



INSURANCE APPLICATION
MULTI-STATE

13625 Ronald W Reagan Blvd.
Building 3, Suite 100
Cedar Park, TX 78613
Phone: (800) 252-9435
Fax: (512) 448-9929
Email: info@winstarins.com

GENERAL INFORMATION

Date of survey: _____ Renewal Date: _____ Date proposal needed: _____
Legal Name of Organization: _____ FEIN: _____
Mailing Address: _____ County: _____
Phone #: _____ Fax #: _____
Website Address: _____
Executive Director: _____ Phone #: _____ E-Mail: _____
Best time to contact: _____
Shelter Manager: _____ Phone #: _____ E-Mail: _____
Best time to contact: _____

INSURANCE AGENT INFORMATION

Agents Name: _____ CSR or Other Contact _____
Name of Agency: _____
Address: _____
Agency Phone: _____ Fax: _____ E-mail address: _____
Do you currently write this account? ☐ Yes ☐ No
If yes, for how long? _____ Carrier Name: _____
Is the account Sub-Brokered? ☐ Yes ☐ No
If yes, please indicate Agency Name and Address: _____

ORGANIZATION INFORMATION

Is your organization a 501(c)(3)? ☐ Yes ☐ No
Year organization was established: _____
Does your organization provide shelter for large, wild or exotic animals? ☐ Yes ☐ No
Is there a staff member on premise at all times? ☐ Yes ☐ No
Does your organization employ animal control officers? ☐ Yes ☐ No
If yes, a. Do the officers have citation or arrest authority? ☐ Yes ☐ No
b. Do the officers carry firearms? ☐ Yes ☐ No
c. Do the officers carry separate liability coverage? ☐ Yes ☐ No
Total Revenue (for the current year): _____

ORGANIZATION INFORMATION (CONTINUED)

EMPLOYEES & VOLUNTEERS:

Do you have a formal training procedure for employees & volunteers? ☐ Yes ☐ No

To whom do the volunteers report? _____

Do you provide personal protective equipment (latex gloves, bite gloves, restraining poles)? ☐ Yes ☐ No

Do you provide training and information on zoonotic disease to employees and volunteers? ☐ Yes ☐ No

What capacity are volunteers involved?

☐ Dog walking

☐ Animal care attendant

☐ Kennel attendant (cleaning cages and runs)

☐ Other (please specify) _____

ANIMAL HEALTH ASSESSMENT:

Are the health and conditions of animals evaluated prior to placement in general population? ☐ Yes ☐ No

Are all animals vaccinated? ☐ Yes ☐ No

Do you spay or neuter? ☐ Yes ☐ No

Do you perform euthanasia? ☐ Yes ☐ No

Are all drugs and narcotics kept under lock and key with restricted access? ☐ Yes ☐ No

Is there a crematory on premise? ☐ Yes ☐ No

ANIMAL BEHAVIOR ASSESSMENT:

Is there a Certified Animal Behaviorist on staff? ☐ Yes ☐ No

Are the following temperament tests performed on each animal?

a. Food Aggression ☐ Yes ☐ No

b. Aggression toward other animals ☐ Yes ☐ No

c. Aggression toward persons/children ☐ Yes ☐ No

Are all animals leashed or in carriers when out of kennels? ☐ Yes ☐ No

Are kennels clearly labeled for animals deemed aggressive? ☐ Yes ☐ No

Do you place animals with aggressive behaviors into foster or adoptive homes? ☐ Yes ☐ No

ADOPTIVE FOSTER HOMES:

Do you have written procedures and guidelines in place for determining suitable foster/adoptive homes? ☐ Yes ☐ No

Are visitors supervised at all times while handling adoptable animals? ☐ Yes ☐ No

Does the adoption agreement contain a hold harmless waiver? ☐ Yes ☐ No

Are all foster homes required to sign a contract? ☐ Yes ☐ No

Does the contract contain a hold harmless waiver? ☐ Yes ☐ No

Do you participate in off-site adoption events? ☐ Yes ☐ No

If yes, how many per year: _____

SPECIAL EVENTS/FUNDRAISERS:

Event	# of Expected Attendees	Location	Gross Revenue	Is Alcohol Served or Sold?	Is a Waiver required of participants?
			\$		
			\$		
			\$		

ORGANIZATION INFORMATION (CONTINUED)

Please indicate the following for this year:

# of Kennels/Cages/Compartments		
# of Employees (not including vet)		
# of Volunteers (not including vet)		
# of Employed Veterinarians		Annual Payroll: \$
# of Volunteer Veterinarians		
# of Contracted Veterinarians		Do you obtain proof of insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Board Members		Are Board Members elected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Average # of volunteers per day	<input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50+	
Average # of visitors per day		
# of animal intakes annually		
# of adoptions annually		
Pet Grooming Receipts	\$	
Pet Training Receipts	\$	
Boarding Receipts	\$	
Gift Shop Receipts	\$	
Clinical Work Receipts	\$	

GENERAL LIABILITY LIMITS

Each Occurrence/General Aggregate Limit: ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000 ☐ Other: _____
☐ Occurrence ☐ Claims-made Retroactive Date: _____
Optional coverages: ☐ Waiver of Subrogation ☐ Stop Gap Liability (only applicable in monopolistic states)

VETERINARIAN PROFESSIONAL LIABILITY☐ N/A

Each Occurrence/General Aggregate Limit: ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000 ☐ Other: _____
☐ Occurrence ☐ Claims-made Retroactive Date: _____

VOLUNTEER ACCIDENT INSURANCE☐ N/A

Do you currently have Volunteer Accident Insurance? ☐ Yes ☐ No
If yes, what is the effective date? _____

EMPLOYEE BENEFITS LIABILITY☐ N/A

Each Occurrence/General Aggregate Limit: ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000 ☐ Other: _____
☐ Occurrence ☐ Claims-made Retroactive Date: _____

Does the organization have an Employee Benefits handbook? ☐ Yes ☐ No

Has any claim been made or suit filed against the company and/or its employees in the past 5 years alleging an error or omission in the administration* of your benefit programs? ☐ Yes ☐ No

If yes, please describe: _____

EMPLOYEE BENEFITS LIABILITY (CONTINUED)

Does the company have knowledge of any matter(s) involving employee benefits, benefits administration, the handling of benefit claims, or any other benefits-related matter which would cause a reasonable person to believe that a claim or suit might result? ☐ Yes ☐ No

If yes, please describe: _____

*Determining who is eligible to participate; enrolling new participants; terminating participants; determining benefits; processing claims; collecting funds and applying them as required; preparing reports required by government agencies; giving advice to participants or prospective participants; providing reports, booklets, pamphlets, memos or messages to participants.

PROPERTY COVERAGE

Building & Contents Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ Other _____

Coinurance Percentage: ☐ 80% ☐ 90% ☐ 100%

Blanket Coverage: ☐ Building Only ☐ Contents Only ☐ Building/Contents Combined ☐ None

PROPERTY SCHEDULE

Loc. No.:		Address:			
Building Limit: \$		Personal Prop. Limit: \$		Occupancy Type:	
Construction Type: <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Building Protection: (Check all that apply) <input type="checkbox"/> Local Alarm <input type="checkbox"/> Heat Detection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm			
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: _____ Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Occupancies _____ _____ _____ _____		
Loc. No.:		Address:			
Building Limit: \$		Personal Prop. Limit: \$		Occupancy Type:	
Construction Type: <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Building Protection: (Check all that apply) <input type="checkbox"/> Local Alarm <input type="checkbox"/> Heat Detection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm			
Own/Lease: <input type="checkbox"/> Own <input type="checkbox"/> Lease	Building Info: Number of Stories: _____ Building Sq. Ft.: _____ Sq. Ft. You Occupy: _____ Year Built: _____	Year: _____ Updated/Inspected Roof: _____ / _____ Plumbing: _____ / _____ Wiring: _____ / _____ HVAC: _____ / _____	Additional Occupancies _____ _____ _____ _____		

PROPERTY COVERAGE (CONTINUED)

Loc. No.:		Address:	
Building Limit: \$		Personal Prop. Limit: \$	Occupancy Type:
Construction Type: <input type="checkbox"/> Type 1-Frame <input type="checkbox"/> Type 2-Joisted Masonry <input type="checkbox"/> Type 3-Non-combustible <input type="checkbox"/> Type 4-Masonry non-combustible <input type="checkbox"/> Type 5-Modified fire resistive <input type="checkbox"/> Type 6-Fire resistive		Building Protection: (Check all that apply) <input type="checkbox"/> Local Alarm <input type="checkbox"/> Heat Detection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Motion Detection <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Security Guard/Service <input type="checkbox"/> Sprinklers (____%) <input type="checkbox"/> Cameras <input type="checkbox"/> Full Intrusion Perimeter Alarm	
Own/Lease:	Building Info:	Year: Updated/Inspected	Additional Occupancies
<input type="checkbox"/> Own	Number of Stories: _____	Roof: _____ / _____	_____
<input type="checkbox"/> Lease	Building Sq. Ft.: _____	Plumbing: _____ / _____	_____
	Sq. Ft. You Occupy: _____	Wiring: _____ / _____	_____
	Year Built: _____	HVAC: _____ / _____	_____

Type 1-Frame - Buildings where the exterior walls are wood or other combustible materials including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood.

Type 2-Joisted Masonry - Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

Type 3-Non-Combustible - Buildings where the exterior walls and the floors and roof are constructed of, and supported by metal, asbestos, gypsum or other non-combustible materials.

Type 4-Masonry Non-Combustible - Buildings where the exterior walls are constructed of masonry materials as described in Code 2, with the floors and roof of metal or other non-combustible materials.

Type 5-Modified Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive material with a fire resistance rating of one hour or more but less than two hours.

Type 6-Fire Resistive - Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

For additional locations please include Acord Application.

INLAND MARINE

☐ N/A

Scheduled Equipment

No.	Description (Year, Make, Model, Serial No.)	Limit of Insurance	Deductible
1		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
2		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
3		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
4		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
5		\$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000

BUSINESS AUTO☐ N/A

Indicate the desired coverage below:

\$ _____ Auto Liability

\$ _____ Medical Payments

\$ _____ PIP / No Fault (Medical Expense Benefits – Applies Only in PA)

\$ _____ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)

\$ _____ OBEL (Applies Only in NY)

\$ _____ Uninsured Motorists/ Underinsured Motorists B.I. ☐ Stacking ☐ Non-Stacking (if applicable)

\$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

Indicate the desired deductible for scheduled vehicles with Physical Damage Coverage:

Comprehensive ☐ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐ Other \$ _____

Collision ☐ \$500 ☐ \$1000 ☐ \$2500 ☐ \$5000 ☐ Other \$ _____

Do the employees or volunteers use their personal vehicles on behalf of the organization?

☐ Yes ☐ No

If Yes, a. Number of employees/volunteer that utilize their personal vehicle: _____

b. Do the employees/volunteers transport animals in their personal vehicle?

☐ Yes ☐ No

c. Do you require proof of insurance from the employee/volunteer?

☐ Yes ☐ No

d. Do you have minimum requirements for personal auto policy limits?

☐ Yes ☐ No

If yes, what are the minimum limits required: _____

Are animals properly secured during transport?

☐ Yes ☐ No

Are their written standard operating procedures for use of company owned vehicles?

☐ Yes ☐ No

Is there a formal vehicle maintenance program in place?

☐ Yes ☐ No

Do all drivers have a license commensurate with applicable legal requirements (CDL, etc.)?

☐ Yes ☐ No

Is driver training provided for employees?

☐ Yes ☐ No

If Yes, please describe: _____

VEHICLE SCHEDULE

Veh No.	Year	Make	Model	VIN	Original Cost New	Loc. No.
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	
9					\$	
10					\$	

For additional autos please include Acord Application.

FIDELITY

☐ Commercial Blanket Limit of Insurance \$ _____

Number of Class I Employees/Volunteers (direct contact with funds) _____

List name & title of all Class 1 Employees/Volunteers

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Number of Class II Employees/Volunteers (all others) _____

☐ Position Schedule Position Limit of Insurance Excess over Blanket

_____ \$ _____ ☐ Yes ☐ No

_____ \$ _____ ☐ Yes ☐ No

_____ \$ _____ ☐ Yes ☐ No

☐ Computer Fraud and Funds Transfer \$ _____

☐ Faithful Performance

☐ Forgery or Alterations Limit of Insurance: \$ _____

How are the organizations computers secured? _____

How are online login credentials secured? _____

Does anyone have access to an organization credit card (including debit cards)? ☐ Yes ☐ No

If yes, are they authorized to make online purchases? ☐ Yes ☐ No

Does anyone have access to the organizations accounts from home? ☐ Yes ☐ No

If yes, do they use an organization-issued computer, or a personal computer? ☐ Organization ☐ Personal

If they use an organization computer, are other household members barred from using it? ☐ Yes ☐ No

MONEY AND SECURITIES

Event Date of Event Limit Needed

_____ \$ _____

_____ \$ _____

GENERAL CRIME INFORMATION

Are internal account reviews conducted? ☐ Yes ☐ No

If yes, by whom and how often are accounts examined? _____

When were the accounts last examined? _____

Are Invoices or Requisitions, Check Registers and Bank Statements cross-checked against each other at reconciliation?

☐ Yes ☐ No

Do all checks require 2 signatures? ☐ Yes ☐ No

If No, do checks over a certain amount require 2 signatures? ☐ Yes in excess of: \$ _____ ☐ No

Are procedures in place requiring segregation of duties so that no single transaction can be fully controlled from organization to completion by one person? ☐ Yes ☐ No

CRIME (CONTINUED)

Do you prohibit employees who reconcile monthly bank statements from:

a. Signing Checks? ☐ Yes ☐ No

b. Making Withdrawals? ☐ Yes ☐ No

c. Handling deposits? ☐ Yes ☐ No

Do you maintain a list of authorized vendors? ☐ Yes ☐ No

Do you verify invoices against a corresponding purchase order, receiving report and/or vendor list prior to issuing payment?
☐ Yes ☐ No

Do you perform reference checks, including criminal history checks, on persons who frequently handle money? ☐ Yes ☐ No

EXCESS LIABILITY

☐ N/A

Limit of Insurance: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1,000,000 bodily injury by accident/\$1,000,000 bodily injury by disease/\$1,000,000 bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Effective Dates: _____ Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident
\$ _____ Bodily Injury by Disease
\$ _____ BI by Disease Policy Limit

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

ADDITIONAL INTERESTS

List any entities that need to be listed as Additional Insured, Loss Payee or Mortgagee along with their interest.

Loc. No.	Name & Address	Loss Payee	Mortgage-holder	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest				

CURRENT INSURANCE

Line of Business	Name of Insurer	Annual Premium
General Liability		\$
Professional Liability		\$
D&O / EPLI		\$
Cyber Liability		\$
Property		\$
Business Auto		\$
Crime		\$
Inland Marine		\$
Excess/Umbrella		\$
		\$

PRIOR LOSS INFORMATION

Have there been any claims or losses in the last 5 years?

☐ Yes ☐ No

If yes, please indicate all known claims and losses for the past 5 years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved. Attached separate pages if needed.

Date of Occurrence	Date of Claim	Type of Claim & Description of Occurrence	Amount Paid	Amount Reserved	Claim Status
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed
					<input type="checkbox"/> Open <input type="checkbox"/> Closed

SUBMISSION REQUIREMENTS

☐ Copies of current Declaration Pages

☐ Complete list of drivers including full name, date of birth, license number, state where individual is licensed & date of hire

NOTICE: THE EMPLOYMENT PRACTICES LIABILITY AND DIRECTORS & OFFICERS LIABILITY COVERAGE PARTS OF THE POLICY APPLIED FOR PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF ANY LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY FOR THE COVERAGE TO WHICH SUCH LIMIT APPLIES, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, SHALL APPLY TO THE DEDUCTIBLE. NOTICE: A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED. NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.

DIRECTORS & OFFICERS LIABILITY

Claims Made Limit: ☐ \$1,000,000 ☐ \$2,000,000 ☐ Other: _____
☐ Pending & Prior Litigation Exclusion: _____

EMPLOYMENT PRACTICES LIABILITY

Claims Made Limit: ☐ \$1,000,000 ☐ \$2,000,000 ☐ Other: _____
☐ Pending & Prior Litigation Exclusion: _____

☐ Shared Limit ☐ Separate Limits

GENERAL ORGANIZATION INFORMATION

A. Does the Applicant:

1. Currently have or previously had any disputes as to Applicant's tax exempt status? ☐ Yes ☐ No

If "Yes" to the above, attach a detailed explanation.

B. Has the Applicant experienced within the past year, or does it expect to experience in the next year, any:

1. Bankruptcy proceedings or reorganizations or arrangements with creditors under federal or state law? ☐ Yes ☐ No
 2. Location, facility, or office closings, consolidations or layoffs? ☐ Yes ☐ No
 3. Changes in its operations or services? ☐ Yes ☐ No
 4. Involuntary terminations of officers or senior employees? ☐ Yes ☐ No
 5. Breach/violation of loan agreement or other material contractual obligation? ☐ Yes ☐ No

If "Yes" to 1 through 5, attach a detailed explanation. For question 4, include details on reason(s) for change(s) or termination(s), and details on whether severance was paid or waivers signed.

C. Please complete the following information (for the current year):

Total Assets: _____ Total Liabilities: _____

If revenue > \$1MM, provide most recent IRS Form 990 (or audited financial statements).

EMPLOYMENT PRACTICES INFORMATION

A. Employee Count

Current Year

Previous Year

- | | | |
|---|-------|-------|
| 1. Full time employees: | _____ | _____ |
| 2. Part time employees: | _____ | _____ |
| 3. Employees located in CA: | _____ | _____ |
| 4. Involuntary terminations (past 12 months): | _____ | _____ |

B. Does the Applicant distribute and record the receipt of the below written procedures to all employees:

1. Equal Opportunity Employment? ☐ Yes ☐ No
 2. Prohibition of Discrimination and Sexual Harassment? ☐ Yes ☐ No

MANAGEMENT LIABILITY (CONTINUED)

LOSS/CLAIMS INFORMATION (DO NOT COMPLETE FOR RENEWALS)

- A. Regarding the coverage(s) applied for, has the Applicant given notice of any claim, circumstance, potential claim, or loss to any insurer during the past 5 years? ☐ Yes ☐ No

If "Yes" attach detailed explanation of all such claims, circumstances, potential claims and losses.

- B. Has the Applicant or any person or entity proposed for coverage been the subject of, or been involved in, any civil, criminal or administrative actions or proceedings during the past 5 years, including (but not limited to):

1. Anti-trust, membership denial, copyright or patent litigation? ☐ Yes ☐ No
2. Discrimination or harassment? ☐ Yes ☐ No
3. Any other civil, criminal or administrative actions or proceedings? ☐ Yes ☐ No

If "Yes" for 1 through 3 above, attach a detailed explanation.

- C. Regarding the coverage(s) applied for, has any insurer cancelled or refused to renew any such coverage(s) within the past 3 years? ☐ Yes ☐ No

(MISSOURI RESIDENTS SHOULD NOT ANSWER THIS QUESTION)

- D. Regarding the coverage(s) applied for, have there been any claims against any person or entity proposed for coverage that may fall within the scope of such coverages during the past 5 years? **If "Yes" attach a detailed explanation.** ☐ Yes ☐ No

PRIOR KNOWLEDGE – MANAGEMENT LIABILITY COVERAGE PARTS (DO NOT COMPLETE FOR RENEWALS)

Does any person or entity proposed for coverage have any knowledge of or information concerning any actual or alleged act, error, omission, fact or circumstance which may result in a claim that may fall within the scope of coverage applied for? If "Yes" attach a detailed explanation. ☐ Yes ☐ No

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA 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 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 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 TEXAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature: _____ Date: _____