

MAINE COUNCIL NEWSLETTER

NAIW

ISSUE XIX
February 2009

February 2009

Dear Maine Members,

Here we are again, another quarter of time gone by. I do hope all is going well.

We had a great turn out at our recent Maine Council meeting - probably because we had to vote on an item. Please remember that any member is welcome to attend these meetings. This is all of our organization and your input is very important.

Please plan ahead for the following events:

Region One Conference - March 22 - 25, 2009 @ Niagara Falls, NY

Maine Council meeting - April 18, 2009 - Location TBD

Greater Portland All Industry Night - April 21, 2009 - Portland, Maine

Central Maine All Industry Night - April 23, 2009 - Augusta, Maine

Greater Houlton All Industry Night - April 30, 2009 - Location TBD

Downeast Maine All Industry Night - May 5, 2009 - Ellsworth, Maine

Androscoggin Valley All Industry Night - May 13, 2009 - Auburn, Maine

Eastern Maine All Industry Night - May 14, 2009 - Bangor, Maine

I am looking forward to seeing you at one of the above events.

Yours in Fellowship,

Kate Houston, CIC, CPIW, DAE

NAIW Maine Council Director



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Dear Fellow Members:

Happy New Year!! I am glad to be starting a new year. This past year was a challenge to our industry. Hopefully, 2009 will show things turning for the best.

After our last council meeting a couple of weeks, a few took a brief tour of the Hollywood Slots to see the rooms we will be using for Maine Council Weekend in October. It is absolutely beautiful. The staff there is very helpful and will do what is needed to make the conference a success. The members of Eastern Maine have certainly chosen a wonderful spot.

Regional Conference is just around the corner. I look forward to seeing members from the nine states in our region. I am in hopes to see many of you there as well. If you have never been, please consider going. It is a great opportunity to attend CE classes &/or motivational workshops while networking with others.

Please enjoy the rest of the winter. I, for one, will be praying that spring comes soon !

Yours in fellowship,

Michelle Gardner, CIC, AII, CPIW

Director-Elect

Maine Council

%Norton Insurance Agency

275 US Route One

Cumberland Foreside, ME 04110



Greetings Fellow NAIW members!!

The snow is almost gone and it's nice to see the grass. Lets hope we start to warm up so we can actually have our flower gardens start to bloom. That would be a true sign of spring. I just got back from Spring Training in Florida and it was definitely our spring maybe summer there.

I want to take a moment to thank everyone that has submitted a report or sent information for the newsletter. Please continue to send me articles or information you want shared with our fellow members around the state. It always nice to see what everyone else is doing at the local level.

Please look for the award forms that will be in the next newsletter for our Council Weekend coming up in October. I urge all to apply. I would like to see all awards awarded this year. In past years we have had many awards not given out due to lack of applications received. You know you can't win if you don't apply. So please complete an award application.

Eastern Maine is hard at work planning our upcoming council weekend. They are working closely with our Director Elect, Michelle Gardner. I know we will have a wonderful council weekend. Eastern Maine always does a great job. I'm sure they could use some extra hands as well. If you would like to help out please contact either Cecile York or Laurel Wentworth. I know they would appreciate hearing from you. What a great way to start your networking for our upcoming council weekend.

.All Industry Night's are coming up as well. It's always nice to see how each association can vary from each other. So if you can attend other associations All Industry Night I encourage you to. We all have different ideas and it's nice to hear a different speaker. They may have a message you need or are waiting to hear. So support other locals and attend their All Industry Night.

The next council meeting is April 18th. Location to be determined, but a little birdie told me possibly in the Augusta area. If you have never been I encourage you to attend a council meeting and be involved with the discussions that take place there. Everyone is invited to attend.

If anyone would like to send me information or articles please forward them to sstubinski@clarkinsurance.com

In Fellowship,
Stacey Stubinski
Maine Council Public Relations Chair

February 18, 2009

Dear Members:

As you all know, this weekend we will be having the continuing education class at the Darlings agency which Paul Davis Restoration is teaching free of charge. The great news is that we have over 40 people in attendance that day. This class is being offered free of charge.

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As we all turn on our televisions, read the newspaper or surf the web site, you can't help but see the doom and gloom of the overall economy which brings me to what I would like to address. I believe each and everyone of us has an obligation to the association and our employers as to why NAIW is valuable to us. As we all know every company, large or very small, are looking at budgets and having to justify every expense and try to increase income. I feel in the coming months we all as an association should be asking what we as members of NAIW can do to help our employers out though being a member of our association. I have asked myself this many times. I personally believe that there is no time like the present to show our employers just what NAIW can mean and do for them as an employer. Therefore, I challenge each and every one of you to put on your thinking caps and let's discuss what we can do differently as an association to actually grow members and not shrink in this tough economy. I personally believe that in offering classes like the one this weekend that is free of charge is a great start.

I would love nothing more than to hear your ideas. I challenge each association to ask their members what we can do in these tough economic times to bring or give something back to our employers. Let's get creative and think outside of the box. Would your association be able to host a C.E. class such as underwriting for non-underwriters, which could be done rather inexpensive to our membership and their agencies?

Please put your thoughts together and email back with your ideas.

Sincerely,

Laurel Wentworth
Membership Chairman

LOCAL ASSOCIATION PAGE

G r e e t i n g s f r o m C o l d a n d S n o w y N o r t h -
e r n M a i n e



It's quite cold weather we're having and I don't think any of us have been too happy about it! And on top of it we're now covered (again) in over a foot of snow. So needless to say, I'm ready for summer...

Asides from the weather, everything is going well for The Insurance Association of Greater Houlton.

In December, after a few hectic, last minute cancellations and rescheduling we were able to have a great Christmas Party. We also sent calling cards overseas to local service men and women.

January's meeting had us getting ready for Industry Night, which will be held April 30th this year. Committees are formed and details are being worked out. We hope to have everything finalized soon and will keep everyone posted with our finalized plans.

February's meeting is going to find us down in Lincoln. We're hoping to be working on another fundraiser in the next few weeks. And our new committee in charge of Corporate Sponsorships has been hard at work coming up with some great proposals.

And we've just received the book to help us start planning State Weekend 2010. So, we have a lot to look forward to. And plenty to keep us busy; which is just how we like to be!

Yours in Fellowship,

Dawn Nickerson
President

LOCAL ASSOCIATION PAGE



NAIW – CENTRAL MAINE

Greetings from Central Maine!

Brrrr! Winter has taken quite a hold in Maine this year. Plenty of snow for our winter industries and plenty of cold to keep the oil companies and others in business! I am praying for warmer weather (30 would be balmy)!

Our February meeting finds us back at the MIAA building with Guest Speaker Jason Foster who is an agent at the Pease Insurance Agency. Jason will speak about his recent trip to Africa, his experiences, photos and more. March is the 30 Minute Program on Women and Competition again at MIAA. We are hoping in April to have Rich Kindelan, husband of member Nichole to speak on sprinklers in homes and businesses. He has a great presentation with video and more. Rich is an EMT with the Gardiner Fire Department.

In March we are holding a CPR Class. It will be held on March 14th which is a Saturday from 8AM till Noon. The cost is just \$25 which includes the class, booklet and certification card. If interested, please contact me at bfoster@gosline-murchie.com

We are also hard at work for our All Industry Night to be held on April 23rd at the St Paul Center in Augusta. Last year was the first year at our new location and we had such positive comments we want to repeat the experience. Please mark your calendars.

Spring is right around the corner!

In Fellowship,
Brenda A. Foster, CPIW DAE AIS ACSR



LOCAL ASSOCIATION PAGE

Greetings from Insurance Professionals of Eastern Maine

Our membership has been busy and getting busier as we plan for AI Industry Night in May and State Weekend in October. We have been meeting with Hollywood Slots working on the details to make this a red carpet event. We hope that many of you will join us for what will be a memorable state weekend. Fun, food, glamour and gambling.

The days are getting longer and soon the temperature will be rising than our thoughts will turn to spring. For myself I'm ready.

Wishing you warm days, faithful friends and uplifting spirits.

Yours in fellowship.

Cecille York, President

Insurance Professionals of Eastern Maine

LOCAL ASSOCIATION PAGE



Greeting from Downeast Maine:

Spring is coming!

I hope everyone is doing well and has avoided the flu. I myself unfortunately have not been so lucky. Let's just say the last two months have been really rough. But spring is coming.

Downeast Insurance Women is currently planning our membership night for our meeting in March. We invite any ladies that are not currently members that are in the insurance industry. Our speaker is from Mckenzie Mosley adjustors. Steve will enlighten our evening.

We are currently working on our All industry Night in May. The nominating committee is working on officers for the next year.

The months seem to be flying by. We will be into summer shortly.

Stay Healthy!

Tammie Carter
Downeast Insurance Women



LOCAL ASSOCIATION PAGE

Greetings from Greater Portland!

The weather is going to warm up I promise.

Insurance Professionals has been busy planning our All Industry Night to be held on April 21st at the Marriott in South Portland. We are very anxious to hear what our speaker the Superintendent of Insurance has to say. I'm sure she will talk to us on all too familiar topics as well as what will be coming down the pipeline for all of us. Susan Nason and her committee have been hard at work planning for this evening. This is also one of my favorite evenings shared with other peers in our industry as this is the evening we find out who will be named the Insurance Professional of the Year and Rookie of the Year.

Insurance Professionals of Greater Portland did guest Chef at the Ronald McDonald House on Valentines Day. We had a wonderful variety of breakfast items as well as some chocolate for those staying in the House. They were very appreciative. We are gearing up to start our Spring Fundraising by selling Yankee Candles and having our Silent Auction. These two have brought in some decent funds for us in the past. We will also be taking pledges at Maine Public Radio and Serving dinner at the Wayside Soup Kitchen. I find this very rewarding. We have collected donations for the daycare above the Wayside Soup Kitchen. The need is so great for these children. I would have never realized. I just thought these were state funded daycares. Boy was I wrong!

The Relay for Life is coming up on June 12th and 13th. We have decided to join another team this year. We are joining Acadia Insurance Company. They have too many people for one team, so we have formed a second one. This is another feel good fundraiser we participate in. In past years we have raised over \$3500 a year for The American Cancer Society.

In Fellowship,

Stacey Stubinski

President

Insurance Professionals of Greater Portland

SAVE THE DATE

Maine State Weekend

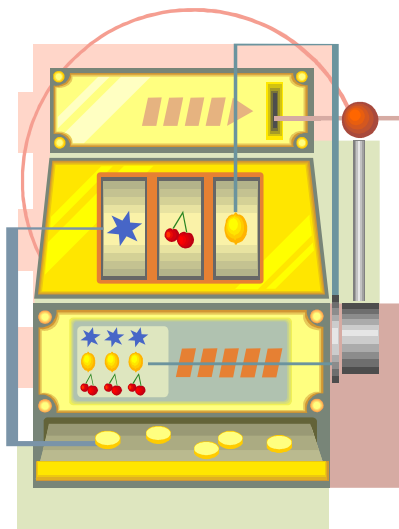
October 3 and 4th, 2009

At

HOLLYWOOD SLOTS

Room Fees \$99 a night

Registration fee \$115





GREAT NEWS: GROUP D&O PROGRAM NOW AVAILABLE TO NAIW LOCALS AND COUNCILS

A group comprehensive liability insurance program for 501c (3) non-profit organizations is now available for all NAIW Local Associations and Councils from the Philadelphia Insurance Companies. The program provides five coverage options for your selection.

It offers:

- ◆ Directors & Officers Liability
- ◆ Employment Practices Liability
- ◆ Fiduciary Liability
- ◆ Internet Liability
- ◆ Workplace Violence

The rates provided are based on the Association's or Council's Annual Revenue/Budget and the limit of liability coverage you choose to purchase. The limit selected is for your association or council only, they are not shared limits. Separate policies will be issued.

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O**

The rates on the pricing sheet attached are for D&O and EPLI coverage only. The rates for the other coverage's are as follows:

Fiduciary coverage - \$250.00 (or possibly less).

Internet liability- \$300.00 to \$400.00.

If you are interested in pursuing a quote for your association or council, please complete the attached application. Provide a copy of your latest annual audited financial statement or 990 tax form, of any claims for the last 5 years and a copy of the 5500 form (if Fiduciary coverage is requested) and send to:

Bradley L. McCrory, CPCU, CIC
ROBERT C. BATES, LLC
6846 South Canton, Suite 250
Tulsa, OK 74136-3420
MAIN Phone: 918-492-1777
Fax: 918-492-0537

Please see Stacey Stubinski for a copy of the Policy highlights for your review.

If you have any questions concerning the policy, rates or submission, please contact Brad McCrory.

AFFINITY PRO PORTFOLIO APPLICATION

TRADE ASSOCIATION – PROFESSIONAL LIABILITY
 NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE
 EMPLOYMENT PRACTICES LIABILITY INSURANCE
 FIDUCIARY LIABILITY IN SURANCE
 WORKPLACE VIOLENCE COVERAGE
 INTERNET LIABILITY INSURANCE
 CRIME INSURANCE
 PROFESSIONAL LIABILITY
 BUSINESSOWNERS POLICY

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY
 PLEASE READ YOUR POLICY CAREFULLY

Instructions:

- Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/controlled subsidiaries.
- The **Applicant** is required to complete Sections 1, 2, and 10.
- The **Applicant** should complete all applicable Section(s) for which coverage is desired. (See chart below)

Check Coverage Desired	Section	Requested Limit	Requested Retention
<input type="checkbox"/> General Information	1	\$	\$
<input type="checkbox"/> Directors & Officers	2	\$	\$
<input type="checkbox"/> Employment Practices	3	\$	\$
<input type="checkbox"/> Fiduciary Liability	4	\$	\$
<input type="checkbox"/> Workplace Violence	5	\$	\$
<input type="checkbox"/> Internet Liability	6	\$	\$
<input type="checkbox"/> Professional Liability	7	\$	\$
<input type="checkbox"/> Crime	8	\$	\$
<input type="checkbox"/> Businessowners Policy	9	\$	\$
<input type="checkbox"/> General Summary	10	\$	\$

SECTION 1 – GENERAL INFORMATION (All Applicants must complete this section)

1. Name of Parent Organization: _____
2. Address: _____
 Telephone: (____) _____ Internet Address: www. _____
3. Date Established: _____ State of Incorporation: _____
4. Standard Industrial Classification (SIC) #: _____
- 4a. Federal Employer Identification (FEIN) #: _____
5. Please describe the nature of the **Applicant's** operations:

6. Does the **Applicant** have tax-exempt status under the U.S. Internal Revenue Code? Yes No **If no, provide an explanation.**

7. The officer of the **Applicant** designated to receive any and all notices from the **Underwriter** or their authorized representative concerning this insurance is:

Name	Title	E-mail Address
------	-------	----------------

8. Number of Members: _____ Number of Chapters: _____

Please attach details for all "YES" answers to questions 9 – 12.

9. Does the **Applicant** publish any magazines, periodicals or newsletters? Yes No

10. Is the **Applicant** involved in product research, product development, testing and/or certification? Yes No

11. Does the **Applicant** set standards for the qualification and performance and/or certify its members?
 Yes No

12. Does the **Applicant** engage in any disciplinary actions as a result of peer review activities? Yes No

13. FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
TOTAL ASSETS:	\$ _____	\$ _____
NET ASSETS / FUND BALANCE:	\$ _____	\$ _____
ANNUAL REVENUE:	\$ _____	\$ _____
NET REVENUE:	\$ _____	\$ _____

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

**SECTION 2 – DIRECTORS AND OFFICERS
 (All Applicants must complete this section)**

1. Directors and Officers Liability Insurance has been continuously in force since: _____

2. Provide a list of all direct and indirect subsidiaries or any other entity or organization the **Applicant** controls:

<u>Name / Type of Business</u>	<u>Percent the Applicant Owns / Controls</u>	<u>Date Created / Acquired</u>	<u>For Profit / Non-Profit</u>
Example: ABC Foundation, Inc/Charitable Children's Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

3. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? **If yes, please attach details.**

Anti-trust, copyright or patent litigation? Yes No

Any disciplinary action by any regulatory agency or association? Yes No

Any action where a license was revoked or suspended? Yes No

Any administrative proceeding charging violation of a federal or state law or regulation? Yes No

Any other criminal actions? Yes No

It is agreed that with respect to Question #3, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.

4. In the past twenty-four (24) months or the next twelve (12) months, has the **Applicant** been, or anticipate being involved in any of the following?

Mergers, acquisitions or consolidation with another entity? Yes No **If yes, provide details.**

Changes in the board of directors or senior management (other than death or retirement)? Yes No **If yes, provide details.**

5. Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity? Yes No **If yes, provide details.**

SECTION 3 – EMPLOYMENT PRACTICES

(Complete this section only if Employment Practices Liability coverage is desired.)

1. Employment Practices Liability Insurance has been continuously in force since: _____

2. Please provide the following employee count information:

U.S. based employees/volunteers:	Currently	One Year Ago	Two Years Ago
Full Time employees:	_____	_____	_____
Part Time employees:	_____	_____	_____
Temporary employees:	_____	_____	_____
Volunteers:	_____	_____	_____
Non U.S. based employees / volunteers:	_____	_____	_____
TOTAL SUM OF ABOVE	_____	_____	_____

3. How many employees have been terminated or demoted in the past twelve (12) months?
Voluntary: _____ Involuntary: _____ Laid Off: _____

4. Is any reduction of employees or change of status anticipated in the next year?
Voluntary: _____ Involuntary: _____ Layoffs: _____

5. Does the **Applicant** have an employee handbook? Yes No
6. Does the **Applicant** use an employment application for every potential employee? Yes No
7. Does the **Applicant** have an "At Will" provision in the employment application or handbook? Yes No
8. Has the **Applicant** implemented an anti-sexual harassment policy? Yes No
9. Has the **Applicant** implemented an anti-discrimination policy? Yes No
10. Does the **Applicant** use outside employment counsel for employment advice? Yes No

SECTION 4 – FIDUCIARY LIABILITY
(Complete this section only if Fiduciary liability coverage is desired.)

1. Fiduciary Liability Insurance has been continuously in force since: _____

2. List all plans for which coverage is requested (use attachment if necessary):

<u>Plan Name</u>	<u>Year Established</u>	<u>Assets / Contributions</u>	<u>Type*</u>	<u>Participants</u>	<u>Administrator</u>
Example: The ABC Children Corp 401K Plan	2000	\$1,000,000	2	75	self

- a)
- b)
- c)
- d)

*** 1=Employee Welfare Benefit Plan (as defined by ERISA), 2= Defined Contribution Plan (as defined by ERISA), 3= Defined Benefit Plan (as defined by ERISA), 4=Other. If type is 3 or 4 a Fiduciary Liability Supplemental Application must be completed.**

To provide additional information, please use the separate page attached to the application

3. Does any plan(s) employ the investment, trustee, actuarial, legal, administrative, custodial or benefits consulting services of any outside provider? Yes No **Please indicate such outside professionals below:**

4. Has termination been requested or contemplated for any plan? Yes No

5. Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to, an increase in participants' portion of cost? Yes No **If yes, please attach details. If there has been any amendment(s), please attach copies.**

6. Has any plan been spun-off (sold), transferred or terminated? Yes No **If yes, please attach details.**

7. Are there or have there been within the last three (3) years any known or alleged violations of ERISA or any similar statutory or common law (including applicable amendments, rules and regulations) of the United States, Canada or any state or other jurisdiction to which a plan is subject? Yes No **If yes, please provide details.**

8. Does the **Applicant** have any information to suggest or indicate that any of the plans it sponsors may be under governmental or regulatory investigation with regard to the applicable plan's funding, administration or investment strategies? Yes No **If yes, please attach details.**

9. Is a Form 5500 filed on an annual basis for each plan? Yes No **If yes, provide a copy of the most recent 5500; If no, please provide details.**

10. Does the **Applicant** serve in a Fiduciary capacity for any multi-employer plan or trust? Yes No **Note that multi-employer plans or multiple-employer trusts are not eligible for coverage under the proposed policy(ies).**

Network Security:

7. Do you have a firewall? Yes No **If yes, identify the hardware / software used.**

8. Do you have a virus protection program in place? Yes No **If yes, identify the software used.**

9. Do you have a process for managing computer accounts, including removing outdated access accounts in a timely fashion? Yes No

PART 7 – PROFESSIONAL LIABILITY – TRADE ASSOCIATION SERVICES
(Complete this section only if Professional Liability coverage is desired.)

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

1. Professional – Trade Association Liability Insurance has been continuously in force since: _____
2. Please list all services which you provide to others for a fee or services that you provide to your members:
Please attach a copy of your standard contract for such services.

Description of services rendered: _____ _____ Total gross billings: \$ _____ Number of years provided: _____
Description of services rendered: _____ _____ Total gross billings: \$ _____ Number of years provided: _____
Description of services rendered: _____ _____ Total gross billings: \$ _____ Number of years provided: _____

3. Does your consulting service(s) require that you have or maintain a professional designation in order to provide the professional service(s)? Yes No **If yes, describe the services you provide in such professional capacity and the license(s) required:**

4. Please list any publications that you sponsor or produce and attach a sample copy:

Name of Publication	Number of Years In Production	Average Circulation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Does the **Applicant**:

- provide training to your membership or other third parties? Yes No
- provide job placement services and job postings for your membership? Yes No
- administer or sponsor any group insurance programs for your members? Yes No
- sponsor group purchasing arrangements or establish preferred vendor lists for their members? Yes No

SECTION 8 – CRIME

**(Complete this section only if Crime coverage is desired.)
(Coverages under the Crime Policy are written on an Occurrence Basis)**

<u>Desired Coverage(s):</u>	<u>Limit</u>	<u>Deductible</u>
Insuring Agreement A1: Employee Theft and Client Coverage	\$ _____	\$ _____
Insuring Agreement A2: ERISA Fidelity	\$ _____	\$ _____
Insuring Agreement B: Forgery or Alteration	\$ _____	\$ _____
Insuring Agreement C: Theft, Disappearance & Destruction – Inside the Premises	\$ _____	\$ _____
Insuring Agreement D: Theft, Disappearance & Destruction – Outside the Premises	\$ _____	\$ _____
Insuring Agreement E: Money Orders and Counterfeit Paper Currency	\$ _____	\$ _____
Insuring Agreement F: Computer and Funds Transfer Fraud	\$ _____	\$ _____

1. Third Party – “Off-Premises” Coverage – Yes No **If yes, please complete the Third Party Crime Protection Plus Supplemental Form**
2. Coverage requested on a: Discovery Basis Loss Sustained Basis
3. Current Insurer: _____ Limit \$ _____
Deductible: \$ _____ Premium: \$ _____

Hiring Procedures/Employment Practices:

4. Do you conduct a prior employment check on all new hires? Yes No
5. Do you conduct a criminal background check on all new hires? Yes No
6. Are credit reports checked when screening new employees? Yes No

Audit Procedures:

7. Are all subsidiaries and locations, or majority owned and operated companies, included in the audit? Yes No
8. Have all recommendations made by the accountant been adopted? Yes No
9. Do you have an internal audit department? If not, is there someone who is responsible for internal control procedures? _____ Yes No

Internal Controls:

10. Are two signatures required on checks? If so, over what amount? \$ _____ Yes No
If two signatures are not required, who has authority to sign checks? Please provide their name and position.

11. Do employees who reconcile the bank statements also:
- a. sign checks? Yes No
 - b. make withdrawals? Yes No
 - c. make deposits? Yes No
 - d. have access to blank checks? Yes No
 - e. have access to computer systems that print checks? Yes No
 - f. have access to facsimile, signature stamp or check signing machines? Yes No
12. Are your internal control systems designed so that no one employee can control a transaction from beginning to end? (e.g. approve a voucher, request and sign a check) Yes No
13. How often is blank check stock inventoried? _____
By whom? _____
14. Are all incoming checks stamped "For Deposit Only" immediately upon receipt? Yes No

Money, Securities and Payroll Exposure:

15. Please indicate maximum exposure for each location if requesting Insuring Agreement C or D:

<u>Location(s)</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card</u> <u>Receipts and Non-</u> <u>Retail Checks*</u>	<u>Is there a Safe?</u>	
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be re-created if it were stolen, lost or destroyed.

SECTION 9 – BUSINESSOWNERS INSURANCE

(Complete this section only if Businessowners coverage is desired)

(Coverages under the Businessowners Policy are written on an Occurrence Basis)

The Philadelphia Insurance Companies Businessowners program is for entities which have a Directors & Officers or a Professional Liability policy with our company. Please confirm that you are an applicant / insured under one of these Philadelphia Insurance Companies programs, and that you understand BOP is only available to you as a customer of one of these programs. I agree

Program Eligibility Requirements:

- Office- based businesses only (*Maximum allowable square footage- 10,000 square feet*)
- Coverage for events is excluded under this policy, except where specifically added by endorsement. Coverage is available via a separate Special Events Policy through Philadelphia Insurance Companies

BUILDING COVERAGE IS NOT OFFERED UNDER THIS PROGRAM

1. Location Address: _____
City: _____ State: _____ Zip: _____
2. Please list any additional offices on an attached sheet. Check here if there are locations attached.
3. Prior insurance carrier: _____
Effective Dates: _____ Premium: \$ _____
4. Was prior insurance coverage a Businessowners Policy or a Package Policy

Desired Businessowners Coverage:

5. Contents coverage \$ _____
Deductible: \$250 \$500 \$1,000 \$2,500
6. Hired auto: Yes No 10b. Non-Owned Auto: Yes No
7. Number of buildings: _____ Rent: Own: Percent occupied: _____%
8. Construction type: _____ Year built: _____ Square feet: _____

9. Liability & Medical expenses: \$1,000,000 (automatic coverage):

10. Tenants fire legal liability:

Limits: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

11. Employee dishonesty w / Additional location(s):

Limits: \$500 \$10,000 \$25,000 \$50,000 \$100,000

12. Forgery or Alteration: Yes No (This option can only be purchased with Employee Dishonesty Coverage)

13. Valuable papers: Yes No

14. Money & Securities-On Premises: \$ _____ Money & Securities-Off Premises: \$ _____

15a. Computer hardware: \$ _____ 15b. Computer software: \$ _____

16a. Interior glass: Yes No Square footage: _____ 16b. Signs: \$ _____

17. Please list any entities the Named Insured desires to have listed as an additional insured/loss payee on the policy and the nature of their interest to the policyholder:

Name:	
Address:	Interest:
Name:	
Address:	Interest:
Name:	
Address:	Interest:
Name:	
Address:	Interest:

SECTION 10 – GENERAL SUMMARY
(All Applicants must complete this section.)

With respect to all of the coverage which the Applicant has applied for in this Application, complete the following questions. All information in this Application, including all attachments, are deemed as if attached hereto and are material to the underwriting of this insurance.

Loss Experience:

- As of this date, or the date on which the **Applicant** first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is aware of any facts or circumstances, or unresolved job dispute which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:
- Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

With regard to questions 1. and 2., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim **This claim is:** OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ **Totals Defense Costs & Loss Paid to Date: \$** _____

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim **This claim is:** OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ **Totals Defense Costs & Loss Paid to Date: \$** _____

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim **This claim is:** OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ **Totals Defense Costs & Loss Paid to Date: \$** _____

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim **This claim is:** OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ **Totals Defense Costs & Loss Paid to Date: \$** _____

To provide additional information, please use the separate page attached to the application

3. Has any policy or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? Yes No **If yes, provide details. (Not Applicable in Missouri)** Yes No **If yes, provide details.**
-

Material Change:

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

False Information:

WARNING: 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.

NOTICE TO 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA APPLICANTS: 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, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO TENNESSEE APPLICANTS: 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.

Signature

The Undersigned warrants that to the best of his/her knowledge and belief the 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 this Application does not bind the Undersigned to purchase the insurance, nor does the review of this 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.

Name (Please Print)

Title (**MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR**)

Signature

Date

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.

Produced By: (Section to be completed by Agent/Broker)

Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No: _____

Address (Street, City, State, Zip) : _____

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date