



**Renewal Proposal Form For
Non-Profit Organization
Executive Protection and
Employment Practices Liability
Insurance**

1. Name of Organization _____

Principal Address _____

City _____ State _____ Zip Code _____

2. The officer designated as agent of the Organization and all of the Insureds to receive any and all notices from the Insurer or an authorized representative concerning this insurance:

Name	Title
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3. a. Number of Employees _____ b. Annual Salary/Wages Expense \$ _____ c. Total Assets _____

4. Provide the following information on all Subsidiaries. If "None", please indicate: None
 (a) Name; (b) Date of acquisition/creation; (c) Percent of control; (d) Nature of operation; (e) Operated for profit or non-profit; and (f) Name of parent organization. Please attach the most recent annual report or annual audit/examination or internal financial statement for each Subsidiary.

COVERAGE IS NOT AUTOMATICALLY PROVIDED FOR ALL SUBSIDIARIES. TERMS AND CONDITIONS OF COVERAGE FOR SUBSIDIARIES ARE DETAILED IN SECTION III D.

5. Provide the following information if a Condo/Homeowners Association: (If not, skip to question 6)

a. No. of Units/Lots _____ b. Average Unit/Lot Value _____ c. % of Units/Lots Sold _____

	YES	NO
d. Has there been any change in control of the Association or representation of the Builder/Developer on the Association's Board of Directors or other governing body during the last Policy Period? <i>If "Yes", please attach details.</i>	<input type="checkbox"/>	<input type="checkbox"/>

6. Has there been any change in the Organization's legal structure, purpose(s), tax status or the nature of operations during the Policy Period? <i>If "Yes", attach details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Have there been in the last Policy Period any changes in senior management (Executive Director, President, Executive Vice President, etc.) for reasons other than death or retirement at the normal retirement age or term limitations? <i>If "Yes", please attach details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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8. a. What was the approximate turnover rate for employees in the last twelve months? _____%

b. Did the turnover rate of employees exceed that from the previous Policy Period? <i>If "Yes", please attach details</i>	<input type="checkbox"/>	<input type="checkbox"/>
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9. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed during the last Policy Period? <i>If "Yes", please attach details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Does the Organization or any proposed Insured perform any of the following:

a. Promote, sponsor or provide any form of insurance to members or non-members?	<input type="checkbox"/>	<input type="checkbox"/>
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b. Take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities?	<input type="checkbox"/>	<input type="checkbox"/>
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c. Engage in any labor negotiations?	<input type="checkbox"/>	<input type="checkbox"/>
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d. Provide any other professional services?	<input type="checkbox"/>	<input type="checkbox"/>
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e. Engage in any business transactions with businesses which are controlled by any Insured Persons?	<input type="checkbox"/>	<input type="checkbox"/>
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YES NO

f. Engage in any form of research, development or experimentation? *If "Yes", for any of the above, please attach details*

The undersigned President (or Executive Director) declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance, but it is agreed that this Proposal Form and any material submitted therewith are their representations and that they are material. It is further agreed that this Proposal Form and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this Proposal Form and any attachments thereto will be attached to and become a part of the Policy.

It is represented that the particulars and statements contained in the Proposal Form are true and are the basis of this Policy and are to be considered as incorporated in and constituting part of this Policy. However, this Policy shall not be voided or rescinded and coverage shall not be excluded as a result of any untrue statement in the Proposal Form, except as to the Organization, its Subsidiaries and those Insured Persons making such untrue statement or having knowledge of its untruth.

By _____ Date _____
SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR

Title _____

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

PLEASE NOTE: A copy of the Organization's latest annual report or annual audit/examination or internal financial statement must be provided at the time the completed Proposal Form is submitted. This Proposal, including any material submitted therewith, shall be treated in strictest confidence.

Please submit this Proposal Form including documentation to: **GREAT AMERICAN INSURANCE COMPANIES
EXECUTIVE LIABILITY DIVISION
P.O. BOX 66943
CHICAGO, ILLINOIS 60666**

