

Not-For-Profit Management Liability New Business Appendix

SOME COVERAGES IN THE POLICY FOR WHICH YOU ARE APPLYING ARE CLAIMS-MADE, AND THEREFORE WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO THE INSURER IN ACCORDANCE WITH THE POLICY. IN ADDITION, THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS UNDER THE POLICY FOR WHICH YOU ARE APPLYING WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

The **Applicant** is applying for coverage which will be offered through once of the following American Family Mutual Insurance Company, S.I., affiliates, Midvale Indemnity Company (a Licensed Insurer), or Homesite Insurance Company, Homesite Insurance Company of Florida (when in Florida; Homesite Assurance Company) (Surplus Line Insurers).

"**Applicant**" means the proposed Named Organization and all Subsidiaries, or other entities for which Coverage is sought.

Named Organization: _____

Appendix A – Section I. General Information

Question 4. d.

Request to include Coverage for any for-profit subsidiaries or entities that are less than 50% owned by the **Applicant**:

Entity Name	% Owned by Applicant	Relationship to Applicant	Year Established	Description of Operations	Entity Type*

* Subsidiary (S) Joint Venture (JV) Affiliate (A) Other (O) - specify

Appendix B – Section VI. Employment Practices Liability

Question 4. h.

Please answer the following questions if the **Applicant** ever used any technology to collect, store and/or disclose Biometric Identifiers or biometric information to identify any individuals as to any employees, including all temporary or leased employees, volunteers, seasonal employees and/or or independent contractors.

- Did the **Applicant** obtain each employee's written consent in connection with the collection, storage, use and disclosure of biometric information prior to the collection of Biometric Identifiers? Yes No
- Did each written consent specify the purpose and length of term for which Biometric Identifiers were being collected, stored, and used? Yes No
- Did each written consent include a release that explained to the employee that the release is a condition of employment? Yes No
- Did the **Applicant** have a written policy available to the public addressing the collection, storage, and retention of Biometric Identifiers at all times that Biometric Identifiers were being collected, stored and/or retained? Yes No
- To the extent that the **Applicant** is collecting, storing, and retaining Biometric Identifiers, is it being done in compliance with the reasonable standard of care of the **Applicant's** industry and the storage is the same or more protected as the manner in which the **Applicant** stores and protects other confidential and sensitive information? Yes No

If any of the questions above are answered No, please attach an explanation.

Appendix C – Section VII. Fiduciary Liability— Excessive Fee Questionnaire

Question 3.

Please complete for each Defined Contribution Plan if total plan assets proposed for Coverage exceed \$250M.

1. How many recordkeepers does the plan have?

2. How is the recordkeeper compensated (i.e. flat fee, percentage of assets under management/revenue sharing with compensation to the plan, percentage of assets under management/revenue sharing without compensation to the plan)?

3. What is the number of options offered in the plan investment line-up and how many have expense ratios greater than 55 basis points?

4. How often do you evaluate your plan investments (including selecting, monitoring and changing plan investments)?

5. Do you have any proprietary funds? Yes No

6. Is there any revenue sharing in the plan? Yes No

If Yes, please provide an explanation including if there are any caps and if any revenue sharing that is received used to subsidize or reimburse any participant fees in the plan?

7. Does the **Applicant** pay for any part of the recordkeeping fee on its own (unsubsidized or reimbursed from the plan or any revenue sharing in the plan)? Yes No

If Yes, please provide an explanation.

7. Do you offer any index funds? Yes No

If No, please provide an explanation.

8. Do you offer the least expensive share class available to the plan? Yes No

If No, please provide an explanation.

9. Is your GC or Head of Human Resources/Benefits aware of any communications by a law firm regarding the plan fees? Yes No

If Yes, please provide an explanation.

Insurance Fraud Notices

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. Please see state specific fraud language below:

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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 FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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 KY, NY, OH, and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.*Applies in NY Only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits.*Applies in ME Only.

Applicable in NJ: 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 OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Representations and Signature

By signing this Application, the **Applicant** represents the following:

1. The statements in the Application furnished to the Insurer are true, accurate and complete;
2. Those statements furnished to the Insurer are representations the **Applicant** makes on behalf of all proposed Insureds;
3. Those representations are a material inducement to the Insurer to provide a Quotation;
4. If a policy is issued, the Insurer will have issued this Policy in reliance upon those representations;
5. The **Applicant** agrees to notify the Insurer of any material change in the **Applicant's** condition or in the **Applicant's** activities, services, or answers provided in this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued; and
6. The Insurer reserves the right, upon receipt of such notice, to change or rescind any Quotation previously offered by the Insurer.

THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE NAMED INSURED SHOWN IN QUESTION 1. OF THIS APPLICATION, AS THE AUTHORIZED REPRESENTATIVE OF ALL INDIVIDUALS AND ENTITIES FOR WHICH COVERAGE IS SOUGHT UNDER THE INSURANCE POLICY APPLIED FOR.

Name of **Applicant's** Authorized Representative:

Title: _____

Signature: _____

Date: _____

Agent/Broker Name: _____

Consent of Electronic Signature

By signing above, you consent to and are signing this Application of Insurance "Application" electronically using any device means or action. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Application and that no certification authority or other third-party verification is necessary to validate your electronic signature.