



Christian Foundation Center of America
706 N. Lindenwood Drive, Olathe, Kansas 66062
Phone - 913-782-5008; 913-424-4937, Fax - 913-227-0254

APPLICATION FOR
NOT-FOR-PROFIT ORGANIZATION DIRECTORS & OFFICERS LIABILITY INSURANCE
EMPLOYMENT PRACTICES LIABILITY INSURANCE
FIDUCIARY LIABILITY INSURANCE
WORKPLACE VIOLENCE COVERAGE
INTERNET LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY
[For Members of Christian Foundation Center of America]

SECTION 1 - GENERAL INFORMATION

1. Name of Parent Organization: _____

2. Address: _____

Telephone: (____) _____ Internet Address: www. _____

Billing Contact Name: _____

3. Standard Industrial Classification (SIC) #: _____ Federal Employer Identification (FEIN) #: _____

4. Date Established: _____ State of Incorporation: _____ Number of Members: ____ Number of Chapters: ____
Yes No

5. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? [] []

FINANCIAL INFORMATION

Table with 3 columns: Category, Current Year, Previous Year. Rows include Total Assets, Net Assets / Fund Balance, Annual Revenue, and Change in Net Assets.

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

SECTION 2 – DIRECTORS and OFFICERS

Directors and Officers Liability Insurance has been continuously in force since: ____/____/____

SECTION 3 – EMPLOYMENT PRACTICES

Please provide the following employee count information:

	Currently
U.S. based employee/volunteers:	
Full Time:	_____
Part Time:	_____

SECTION 4 – GENERAL SUMMARY

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

2. 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 this scope or any of the proposed coverage's for which the **Applicant** has applied, except: None or as noted below: (provide attachment if necessary)

3. Current Coverage

COVERAGES	Underwriter (Insurance Carrier)	Limit of Liability	Deductible	Policy Effective Dates	Premium
D&O					
EPLI					
Fiduciary					
Workplace Violence					
Internet Liability					
General Liability					
Professional Liability					

With respect to the above coverage's, has any Underwriter refused canceled or non-renewed coverage?

(Not Applicable in Missouri) Yes No (If yes, provide details)

BUSINESS OWNERS INSURANCE APPLICATION

1. Only office-based businesses are eligible for this Business Owners Insurance Policy. Is the applicant's business based in an office setting? Yes No (If "no", please do not complete the remainder of the application)

2. This Business Owners Policy will not include Building coverage. Please confirm that coverage is not needed.
 Building Coverage is not needed Building Coverage is needed (If Building Coverage is needed please do not complete the remainder of the application.)

3. This Business Owners Policy may only be offered to applicants who occupy less than 5,000 square feet of office space. Do you occupy less than 5,000 square feet of office space?
 Yes No (If "no", please do not complete the remainder of the application)

4. The precise name of the Applicant Firm, which is submitting this Application:

Please attach a sample of your letterhead, which must precisely match the above name.

5a. Please indicate limits desired for the following coverage's:

Liability and Medical Expenses	Fire Legal Liability	Tenants Liability	Hired/Non-Owned Auto	Valuable Papers	Money and Securities	Interior Glass
\$	\$	\$	<input type="checkbox"/> <i>Desired</i> <input type="checkbox"/> <i>Not Desired</i>	\$	\$	\$
Building	Contents	Employee Dishonesty	Computer Hardware	Computer Software	Signs	Mechanical Breakdown
[Not Available]	\$	\$	\$	\$	\$	\$

5b. Please indicate the deductible desired: \$ _____

6. Please indicate the following characteristics of the insured premises:

Interest	Year Built	Square Feet	% Occupied	Smoke Detectors Present ?	Type Construction	Sprinklers Present ?
<input type="checkbox"/> <i>Rent</i> <input type="checkbox"/> <i>Own</i>			%	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>		<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

7. Please list any entities that the applicant desires to have listed as additional insureds on the policy and the nature of their interest in the policy:

Entity	Interest in Policy/Relationship to Insured

4. Signature

The Undersigned warrants that to the best of his/her knowledge and belief that statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of the Application does not bind the Undersigned to purchase the insurance nor does the review of the Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application will be attached and become a part of the policy.

Name: _____ Title: _____
(Please Print) (President, Chairman or Executive Director)

Date: _____ Signature: _____

The Above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.