



CONVELO
INSURANCE GROUP

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Issuing Company:

Lyndon Southern Insurance Company

10751 Deerwood Park Blvd.

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Jacksonville, FL 32256

NEW BUSINESS APPLICATION

FORTEGRA NOT FOR-PROFIT MANAGEMENT LIABILITY SOLUTION

NOTICE: THIS **APPLICATION** IS FOR A CLAIMS-MADE POLICY. AS SUCH, IT ONLY COVERS **CLAIMS** FIRST MADE AGAINST THE **INSURED** DURING THE **POLICY TERM**, (OR, IF APPLICABLE, THE **DISCOVERY PERIOD**), PURSUANT TO THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY. NOTICE OF A **CLAIM** MUST BE TIMELY REPORTED TO THE **INSURER** IN ACCORDANCE WITH THE NOTICE PROVISIONS OF THIS POLICY. PAYMENT OF **LOSS** (INCLUDING **DEFENSE COSTS**, SETTLEMENTS, OR AWARDS) SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION.

Application Instructions: Please carefully read and answer all questions. If a question is not applicable, state N/A in the space provided. This **Application** and all exhibits shall be held in confidence. Please read the policy for which this **Application** applies before completing and submitting this **Application**.

• Whenever used in this **Application** the term “**Applicant**” shall mean the **Company** identified in response to Section 1. Question 1. (And its wholly-owned/controlled subsidiaries) of this **Application**.

• The **Applicant** is required to complete Sections 1, 2, and 7 of this **Application**. **Applicant** should complete other applicable Section(s) for which coverage is desired. Refer to chart below.

Check Coverage Desired	Section	Requested Limit	Requested Retention
General Information	1	N/A	N/A
<input type="checkbox"/> Directors & Officers	2	\$	\$
<input type="checkbox"/> Employment Practices	3	\$	\$
<input type="checkbox"/> Fiduciary Liability	4	\$	\$
<input type="checkbox"/> Workplace Violence	5	\$	\$
<input type="checkbox"/> Internet Liability	6	\$	\$
General Summary	7	N/A	N/A

SECTION 1 – GENERAL INFORMATION (All Applicants must complete this section)

1. Name of **Applicant**: _____

2. Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Internet Address: www. _____

3. Date Established: _____ State of Incorporation: _____

4. Primary SIC code: _____ 4a. Federal Employer Identification (FEIN) #: _____

5. Please describe the nature of the **Applicant's** operations:

6. Does the **Applicant** have a tax-exempt status under the U.S. Internal Revenue Code? ☐ Yes ☐ No

If no, provide an explanation.

7. Executive officer designated to receive notices from the Insurer or the authorized representative concerning this insurance is:

Name	Title	E-mail Address
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8. If applicable, Number of Members: _____ Number of Chapters: _____

9. Does the **Applicant** publish any magazines, periodicals, or newsletters? ☐ Yes ☐ No

10. Is the **Applicant** involved in product research, product development, testing and/or certification? ☐ Yes ☐ No

11. Does the **Applicant** set standards for the qualification and performance and/or certify its members? ☐ Yes ☐ No

12. Does the **Applicant** engage in any disciplinary actions because of peer review activities? ☐ Yes ☐ No

13. Does the **Applicant** administer or sponsor any insurance programs for its members? ☐ Yes ☐ No

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
TOTAL ASSETS	\$	\$
NET ASSETS / FUND BALANCE	\$	\$
ANNUAL REVENUE	\$	\$
NET REVENUE	\$	\$

Please attach the most recent annual financial audit or 990 forms.

SECTION 2 – DIRECTORS AND OFFICERS (All **Applicants** must complete this section)

1. Directors and Officers Liability Insurance has been continuously in force since: _____

2. 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: _____

Circle if Additional entities listed by attachment.

3. 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

Anti-trust, copyright, or patent litigation? ☐ Yes ☐ No
Any disciplinary action by any regulatory agency or association? ☐ Yes ☐ No
Any action where a license was revoked or suspended? ☐ Yes ☐ No
Any administrative proceeding charging violation of a federal or state law or regulation? ☐ Yes ☐ No
Any other criminal actions? Yes OR No

If yes to any part of Question 3, attach a full description of the details. It is agreed that with respect to Question 3, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.

4. In the past twenty-four (24) months or the next twelve (12) months, has the **Applicant** been, or anticipate being involved in any of the following?

Mergers, acquisitions, or consolidation with another entity? ☐ Yes ☐ No
Changes in the board of directors or senior management (other than death or retirement)? ☐ Yes ☐ No

If yes to any part of Question 4, attach a full description of the details.

5. Does the **Applicant** direct or request any individual to serve as director, officer, governor, or trustee of any other entity? If yes, please attach a full description of the details. ☐ Yes ☐ No

SECTION 3 – EMPLOYMENT PRACTICES (only complete if Employment Practices Liability coverage is desired.)

1. Employment Practices Liability Insurance has been continuously in force since: _____

2. Please provide the following employee count information:

	Currently	One Year Ago	Two Years Ago
U.S. based employees/volunteers:			
Full Time employees:			
Part Time employees:			
Temporary employees:			
Volunteers:			
Non U.S. based employees/volunteers:			
TOTAL SUM OF ABOVE:			

3. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary: _____ Involuntary: _____ Laid Off: _____ Demoted: _____

4. Is any reduction of employees or change of status anticipated in the next year?

Voluntary: _____ Involuntary: _____ Layoffs: _____ Demotions: _____

5. Does the **Applicant** have an employment handbook? ☐ Yes ☐ No
6. Does the **Applicant** use an employment application for every potential employee? ☐ Yes ☐ No
7. Does the **Applicant** have an "At Will" provision in the employment application or handbook? ☐ Yes ☐ No
8. Has the **Applicant** implemented an anti-sexual harassment policy? ☐ Yes ☐ No
9. Has the **Applicant** implemented an anti-discrimination policy? ☐ Yes ☐ No
10. Does the **Applicant** use outside employment counsel for employment advise? ☐ Yes ☐ No

SECTION 4 – FIDUCIARY LIABILITY (Complete this section only if Fiduciary liability coverage is desired.)

1. Fiduciary Liability Insurance has been continuously in force since: _____

2. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Plan Assets/Contributions	Plan Type *	Plan Participants	Administrator	Plan Funding Percent (DB Only)

*Types of Plans:

Employee Welfare Benefit Plan (as defined by ERISA) = WB

Defined Contribution Plan (as defined by ERISA) = DC

Defined Benefit Plan (as defined by ERISA) = DB

Employee Stock Ownership Plan = ESOP

3. Does any plan(s) employ the investment, trustee, actuarial, legal, administrative, custodial or benefits consulting services of any outside provider? If yes, please attach details. ☐ Yes ☐ No

4. Has termination been requested or contemplated for any plan? ☐ Yes ☐ No

5. Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to, an increase in participants' portion of cost? If yes, please attach details. If there has been any amendment(s), please attach copies. ☐ Yes ☐ No

6. Has any plan been spun-off (sold), transferred or terminated? If yes, please attach details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance. ☐ Yes ☐ No

7. Are there or have there been within the last three (3) years any known or alleged violations of ERISA or any similar statutory or common law (including applicable amendments, rules, and regulations) of the United States, Canada or any state or other jurisdiction to which a plan is subject? If yes, please attach details. ☐ Yes ☐ No

8. Does the **Applicant** have any information to suggest or indicate that any of the plans it sponsors may be under governmental or regulatory investigation regarding the applicable plan's funding, administration, or investment strategies? If yes, please attach details. ☐ Yes ☐ No

9. Is Form 5500 filed on an annual basis for each plan? If yes, provide a copy of the most recent 5500; If no, please attach details. ☐ Yes ☐ No

SECTION 5 – WORKPLACE VIOLENCE (Complete this section only if Workplace Violence coverage is desired.)

Please attach a copy of your employee and customer complaint/grievance procedures.

1. Workplace Violence Insurance has been continuously in force since: _____
2. The **Applicant's** total number of work locations: _____
3. The **Applicant's** total number of employees: _____
4. Does the **Applicant**:

have an employee assistance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have a progressive disciplinary policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have an employee complaint/grievance resolution procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have a written policy on workplace violence that is circulated to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
train employees to recognize, report, and respond to potentially hostile situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
have a process for performing background checks for all potential employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. In the past twelve (12) months, has the **Applicant** been involved with any layoffs, staff reductions, or facility closings?
Yes No If yes, please attach details.

6. In the next twelve (12) months, does the **Applicant** contemplate any layoffs, staff reductions, or facility closings?
Yes No If yes, please attach details.

7. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any incidents of workplace violence in the last five years? Yes No If yes, please attach details.

SECTION 6 – INTERNET LIABILITY (Complete this section only if Internet Liability coverage is desired.)

1. Internet Liability Insurance has been continuously in force since: _____
2. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

Internet site address	Date on-line	Average page views per month
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Does the **Applicant** conduct transactions (e-commerce) on the site or is the site informative only?

Transactional / E-commerce (Please complete questions 4, 5 & 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informational Only (Please go to question 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Transaction/E-commerce and Informational (Please complete questions 4, 5, & 6)	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. The **Applicant's** projected annual gross revenues from the internet site: \$ _____
5. Please describe the type and purpose of the transactions performed on the site: _____
6. What percentage of monthly page views on the **Applicant's** internet site originates outside the U.S. and Canada?
____%

7. Does the **Applicant** have a review process in place to screen material, including but not limited to digitized content, for the following offences prior to any dissemination, publication, broadcast, utterance, or distribution? (Check all that apply)

Copyright Infringement	<input type="checkbox"/>	Privacy Violations	<input type="checkbox"/>
Libel or Slander	<input type="checkbox"/>	Domain Name Infringement	<input type="checkbox"/>
Trademark Infringement	<input type="checkbox"/>	Violation of rights of publicity	<input type="checkbox"/>

8. Does the **Applicant** website include chatrooms, bulletin boards, or otherwise allow users to post or upload content? ☐ Yes ☐ No

If Yes:

- | | |
|---|--|
| A. Is such content reviewed prior to publication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Is there a procedure to review content after publication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Is there a procedure to remove infringing, libelous, or otherwise controversial materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Are employees or other users able to post material to web log? (aka "blog") | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 7 – GENERAL SUMMARY (All Applicants must complete this section.)

1. 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? ☐ Yes ☐ No If yes, complete a Claim Supplemental for each incident.

2. Is any **Applicant** aware of any fact or circumstance involving any Applications that he or she has reason to suppose might give rise to a future Claim within the scope of any of the proposed coverages for which the **Applicant** has applied? ☐ Yes ☐ No If yes, provide full details for each allegation, even if the matter has since been settled or otherwise resolved, by providing the following information by attachment: (a) date allegation was first made, (b) status; (c) demand amount; (d) remedial action taken.

3. Current Coverage

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

4. With respect to the above coverage, has any insurance carrier refused, canceled or non-renewed coverage? (Not applicable in Missouri) ☐ Yes ☐ No If yes, provide details below.

FRAUD WARNINGS

FRAUD WARNING: Any person that knowingly and with the intent to defraud any insurance company or other person files an insurance application or claim statement containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable to Oregon.)

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer 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.

FRAUD WARNING ~ APPLICABLE IN NEBRASKA, OREGON & VERMONT: Any person that intentionally presents a materially false statement in an insurance application may be guilty of a criminal offense and subject to penalties under state law.

NEW YORK FRAUD WARNING: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING ~ APPLICABLE IN TENNESSEE, VIRGINIA & 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.

FRAUD NOTICE STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person that knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant regarding a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person that 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.

NOTICE OF LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person that knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement to prison.

NOTICE TO MINNESOTA APPLICANTS: A person that files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person that, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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 RHODE ISLAND 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.

SIGNATURE

The undersigned declares that, to the best of his/her knowledge, the statement made in this application are true and complete. Although signing this application does not obligate the undersigned to bind this insurance, it is agreed that this application shall be the basis of the contract should an insurance policy be issued, and this application will become a part of such policy. The Insurer is hereby authorized to make any investigation and/or inquiry in connection with this application as it deems necessary.

The undersigned represents that the statements and representations contained in the application for the proposed policy and any material submitted herewith (which shall be retained on file by the Insurer, and which shall be deemed attached hereto, as if physically attached hereto), are the basis for this proposed policy and are to be considered as incorporated into and constituting a part of the proposed policy.

It is agreed that, if prior to the effective date of the proposed policy, there is any material change in any of the answers to the questions contained herein, Applicant will immediately notify the Insurer of such change and the Insurer may, at its sole discretion, modify or withdraw any outstanding quotation or binder.

It is agreed that if there is any misstatement, omission, or untruth in this application, or any of the material submitted in connection with this application, the Insurer has the right to exclude from coverage any claim based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving such misstatement, omission or untruth.

<div></div>	
<div></div> Name (Please Print/Type)	<div></div> Title (must be signed by the President, Chairman or Executive Director)

<div></div>	
<div></div> Signature	<div></div> Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date