the Supplemental Information section or via separate attachments.</i>		



LOSS HISTORY

For any "Yes" answers to the following questions, please provide detailed information in the Supplemental Information section of this application or provide separate attachments.

<p>21. Is the applicant, any subsidiary or affiliate, or any director, officer, employee or any other person proposed for this insurance aware of any known losses, claims or suits that have not yet been reported? If "Yes", please complete supplemental claim/incident form for each.</p>	Yes	No
<p>22. Is the applicant, any subsidiary or affiliate, or any director, officer, employee or any other person proposed for this insurance aware of any act, error, omission, fact, circumstance, or records request from any attorney which may result in a claim? If "Yes", please complete supplemental claim/incident form for each.</p>	Yes	No

SUPPLEMENTAL INFORMATION

Please use this section to provide additional details for Questions 21-22, or for any other questions requiring additional space for answers.

[Empty box for supplemental information]

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO 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.

NOTICE TO KENTUCKY 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.

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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

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.

NOTICE TO 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 a 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 and civil penalties.

NOTICE TO TENNESSEE 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 VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this



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questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____