



U.S. SPECIALTY INSURANCE COMPANY

NON-PROFIT LIABILITY ORGANIZATION LIABILITY INSURANCE RENEWAL APPLICATION
(THIS IS AN APPLICATION FOR CLAIMS MADE INSURANCE)

Expiring Policy Number _____ Expiration Date: _____

NOTICE: THIS INSURANCE 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. Organization _____
Address _____

2. Amount of Insurance desired on renewal _____

3. Are there any changes in the information previously submitted for the Named Organization, including any change in tax qualification, nature of business, funding methods, or other aspect of operation of the Named Organization.
YES _____ NO _____ If YES, please explain _____

4. Number of Employees _____ 4 (a). Assets _____ 4 (b). Revenue _____

5. Are there any pending claims against the Insured? _____ NONE _____ NONE EXCEPT FOR _____

6. Describe the Organization's legal structure, purpose(s) and nature of operation(s) _____

THE UNDERSIGNED, ON BEHALF OF THE PROPOSED INSURED, DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT THIS RENEWAL APPLICATION IS SUPPLEMENTAL TO THE ORIGINAL APPLICATION SUBMITTED TO THE COMPANY AND TOGETHER WITH THAT APPLICATION SHALL BE THE BASIS OF THE RENEWAL CONTRACT.

ANY PERSON WHO KNOWINGLY, OR KNOWINGLY ASSISTS ANOTHER, FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD AN INSURANCE COMPANY MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

PLEASE ENCLOSE THE FOLLOWING:
(a) Schedule of Directors and Officers
(b) Latest CPA audited financial statements for the Named Organization and Subsidiaries with Auditor's Management Letter

Signed _____
(must be signed by Chairman of the Board, President or Executive Director)

Title _____

Date _____

Submitted by _____

BROKER

Date _____

THIS APPLICATION MUST BE SUBMITTED TO:

PROFESSIONAL INDEMNITY AGENCY, INC.
PROFESSIONAL INDEMNITY AGENCY, INC. OF N.Y.

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Mount Kisco, New York 10549-5000
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Upper Saddle River, New Jersey 07458

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