

**NON-PROFIT ORGANIZATION BLUE CHIP POLICY
STREAMLINED APPLICATION**
(Directors and Officers Coverage for small organizations with no employees)

General Information

Please check one: **New Business** **Renewal** (Expiring policy number: _____)

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Nature of Business: _____

Applicable to condominium or homeowners associations only:

Does the builder or developer maintain board representation? Yes No

Qualifying Information

To use this application, ALL OF THE FOLLOWING MUST APPLY. Please check all that apply. If any of the following statements do not apply, please complete the appropriate application **BC 007** (new business) or **BC 008** (renewal.)

- Tax Exempt Status applies. Please complete: 501(c) _____.
- In business at least two years. In business since _____.
- The organization has no subsidiaries.
- The organization has no employees.
- The organization has had no claims which would fall under the scope of this insurance in the last 3 years.
- Total Assets do not exceed \$1,000,000.
- Annual Revenues do not exceed \$250,000. Total Annual Revenues are \$ _____.
- The organization is currently in a positive equity position. The Equity is \$ _____.

Please Note: If all of the above qualifiers apply, it will increase the likelihood of qualification under this application, but we reserve the right to request additional information when deemed necessary.

Coverages Requested

Directors, Officers, Trustees and Organization Liability Coverage:

\$1,000,000 \$2,000,000

Employment Practices Liability Coverage including Third Party Liability:

(Note: Volunteers meet the definition of "employee".)

\$1,000,000 \$2,000,000 (EPLI limit may not exceed D&O limit.)

If both coverage parts are desired, please select one of the following options:

- Separate Limits**
- Shared Limit** (D&O and EPLI limits must match.) A premium discount of 10% applies to this option.

Applicable to new applicants only:

Requested Effective Date: ____/____/____

Do you have the insurance coverage listed below?

Coverage Type	Yes	No	Insurer	Limit	Deductible	Policy Period	Premium
D&O	<input type="checkbox"/>	<input type="checkbox"/>					
EPLI	<input type="checkbox"/>	<input type="checkbox"/>					

Prior Knowledge / Warranty Declarations
 (If you are a renewal applicant with CIC who is seeking the same limits as expiring, skip this section.)

This section should only be completed by the following applicants:

- New applicants for D&O Coverage with The Cincinnati Insurance Company (CIC).
- Renewal applicants for D&O Coverage with CIC who are requesting EPLI for the first time.
- Renewal applicants with CIC who are seeking increased limits for D&O and/or EPLI. For these insureds, this warranty shall apply only to limits purchased in excess of the expiring policy limits.

1. Has the applicant given written notice under any prior policy(ies) (with coverage similar to what is being applied for under this application) of specific facts or circumstances which might give rise to a claim, which would have fallen within the scope of such insurance, against any insured proposed for insurance under this application?

- No Yes (If "Yes", provide details below.)
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2. Is any person proposed for this insurance cognizant of any act, error, or omission which he/she has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance?

- No Yes (If "Yes", provide details below.)
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No fact, circumstance or situation indicating the probability of a claim or action against which indemnification would be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance for the purpose of this application warrants that to the best of his knowledge the statements herein are true; and it is agreed that this application shall be the basis of the contract and be deemed incorporated therein should the insurer evidence its acceptance of this application by issuance of a policy. This application will be attached to and will become part of such policy, if issued.

Fraud Statements

APPLICABLE IN ALABAMA

Any person who 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.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE 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 HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who 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 in prison.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO

Any person who, 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.

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 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.

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, CO, DC, FL, HI, KS, MA, MD, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

**Signature Section
(All applicants must complete.)**

The Cincinnati Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorizes the release of claim information from any prior insurer to The Cincinnati Insurance Company.

Signing this application does not bind the Organization or The Cincinnati Insurance Company to complete the insurance.

PLEASE REVIEW CAREFULLY. Except to such extent as may be otherwise in the policy, the policy for which this application is being made is limited for ONLY CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE.

Applicant's Signature (Chairman of the Board, President or Comparable officer)

Date

Printed Name

Title

Agent's Signature

Date

Agency Name

Agency Code Number