

**NATIONAL UNION
FIRE INSURANCE COMPANY
OF PITTSBURGH, PA.**

A CAPITAL STOCK COMPANY
(Herein called the Company)

ADMINISTRATIVE OFFICES
70 PINE STREET NEW YORK, N.Y. 10270

**ASSOCIATION PROFESSIONAL LIABILITY
RENEWAL APPLICATION**

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant: _____

Address: _____

2. Limit of Liability Desired: \$250,000 \$500,000 \$1,000,000

3. Deductible: \$500 \$1,000 \$2,500 \$5,000 Other: _____

4. Briefly describe the functions, purpose and general operations of the association:

5. a) Number of members: _____
 b) Number of directors and officers: _____
 c) Number of staff members: _____

6. Indicate gross revenues:

- a) Last year: _____
b) This year: _____

7. a) Does the association publish any magazines, periodicals or newsletters? YES NO
If so, attach a sample of each.

b) Does the association publish a technical manual? YES NO If so, describe:

8. Please answer each of the following and attach details of any “yes” answer.

- | | YES | NO |
|---|------------------------------|-----------------------------|
| a) Does applicant provide a referral service, legal aid service, or computer service to its members or the public? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b) Does applicant promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c) Does applicant promote, sponsor or provide any form of insurance to its members or non-members? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d) Does applicant act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e) Is applicant engaged in any form of research, development, experimentation or testing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f) Does the applicant act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g) Does the applicant take any disciplinary action or recommend disciplinary action as a result of peer review group activities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h) Does applicant develop standards used to evaluate the quality of goods, manufactured products or services rendered? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

9. Does the applicant maintain primary personal injury coverage (libel, slander, etc.)? YES NO

10. Does the applicant maintain directors and officers liability coverage? YES NO

11. Please attach one copy of each of the following:

- Membership Brochure
- Association’s Constitution and By-Laws
- Current Annual Report

This application does not bind and applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy.

The undersigned authorized officer of the association hereby represents that to the best of his knowledge the statements set forth in this application are true. If the information supplied on this application changes between the date of the application and the time when the policy is issued the applicant will immediately notify the Company.

| | |
|-----------------|------------------|
| PRODUCER: _____ | APPLICANT’S |
| ADDRESS: _____ | SIGNATURE: _____ |
| _____ | TITLE: _____ |
| | DATE: _____ |

Check here if you are interested in securing information regarding Pension Trust Insurance for your liability under the Employee Retirement Income Security Act of 1974 (ERISA).

FOR NEW YORK APPLICANTS: 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.

FOR OHIO APPLICANTS: 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.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and maybe completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

INSURED: _____

BY: _____

TITLE: _____

DATE: _____