



30 Park Avenue Manhasset, NY 11030  
Phone 516-365-7440 | Fax 516-365-9566  
[www.nifgroup.com/nifpro/](http://www.nifgroup.com/nifpro/)

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## **Non-Profit Organization Executive Protection and Employment Practices Liability Insurance Policy**

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THIS IS A CLAIMS MADE POLICY. UPON TERMINATION OF COVERAGE FOR ANY REASON, A SIXTY (60) DAY AUTOMATIC DISCOVERY PERIOD WILL APPLY. FOR AN ADDITIONAL PREMIUM AN ADDITIONAL THREE YEAR DISCOVERY PERIOD CAN BE PURCHASED. EXCEPT TO SUCH EXTENT AS MAY BE PROVIDED HEREIN, THE COVERAGE PROVIDED BY THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, THE AUTOMATIC DISCOVERY PERIOD, ANY APPLICABLE DISCOVERY PERIOD OR ANY RENEWAL. HOWEVER, MORE THAN ONE CLAIM INVOLVING THE SAME WRONGFUL ACT OR RELATED WRONGFUL ACTS OF ONE OR MORE INSURED SHALL BE CONSIDERED A SINGLE CLAIM, AND ONLY ONE RETENTION SHALL BE APPLICABLE TO SUCH SINGLE CLAIM. ALL SUCH CLAIMS, CONSTITUTING A SINGLE CLAIM SHALL BE DEEMED TO HAVE BEEN MADE ON THE EARLIER OF THE FOLLOWING DATES (1) THE EARLIEST DATE ON WHICH ANY SUCH CLAIM WAS FIRST MADE; OR (2) THE EARLIEST DATE ON WHICH ANY SUCH WRONGFUL ACT OR RELATED WRONGFUL ACT WAS REPORTED UNDER THIS POLICY OR ANY OTHER POLICY PROVIDING SIMILAR COVERAGE.

THERE IS NO COVERAGE FOR INCIDENTS THAT TOOK PLACE PRIOR TO THE RETROACTIVE DATE. NO COVERAGE WILL EXIST AFTER THE EXPIRATION OF THE AUTOMATIC DISCOVERY PERIOD, OR IF PURCHASED, THE ADDITIONAL DISCOVERY PERIOD, WHICH MAY RESULT IN A POTENTIAL COVERAGE GAP IF PRIOR ACTS COVERAGE IS NOT PROVIDED BY ANOTHER INSURER. DURING THE FIRST SEVERAL YEARS OF A CLAIMS MADE RELATIONSHIP, CLAIMS MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE INCREASES, UNTIL THE CLAIMS MADE RELATIONSHIP REACHES MATURITY.



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## Proposal Form For Non-Profit Organization Executive Protection and Employment Practices Liability Insurance

1. Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. The officer designated as agent of the Organization and all of the Insureds to receive any and all notices from the Insurer or an authorized representative concerning this insurance:

\_\_\_\_\_  
Name Title

3. Describe the Organization's purpose and the nature of operation(s):

\_\_\_\_\_

4. a. Date organized \_\_\_\_\_ b. Tax status: ☐ Taxable or ☐ Tax Exempt under of IRC Sec. 501(c) \_\_\_\_\_

5. a. Number of Employees \_\_\_\_\_ b. Annual Salary/Wages Expense \$ \_\_\_\_\_ c. Total Assets \$ \_\_\_\_\_

6. Please attach the following information on all Subsidiaries. If "None", please indicate: ☐ None

(a) Name; (b) Date of acquisition/creation; (c) Percent of control; (d) Nature of operation; (e) Operated for profit or non-profit; and (f) Name of parent organization. Please attach the most recent annual report or annual audit/examination or internal financial statement for each Subsidiary.

**COVERAGE IS NOT AUTOMATICALLY PROVIDED FOR ALL SUBSIDIARIES. TERMS AND CONDITIONS OF COVERAGE FOR SUBSIDIARIES ARE DETAILED IN SECTION III D OF THE POLICY.**

7. Provide the following information if a Condo/Homeowners Association: (If not, skip to question 8.)

a. Number of Units/Lots \_\_\_\_\_ b. Average Unit/Lot Value \_\_\_\_\_ c. % of Units/Lots Sold \_\_\_\_\_

d. Has control of the Association been transferred from the Builder/Developer? YES NO  
☐ ☐

e. If control has been transferred, does the Builder/Developer maintain any representation on the Association's Board of Directors or other governing body? If "Yes", please attach details. ☐ ☐

8. Have there been any changes in senior management (Executive Director, President, Executive Vice President, etc.) for reasons other than death, retirement at the normal retirement age or term limitations? If "Yes", please attach details. ☐ ☐

9. a. What was the approximate turnover rate for employees in the last twelve months? \_\_\_\_\_%

b. Did the turnover rate of employees exceed historical levels of the past five years? If "Yes", please attach details ☐ ☐

10. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed within the last three years? If "Yes", please attach details. ☐ ☐

11. Does the Organization or any proposed Insured perform any of the following:

a. Promote, sponsor or provide any form of insurance to members or non-members? ☐ ☐

b. Take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities? ☐ ☐

c. Engage in any labor negotiations? ☐ ☐

d. Provide any other professional services? ☐ ☐



- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| e. Engage in any business transactions with businesses which are controlled by any proposed Insured Persons ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Engage in any form of research, development or experimentation? <i>If "Yes", for any of the above, please attach details.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the Organization or any proposed Insured have knowledge of any Federal, State or local legal proceedings, investigations or claims against the Organization and/or any proposed Insured during the past five years? <i>If "Yes", please attach details.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**PERTAINING TO QUESTION 12, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 13. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? <i>If "Yes", please attach details.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.**

14. Current Executive Protection and Employment Practices Liability Insurance, Directors' & Officers' Liability Insurance or similar coverage (answer each item):

- |  |   |
|--|---|
| a. Carrier _____   | b. Limit _____                                    |
| c. Retention _____   | d. Policy Expiration _____                        |
| e. Premium _____   |   |
| f. Has any carrier refused, cancelled or non-renewed similar coverage? <i>If "Yes", please attach details.</i> | <input type="checkbox"/> <input type="checkbox"/> |
| g. Have any notices been provided to any previous carrier? <i>If "Yes", please provide details.</i>            | <input type="checkbox"/> <input type="checkbox"/> |

The undersigned President (or Executive Director) declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance, but it is agreed that this Proposal Form and any material submitted therewith are the representations of the proposed Insureds. It is further agreed that this Proposal Form and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this Proposal Form and any attachments thereto will be attached to and become a part of the Policy.

It is represented that the particulars and statements contained in this Proposal Form, including all materials submitted herewith, are true and are the basis of the Policy and are to be considered as incorporated in and constituting part of the Policy. However, the Policy shall not be voided or rescinded and coverage shall not be excluded as a result of any untrue statement in this Proposal Form, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

**INSURANCE FRAUD WARNING STATEMENT:** 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 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 (\$5,000.00) and the stated value of the claim for each such violation.

By \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR

Title \_\_\_\_\_

**\*A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.\***

**PLEASE NOTE: A copy of the Organization's latest annual report or annual audit/examination or internal financial statement must be provided at the time the completed Proposal Form is submitted. This Proposal Form, including any material submitted therewith, shall be treated in strictest confidence.**

Please submit this Proposal Form including documentation to:



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