



YOUTH GROUP ORGANIZATION SUPPLEMENTAL

Named Insured:
Location Address:
E-mail:
FEIN Number:
Person to contact for safety questions/mailings/info:
Web Address:
Risk Management Contact: Cell Phone: Email:

REQUIREMENTS FOR SUBMISSION

- Completed and signed/dated PHL Youth Group Organization Supplemental Application
- Completed ACORD Applications
- Currently valued insurance company loss runs for current policy period plus three (3) prior years
- Statement of Values (for blanket and agreed amount property coverage)
- Athletic Participants sample Waiver Forms
- Brochures / Promotional Materials

This application consists of the following sections. Complete all sections that apply. Some questions may not apply to Applicant's operations. In that case, please put an N/A in the space for the answer.

- | | |
|---|--|
| Section I - General Application Information | Section XII - Hired and Non-Owned |
| Section II - Management Practices | Section XIII - Day Care |
| Section III - Professional Liability | Section XIV - Camps |
| Section IV - Hiring / Screening | Section XV - Activities |
| Section V - Sexual Abuse | Section XVI - Trips / Field Trips / Travel |
| Section VI - Swimming Pools | Section XVII - Special Needs Participants |
| Section VII - Premises / Life Safety | Section XVIII - Facility Rental |
| Section VIII - Kitchen Exposure | Section XIX - Claims Made |
| Section IX - Security | Section XX - D & O / Employment Practice Liability |
| Section X - Automobile | Section XXI - Winter Weather Freeze-Up Protection |
| Section XI - Drivers | |

SECTION I - GENERAL APPLICATION INFORMATION

- Type of program:
Boys' / Girls" Club Camp Fire Councils Indian Guides Other:
Boy Scouts Girl Scouts JCC
- What are the Applicant's hours of operation? From: To:
Number of members: Number of active members: Staff to child ratio:
- How long has the Applicant's director been in his or her position with their facility?
How many total years experience does the director have as a facility director?
Does the director or any other employee train outside groups in anything, such as CPR or lifesaving? Yes No
If yes, describe:
- Does the Applicant loan or lease their director or employees to any other operations either owned or not owned? Yes No
If yes, explain who, how often, and for what purpose:

SECTION III – PROFESSIONAL LIABILITY

Hiring Practices

1. Does the Applicant require their staff (paid and volunteer) to complete an employment application? Yes No
If no, please explain:

2. Does the Applicant share written job descriptions with all staff members? Yes No
3. Name of executive director / manager: Yes No
Number of years experience in this field: Number of years at this facility:
Specialized training or education:
4. Are any staff members under eighteen (18) years of age? Yes No
If yes, list their position(s) and how they are supervised:
5. What is the staff turnover rate for the last twelve (12) months?
6. Does the Applicant provide workers compensation for:
All staff members Workshop Employees Contractors Consultants
7. Is the staff required to report to the administrator all incidences that may result in a claim? Yes No
If yes, is a written report kept? Yes No Are they reviewed? Yes No
8. Are clients referred to specialists when appropriate? Yes No
9. Are files maintained to protect confidentiality of clients? Yes No
10. Does the Applicant do any consulting work? Yes No
If yes, please explain:
11. Does the Applicant's current insurance program provide professional liability coverage? Yes No
If yes: Occurrence Claims Made – Retroactive date:
Limits: \$ Effective dates:
Carrier:
12. Annual Staffing – Employees, Independent Contractors and Volunteers
Total number of: Full time employees: Part Time Employees: Volunteers:

Staffing	# of Employees		# of Contracted		Total Annual Volunteer Hours Worked
	FT	PT	FT	PT	
Psychologist					
Medical Director (Admin Only)					
Nurse Practitioner					
Physician Assistant					
Pharmacist					
Paramedic EMT					
Psychiatrist					
Physician-Hospice					
Pediatrician					
Physician-No Surgery					
Dentist					
Optometrists/Ophthalmologist					
Licensed Social Worker					
Sociologist					
Registered Nurse (RN)					
Licensed Practical Nurse (LPN)					
Physical Therapist					
Optician					
Orthotics & Prosthetics (O&P) Certified Practitioner					
Counselor (Guidance, Vocational)					
Social Worker					
Occupational Therapist					
Speech Therapist					
Clergy / Rabbi / Pastor					

O&P Certified Technician					
Teacher					
Nutritionist / Dietician					
Residential Manager					
Home Health Aide					
Day Care Worker					
O&P Certified Fitter					
O&P Certified Assistant					
Adoptions					
Foster Care					
*Other (describe):					
*Other (describe):					

F/T = Full Time – over 20 hours per week/ P/T = Part Time – up to 20 hours per week.
 *Please describe “other” staff positions not listed in the above chart in the provided area.

13. If the Applicant is requesting primary medical professional coverage for any of above noted Physicians, Psychiatrists, Dentists or Opticians, the Applicant must submit a completed and signed Medical Professional application. Coverage for such professional is subject to Underwriting review and approval.
14. If the above noted employed or volunteer Physicians, Psychiatrists, Dentists or Opticians carry their own medical malpractice insurance, we may provide vicarious medical professional coverage for the entity as respects to the professional services rendered on the insured’s behalf. Coverage for the entity will require the following: The Professional’s name, medical license number, medical specialty and proof that the professional carries adequate limits of insurance (at least \$1million limit of liability). Proof of insurance may be satisfied by submitting a copy of the professional’s declaration page and/or certificate of insurance.

15. **Consultant / Independent Contractors**
 Are there written agreements with independent contractors? Yes No
 Are certificates of malpractice / professional liability insurance obtained and maintained for all contracted service providers (independent contractors)? Yes No
 Please indicate the limits of liability: \$

SECTION IV – HIRING / SCREENING

1. Are employees screened for drug, alcohol and sexual abuse? Yes No
2. Check all methods used in hiring all employees or independent contractors:

Drug Testing	Criminal Background Checks – Federal	Criminal Background Checks – State
Personal Interview	Reference Checks	Sexual Abuse Registry
Validate Education	Validate Work History	Verify Current Certification / Professional License
Validate Personal Auto Insurance and Limits (if operating owned vehicle during company hours)		
3. How are references checked: Written Verbal Both
 If verbal only, please explain:
4. Are all of the above methods done prior to hiring? Yes No
 If no, please explain:

SECTION V – SEXUAL ABUSE **N/A**

1. Does the Applicant’s current insurance program include Abuse and Molestation Coverage? Yes No
 If yes, Occurrence or Claims Made – Retro Date: Limit of Liability: \$
 Carrier: Effective Date:
2. Does the Applicant’s employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No
3. Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if the Applicant has incident of abuse? Yes No
4. Are there written complaint procedures and are they displayed prominently? Yes No
 If yes, explain:

- | | | | |
|-----|---|-----|----|
| 5. | Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? | Yes | No |
| 6. | Are formal written procedures in place for hiring? | Yes | No |
| 7. | Do volunteers work directly with clients? | Yes | No |
| 8. | Is there formal staff training on child/sexual abuse, including how to recognize the signs? | Yes | No |
| 9. | What procedures are in place to make sure no relationship occurs between staff and clients? | | |
| 10. | Are there procedures prohibiting closed door one-on-one meetings / counseling? | Yes | No |
| 11. | Is there more than one person responsible for the welfare of any single patient? | Yes | No |
| 12. | Have any incidents resulted in an allegation of sexual abuse? | Yes | No |
| | Was the case settled? Yes No Was the case taken to trial? | Yes | No |
| | Amount paid for damages to the victim: \$ | | |
| 13. | Does the Applicant run criminal background checks on employees? | Yes | No |
| 14. | Does the Applicant run criminal background checks on volunteers? | Yes | No |

SECTION VI – SWIMMING POOLS

N/A

- | | | | |
|-----|---|-----|----|
| 1. | Is there a trained lifeguard on duty? | Yes | No |
| | If yes, how many? During what hours? | | |
| 2. | The pool area includes: | | |
| | Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline | | |
| 3. | Is the pool completely fenced with a self-locking gate? Yes No If yes, what is the height? | | |
| 4. | Pool location: Indoor Outdoor | | |
| 5. | Is there a diving board? Yes No If yes, what is the height? | | |
| 6. | Are depths clearly marked? | Yes | No |
| 7. | Is life saving equipment readily accessible? | Yes | No |
| 8. | Is walking surface around the pool non-skid and in good condition? | Yes | No |
| 9. | Is the staff trained in water safety? | Yes | No |
| 10. | Are all areas of the pool, including the bottom, visible at all times? | Yes | No |
| 11. | Are “swim at your own risk” signs posted with pool rules? | Yes | No |
| | Do the posted rules meet state and local regulations? | Yes | No |
| 12. | Is the storage of pool chemicals secured? | Yes | No |
| 13. | How often is the pool cleaned? | | |
| 14. | Does the Applicant have specific guidelines regarding closing the pool due to water contamination? | Yes | No |
| 15. | Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa safety act? | Yes | No |
| | If no, provide time table and action plan: | | |

SECTION VII – PREMISES / LIFE SAFETY

- | | | | |
|----|--|-----|----|
| 1. | If the building you occupy was built prior to 1971; has it been inspected for lead paint? | Yes | No |
| | If no, what is the plan for abatement? | | |
| 2. | Does the property have aluminum wiring? | Yes | No |
| | If yes, has it been retrofitted with one of the PIC approved connectors by a licensed Electrician?(indicate which one):COPALUM? Yes No AlumiConn? | Yes | No |
| | Date updated: Please supply retrofit documentation or statement from installing contractor. | | |
| 3. | Has asbestos material been: | | |
| | determined not to be present removed or protected to prevent flaking? | | |
| 4. | Does the Applicant have any plans for renovations or new construction? | Yes | No |
| 5. | Does the Applicant’s facility exit directly to the outside? | Yes | No |
| | To ground level? | Yes | No |
| 6. | Are there any non-ambulatory clients? | Yes | No |
| | If yes, how many? Any located above the first floor? | Yes | No |
| 7. | Please indicate which of the following fire suppression devices are currently in use: | | |
| | Automatic Sprinkler System Central Station Fire Alarm System Smoke Detectors | | |
| | Manual Pull Fire Alarms Fire Extinguishers Other: | | |
| 8. | Are all areas of buildings with wet pipe sprinkler systems (hidden or unhidden) maintained at a minimum temperature of 40° F, and / or provided with proper insulation or heat tracing to prevent pipe freeze-ups? | Yes | No |

- | | | | |
|-----|--|--------------------------|----------------------|
| 9. | How many exits are there?
Are all exits clearly marked & illuminated? | Yes | No |
| 10. | Are all exit doors equipped with panic hardware? | Yes | No |
| 11. | Is there a fire escape?
If yes, please describe: | Yes | No |
| 12. | Does the Applicant have a written emergency evacuation plan?
If yes, are the emergency evacuations procedures and floor plan posted?
Has Applicant established a central meeting point outside the building?
Does the emergency plan include notification to the fire department?
How often are drills held? | Yes
Yes
Yes
Yes | No
No
No
No |
| 13. | Does the Applicant have emergency lighting or backup generators in the event of a power failure? | Yes | No |
| 14. | Does the Applicant have a formal maintenance housekeeping program in place? | Yes | No |
| 15. | Does the Applicant own or rent any parking facilities?
If yes, are they well lit? | Yes
Yes | No
No |
| 16. | Is the hot water heater set to a temperature of 120 degrees?
Does the Applicant have an equipment maintenance program in place? | Yes
Yes | No
No |
| 17. | Has the Applicant's facility been inspected by an insurance company or independent inspection firm?
If yes, by whom?
List any deficiencies and corrective actions in the past three (3) years: | Yes | No |
| 18. | Does the Applicant comply with board of health regulations and with building codes? | Yes | No |
| 19. | Are medical facilities, such as a first aid or nurse's station located on the premise? | Yes | No |
| 20. | Please indicate the dates of the latest updates regarding the following common hazards:
Electrical/Wiring: Plumbing: Heating:
Type of Heating:
Type of Roof: Age of Roof: | | |

SECTION VIII – KITCHEN EXPOSURE

N/A

- | | | | |
|----|--|-----|----|
| 1. | Is cooking permitted on the premises? | Yes | No |
| 2. | Is the actual cooking of food prepared and cooked by the staff? | Yes | No |
| 3. | Are there fire extinguishers in the cooking area available? | Yes | No |
| 4. | Is the cooking equipment: Residential Commercial | | |
| 5. | Cooking equipment is equipped with:
Nothing Hoods Ducts Exhaust Fans
Automatic Fire Suppression System Automatic Fuel shut off control | | |
| 6. | How often is the cooking equipment cleaned? | | |
| 7. | Is the cleaning equipment: Cleaned by Applicant Cleaning Contractor
If Applicant uses deep fat fryers, grills, or other cooking equipment other than a range, microwave or countertop electric heating device, please complete the following. | | |
| a. | Do all deep fat fryers have high limit switches? | Yes | No |
| b. | Does the extinguishing system have an accessible manual release control? | Yes | No |
| c. | List the brand name and age of the extinguishing system: | | |
| d. | Is the system U.L. listed? | Yes | No |
| e. | Is there an inspection / maintenance agreement?
If yes, what is the frequency? | Yes | No |
| f. | How often is the hood and ductwork professional cleaned? | | |
| g. | What is the frequency and method of cleaning hoods and grease filters? | | |
| h. | Are grills equipped with grease traps? | Yes | No |
| i. | Are all flammables and combustibles (like paper goods, etc.) stored separately from ignition sources (like cooking areas, propane, etc.)? | Yes | No |

SECTION IX - SECURITY

- | | | | |
|----|---|------------|----------|
| 1. | Does the Applicant have a written crisis management / emergency plan in effect?
Does the plan apply to both on-premises and off-premises situations? | Yes
Yes | No
No |
|----|---|------------|----------|

2. Describe the type of security measures currently in place to prevent the general public from gaining access to the building and the clients.
3. Has the Applicant ever received any citations or warnings issued by any governmental entity? Yes No
Please explain:

SECTION X - AUTOMOBILE

N/A

1. Are all vehicles listed on the ACORD application titled to the Applicant? Yes No
If no, please explain:
2. Where does the Applicant keep their owned vehicles?
Garage Driveway Parking Lot Other:
3. Are keys locked and secured away from non-drivers when not in use? Yes No
4. Are vehicles with eight(8) or more seating capacity equipped with an audible backup warning device? Yes No
5. Does the Applicant provide pickup or delivery of donated merchandise? Yes No
6. Does the Applicant provide transportation for:
Staff Clients / Residents Visitors / Public Meals
If yes for clients / residents, is more than one staff member required in the vehicle? Yes No
If yes for meals, what precautions do you take to prevent food spoilage?
7. Does the Applicant transport clients / consumers for other private or government agencies? Yes No
If yes, please explain:
- If yes, for a fee? Yes No
8. Does the Applicant provide transportation for field trips? Yes No
If the Applicant does not provide transportation, how is it provided?
- If vehicles are hired for field trips, are they hired with a driver? Yes No
9. Do employees/volunteers transport clients in their own vehicles? Yes No
If yes, how often?
10. Are vehicles checked after passengers disembark to make sure no one is left behind? Yes No
11. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair & passenger? Yes No
12. Does the Applicant require seat belts to be worn by all occupants? Yes No
13. Does the Applicant have a vehicle maintenance program in place? Yes No
14. Does the Applicant's organization utilize GPS fleet telematics devices? Yes No
If yes, please check off the fleet telematics being utilized:
Plug in Hard wired Mobile Phone Other:
15. What percentage of the Applicant's fleet is provided with these fleet telematics devices? %

SECTION XI - DRIVERS

N/A

1. Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? Yes No
Does the Applicant obtain MVRs on all drivers? Yes No If yes, how often?
2. What are the Applicant's procedures for dealing with driver accidents or violations?
3. Are all drivers at least twenty-one (21) years of age? Yes No
4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles?
5. Do any drivers have a Commercial Driver's License (CDL)? Yes No
6. Explain the Applicant's driver safety program:

7. Is training provided for new employees / volunteers prior to their transporting clients? Yes No
If yes, please explain:
8. Does anyone besides employees or volunteers drive the Applicant's vehicles? Yes No
If yes, please explain:
9. Does the Applicant allow personal use of the Applicant's agency vehicles? Yes No
If yes, by whom and for what reasons?

SECTION XII – HIRED AND NON-OWNED VEHICLES

N/A

1. Does the Applicant hire vehicles? Yes No
If yes, what type of vehicles does the Applicant hire?
- Does the Applicant obtain Certificates of Insurance from vehicle owners? Yes No
What minimum limits does the Applicant require? \$
2. Does the Applicant hire from a transportation company? Yes No
If yes, with drivers? Yes No
3. Total number of hired vehicles: _____ Annual cost of hire: \$ _____
4. How many of the following drive personal vehicles for business use regularly? F/T: P/T: Vol:
How many of the following drive personal vehicles for business use occasionally? F/T: P/T: Vol:
Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? Yes No
Does the Applicant update these records at least yearly? Yes No
What minimum limits does Applicant require? \$ _____

SECTION XIII – DAY CARE

N/A

LICENSING:

1. Is the center licensed? Yes No
2. If licensing is NOT required, why is the center exempt?
3. Has a license to operate ever been denied, suspended or revoked? Yes No
Attach a separate full explanation.
4. Has the Applicant ever been brought up for a compliance hearing? Yes No
If yes, explain thoroughly on a separate document.

STAFF AND CHILDREN: (The ratios of staff-to-children must be at least the state required ratio)

1. Based on the **maximum number** of children enrolled on your **busiest** day OR busiest session, enter the numbers of staff and children in each of the following age groups. *(Do not duplicate pre and after school children if they stay all day)*

CHILD AGE GROUP	# OF CARE PROVIDERS	# OF CHILDREN
Less than 18 Months		
18 - 30 Months		
31 Months - 4Years		
Above 4 Years		
Preschool (only)		
After school (only)		

2. Is any staff less than 18 years old? Yes No
Indicate specific duties for each on a separate document.
3. Does the Applicant use any volunteers? Yes No
Indicate specific duties for each on a separate document.

HEALTH:

- | | | | |
|----|---|-----|----|
| 1. | Does the Applicant provide sick child, drop-in, latch-key, boarding or camp services?
If yes, please explain: | Yes | No |
| 2. | How many children require special care and treatment?
Please explain: | | |
| 3. | Indicate if a file containing the following information is maintained on each child: | | |
| | a. Immunization records of the children being immunized successfully, and updated annually? | Yes | No |
| | b. Records for each child indicating unusual conditions the child has? | Yes | No |
| | c. Signed releases for emergency medical treatment/dispensing of medication obtained from parents? | Yes | No |
| | d. Written instructions from child's physician for dispensing of child's medication? | Yes | No |
| 4. | Is food properly covered, stored and served in accordance with applicable government requirements? | Yes | No |
| 5. | Does the Applicant have an accident/health policy? | Yes | No |
| | a. Is coverage mandatory for all children? | Yes | No |
| | b. Provide Carrier: | | |
| | c. Policy Term: Limits: \$ | | |

SECTION XIV - CAMPS

N/A

- | | | | |
|-----|--|-----|----|
| 1. | Is written permission and waiver of liability obtained from every child's parent or guardian? | Yes | No |
| 2. | Does the camp provide overnight services? Yes No If yes, what is the average length of stay? | | |
| 3. | Total number of days in operation annually: | | |
| 4. | Number of children at each camp: | | |
| 5. | Number of staff members at each camp: | | |
| 6. | What are the qualifications of staff working with children? | | |
| 7. | Are sleeping quarters co-ed? | Yes | No |
| 8. | Are restrooms / showers co-ed? | Yes | No |
| 9. | If well water, how often is it tested? | | |
| 10. | Indicate and describe if any of the following exposures exists in the camp operations: | | |
| | Obstacle course Rock climbing Motor boats Horses Lakes Guns | | |
| | Diving boards Water skiing Jet skis Archery Pools | | |

SECTION XV – ATHLETIC ACTIVITIES

- | | | | |
|----|---|-----|----|
| 1. | Does the Applicant obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants and obtained annually? | Yes | No |
| 2. | Are there procedures in place to verify that parents / guardians carry their own health insurance? | Yes | No |
| 3. | Are medical exams required for all participants in extra-curricular sports? | Yes | No |
| 4. | Are all instructors Applicant's employees? | Yes | No |
| 5. | Is someone who is trained in first aid always present during practices and games? | Yes | No |
| 6. | Is Student Accident Insurance carried?
If yes, what is the limit carried? | Yes | No |
| 7. | Does the Applicant have a written concussion management protocol that is compliant with current state legislation? | Yes | No |
| | a. Does the Applicant distribute the written protocol to coaches, parents, and players, and require the parent / guardian's acknowledgement that they have received and reviewed? | Yes | No |
| | b. Does the protocol include training in recognizing the signs / symptoms of a concussion or other closed head injury? | Yes | No |
| | c. Does the Applicant utilize base line testing?
Is the training required for all coaches and faculty involved in physical education or sports instruction? | Yes | No |
| | e. Does the protocol when a concussion is suspected require: | | |
| | i. removing the athlete or student from play? | Yes | No |
| | ii. evaluation by an appropriated healthcare professional? | Yes | No |

- iii. informing the athlete or students' parents / guardians about the possibility of a concussion and giving them information about concussions? Yes No
- iv. keeping the athlete or student out of play until an appropriate healthcare professional certifies that the athlete or student is symptom free and gives the OK for them to return to play? Yes No
- 8. Does the Applicant have any saddle animals or equestrian teams? Yes No
- 9. Does the Applicant have any swimming pools on the premises? Yes No
If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No

If no, provide time table and action plan:

- 10. Number of athletic trainers:
- 11. Is the Applicant compliant with the Zackery Lystedt law? **(only applicable in WA)** Yes No
- 12. Bleachers:

# of Outside:	Seating capacity:	How often inspected:
# of Inside:	Seating capacity:	How often inspected:
- 13. Are any of the following offered? (check all that apply)

Archery	Community Service	Martial Arts	Sky Diving
Baseball	Diving	Motorbikes/Minibikes	Snow Skiing
Basketball	Environmental Education	Motorcycles/ATVs	Soccer
Bicycle Trips	Equestrian	Mountain Biking or BMX	Softball
Boxing	Field Hockey	Paintball	Swimming
Bungee Jumping	Football (tackle)	Polo	Trampoline
Ceramics / Pottery	Football (touch or flag)	Rocketry, Model Rockets	Wall Climbing
Cheerleading	Go Karts	Roller Skating / In-Line Skating	Water Skiing
Climbing (Mountain, Rock or Wall)	Gymnastics	Rugby	Woodworking
Crew/ Rowing	Hiking / Backpacking	Scuba Diving	Wrestling
Cross Country Track	Ice Hockey	Skateboarding	
Other Unique Activities (Describe):			

Depending on the activities indicated additional Underwriting information may be necessary. Some activities may be excluded from coverage after our evaluation.

SECTION XVI – TRIPS / FIELD TRIPS / TRAVEL

N/A

- 1. How many trips are sponsored each year?
- 2. Are all trips within the United States, U.S. Territories, or Canada? Yes No
If no, where are trips taken?
- 3. Do any trips last more than one day? Yes No
If yes, describe duration, destination(s) and purpose:
- 4. What is the ratio of adult staff to participants by age group?
- 5. Are signed permission and waiver agreements obtained from the custodial parent(s) for all trips a participant takes? Yes No
If no, explain Applicant's procedure for permissions and waivers:
- 6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip? Yes No
- 7. Do all participants wear identification tags or identifiable clothing on all trips? Yes No
- 8. Does the Applicant hire an outside firm to arrange the trips? Yes No
- 9. Are participants allowed to drive their own cars on trips? Yes No

SECTION XX - DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY

N/A

**THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY.
PLEASE READ YOUR POLICY CAREFULLY.**

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If no, provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit
	%		
	%		
	%		

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
Any other criminal actions? Yes No
5. In the past 24 or next 12 months has the Applicant been, or anticipate being involved in any merger, acquisitions or consolidation with another entity? Yes No
If yes, please attach details.

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:

U.S. based employees:

Total Full-Time:

Total Part-Time:

Volunteers:

Temporary:

Leased:

Total Non U.S. based employees:

TOTAL SUM OF ABOVE:

2. Has a reduction in employees or change in of status occurred in the past 12 months or is anticipated in the next 12 months?

Voluntary:

Involuntary:

Layoffs:

3. Does the Applicant have an employment handbook that includes an "At Will" statement? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advice? Yes No
6. Does the Applicant have a full time, dedicated human resource staff? Yes No

7. Total number of current employees with annual compensation greater than \$100,000:

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

- With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage?
(Not Applicable in Missouri) Yes No
 If yes, please provide details:

- Has the Applicant given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance?
If yes, complete a Claim Supplemental for each incident. Yes No

- No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below.

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise? | Yes | No | N/A |
| | If yes, select required duties of the caretaker:
Regular walkthroughs of the building
i. How often each day?
Trained in the location(s) of water shut off valve(s)
Inspects taps and leaves them dripping in freeze weather events
Shuts off or drains pipes during freezing temperatures
Monitors building temperatures ensuring heat is maintained at required levels
Responds to power outages
i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
 Address of Applicant:
 City: State: Zip:
 Website: www:
 Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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 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.

APPLICABLE IN DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE: 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 A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE 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 CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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 THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)