



Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE.

GENERAL INFORMATION

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

Table with 4 columns: Agency, Code, Agent Name/License Number, Policy Number

Applicant Information:

Name of Applicant:
Street Address:
City, State, Zip:
Website Address:
Year Applicant's Organization Was Established:
Description of Applicant's Operations:
Does the Applicant now have tax exempt status under the United States Internal Revenue Code?
Is there now, or has there been, any dispute as to the Applicant's tax exempt status?
If "Yes", please attach an explanation

CONTACT INFORMATION FOR RISK MANAGEMENT SERVICES

The policy for which this application is made includes Risk Management Plus+ OnlineSM, a loss prevention program. Please provide the name and contact information for the individuals responsible for overseeing Financial and Human Resource matters for access to the program.

HR Contact:
Title:
Executive Director
Preferred Title:
HR Contact Email:
HR Contact Phone:
Executive Director Contact Email:
Executive Director Contact Phone:

ORGANIZATION INFORMATION

1. Number of Members:
Number of Chapters:
2. Does the Applicant or its Subsidiaries have any persons who profit from (except as salaried employees) or are indebted to the organization?
3a. Funding Sources:
General Public:
Governmental (Federal, State, Local):
Other (Grants, United Way Funding):

3b. If you solicit contributions from the general public, what net percentage of those contributions is actually distributed to the intended beneficiaries of the funds? _____ %

4. Does the **Applicant** perform any of the following services:
- | | | |
|--|-----|----|
| a. Engage in or sponsor product or service research, standards development, experimentation or performance testing; | Yes | No |
| b. Conduct activities related to professional ethics, peer review, accreditation, member certification or licensing; | Yes | No |
| c. Promote, sponsor or provide any form of insurance to its members or non-members; | Yes | No |
| d. Sponsor or operate a political action committee; | Yes | No |
| e. Referral, legal aid, computer or third party administrative or management; | Yes | No |
| f. Publications If Yes, please provide copies of most recent | Yes | No |
5. Is the **Applicant** and/or any of its Subsidiaries managed or administered by any third-party under contract or agreement? **If "Yes", Please Attach an Explanation** Yes No
6. Does the **Applicant** and its Subsidiaries currently carry General Liability Insurance? Yes No
 If Yes, Insurer and Limit of Coverage: \$ _____

7. Subsidiary Information and 50% or more owned joint ventures under management control:

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			

*Entity Types: FP = For-Profit (other than Partnership) NP = Non-Profit GP = General Partnership LP = Limited Partnership, LLC = Limited Liability Company To enter more information, please attach a separate page or an organization chart

8. Locations of **Applicants** and Number of Employees* for Each:

State or Foreign Country	# of Locations	Full Time Employees		Part Time Employees	
		As of Date of Application	12 Months Ago	As of Date of Application	12 Months Ago

*Employees include Leased, Temporary and Seasonal Employees
 To enter more information, please attach a separate page to the application

Number of Volunteers: _____

9. Maximum number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

Labor Unions	Independent Contractors	Temporary	Leased	Seasonal

10. Please provide the following turnover figures for each of the last three years:

	20__	20__	20__
Voluntary Terminations	_____	_____	_____
Involuntary Terminations	_____	_____	_____
Layoffs	_____	_____	_____
Number of employees compensated less than \$50,000 annually:	_____		
Number of employees compensated more than \$100,000 annually:	_____		

11. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:

- | | | |
|---|-----|----|
| a. Any actual or proposed merger, acquisition, or divestiture? | Yes | No |
| b. Any creation of a new business, subsidiary or division? | Yes | No |
| c. Any registration for a public offering or a private placement of securities (stocks or bonds)? | Yes | No |
| d. Any reorganization or arrangement with creditors under federal or state law? | Yes | No |

e. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If any of the above questions were answered “Yes”, please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances

FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as directed in the Required Attachments section.

Please indicate the following as it relates to the Applicant’s fiscal year end (FYE): <i>(please indicate negative figures with “()” or “-”, as appropriate)</i>	Most Recent FYE (Month/Year) /	Prior FYE (Month/Year) /
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Net Equity/Net Assets/Fund Balance (Deficit)		
6. Revenues		
7. Net Income (Net Loss)		
8. Is the Applicant currently, or has it been in the past 24 months, in violation or has it amended any debt covenant? If “Yes”, please attach an explanation		Yes No

AUDITOR INFORMATION

Scope of CPA Financial Statement preparation:	Internal	Compilation	Review	Audit	None
1. Has the Applicant changed outside auditors in the last three (3) years? If “Yes”, please attach an explanation				Yes	No N/A
2. Have the outside auditors stated there are material weaknesses in the Applicant’s systems of internal controls? If “Yes”, please attach an explanation and provide the latest CPA letter to Management and Management’s response				Yes	No N/A
3. Has the Applicant implemented all material recommendations of the auditor? If “No”, please attach an explanation				Yes	No N/A
4. Has any auditor issued a “going concern” opinion for the Applicant or any of its subsidiaries financial statements during the past three (3) years? If “Yes”, please attach an explanation				Yes	No N/A

HUMAN RESOURCES

1. Does the Applicant have a written procedure for hiring and firing employees?	Yes	No
2. Does the employment application or employee handbook contain “Employment at Will” language?	Yes	No
3. Are there formal, written policies and procedures concerning the following and have they been posted, delivered to each employee or included in the Applicant’s employee handbook so as to be available to all employees?		
a. Sexual Harassment?	Yes	No
b. Discrimination?	Yes	No
c. Equal Opportunity?	Yes	No
d. Disabled Employees and Accommodations?	Yes	No
4a. Did legal counsel review the above policies prior to implementation?	Yes	No
b. With respect to employee terminations, does the Applicant consult with legal counsel or Human Resources personnel prior to every termination? If “No”, please attach an explanation describing your procedures	Yes	No

HUMAN RESOURCE PRACTICES – COMPLETE IF OVER 100 EMPLOYEES

- | | | |
|--|-----|----|
| 1. Does the Applicant have a Human Resources (HR) department?
Number of HR employees: _____ | Yes | No |
| 2. Are individuals who handle Human Resources functions, both in HR department and locally, formally trained on HR matters? | Yes | No |
| 3. Does the Applicant have an employee handbook which has been reviewed by legal counsel? | Yes | No |
| 4. Does the Applicant utilize an employment application? | Yes | No |
| 5. Does the application contain an “Equal Employment Opportunity” statement? | Yes | No |
| 6. Please indicate whether the Applicant has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding: | | |

			Receipt Acknowledged	
Zero Tolerance Sexual Harassment	Yes	No	Yes	No
Discrimination	Yes	No	Yes	No
Equal Opportunity	Yes	No	Yes	No
Disabled Employees and Accommodations	Yes	No	Yes	No
Grievance Procedures	Yes	No	Yes	No
Pregnancy Leave/FMLA	Yes	No	Yes	No
Employee Discipline	Yes	No	Yes	No
Annual Written Performance Evaluation	Yes	No		

- | | | |
|---|--------------------|---------------|
| 7. Have the above policies and procedures been reviewed by legal counsel within the past 24 months? | Yes | No |
| 8. Please indicate whether the Applicant conducts human resources training, including sexual harassment training for managers and supervisors? | Yes | No |
| 9a. What percent of the Applicant’s revenue is derived from being a Federal Contractor? | | % |
| b. Is Applicant a: | General Contractor | Subcontractor |
| If General Contractor, what percentage of jobs require Subcontractors? | | % |

POLICY OPTIONS

What is the **Applicant’s** preference for defense coverage? Duty to Defend Reimbursement
 Is coverage requested for Third Party claims? Yes No

CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

Requested Limit	Requested Retention	Requested Effective Date	Coverage Currently Purchased	Expiring Limit	Expiring Retention	Expiring Premium	Current Insurer	Date Coverage First Purchased
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
			Yes No					

- If Liability Coverage is currently purchased as indicated in column (D) above, please answer the following question:**
 As of the Date the **Applicant** first purchased this Liability Coverage, were there any facts, circumstances, or situations which might have resulted in a claim being made against any insured? Yes No
If “Yes”, please attach an explanation
(Not applicable if coverage first purchased and continuously maintained more than 3 years prior to this application date)
- If Liability Coverage is not currently purchased as indicated in column (D) above, please answer the following question:**
 Are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage for which the **Applicant** is applying? **If “Yes”, please attach an explanation** Yes No

3. With respect to the Liability Coverage being applied for above, if Requested Limit of Liability in Column (A) exceeds the Expiring Limit of Liability in Column (E):

With respect to the higher limits requested, are there any facts, circumstances, or situations which could give rise to a claim under the Liability Coverage for which the **Applicant** is applying? Yes No

If “Yes”, please attach an explanation

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts or circumstances required to be disclosed is excluded from the proposed insurance.

LOSS INFORMATION

Has any person or entity proposed for this insurance been a party to any claim which would have fallen within the scope of this coverage including but not limited to employment-related claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years, whether or not insured? Yes No
If “Yes”, please complete the table below

To the extent that any lawsuit or claim required to be disclosed in response to the question above constitutes a “Claim” as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

Details	Amount Paid for Defense	Amount Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented
	\$	\$	Yes No	
	\$	\$	Yes No	

REQUIRED ATTACHMENTS

As part of this Application, submit the following documents with respect to the **Applicant**:

- Most recent Audited fiscal year end financial statement if **Applicant** receives any government funding or if limit requested is \$3,000,000 or greater.
- Any brochures or publications of the **Applicant** (if not available on the website indicated on this Application)
- Copy of business plan, if **Applicant** is a start up organization
- List outside affiliations of directors and officers, if **Applicant** is a start up organization
- Copy of club rules & constitution/bylaws, if **Applicant** is a country club
- School Supplement, if **Applicant** is a school, college or university
- Employee Handbook, if **Applicant** has 500 or more employees
- Most recent EEO-1 report, if **Applicant** has 1,000 or more employees

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED ST. PAUL TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY ST. PAUL TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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 Agencies.)

(In Pennsylvania, 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 or concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)

(In Washington, 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.)

Signature of **Applicant's** Authorized Representative (President , CEO or Executive Director)

_____ Title: _____

Name (Printed):

_____ Date: _____

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the Section and Question Number (e.g., Financial Information, #8).