



**AXIS PRO[®] MISCELLANEOUS PROFESSIONAL LIABILITY
APPLICATION FOR STANDARDS AND SPECIFICATIONS**

AXIS Insurance

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SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

ABOUT THIS APPLICATION

- The term "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

INSTRUCTIONS

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.



APPLICANT INFORMATION

Name of Association: _____
Street Address: _____
City, State, Zip Code: _____
Telephone No.: _____
Website address(es): _____

Is the Applicant a member in good standing with ASAE?

Yes No

NOTE: Application for this insurance requires that the Applicant be eligible for or is committing to become a member in good standing within 60 days of coverage being placed in force.

Name, title and telephone number of ASAE member(s):

Name: _____
Title: _____
Telephone Number: _____

Does the Applicant association qualify as a not-for-profit organization under the Internal Revenue Code?

Yes No

Provide the date the Applicant association was established: _____

Geographic area in which the Applicant provides service(s):

Local Regional (Multi-state) National International

Within the past five years, has the Applicant changed its name or structure, or has the Applicant acquired, merged or consolidated with any entity?

Yes No

A. If yes, provide the following information:

| Name of Entity | Date of Transaction | Type of Transaction (acquisition, merger or consolidation) |
|----------------|---------------------|---|
| _____ | _____ | _____ |

B. In any of the transactions listed in A. above, did the Applicant assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No

If yes, provide details of the liability(ies) assumed: _____

Provide the number of the Applicant's:

directors or officers: _____
employees: _____
volunteers (approximate): _____
members: _____

Do you wish to provide coverage for volunteers? Yes No



OPERATIONS

1. Does the Applicant create, develop, promulgate or publish standards or specifications?

Yes No

If yes:

A. What Industry? Please provide a short description _____

B. Advise percentage of standards that are:

voluntary: _____%

mandatory: _____%

C. Advise percentage of standards or specifications created, developed or promulgated by other entities which the Applicant publishes: _____%

(1) Describe the procedures that the Applicant follows in adopting and/or publishing these standards/specifications. _____

(2) Advise sources of these standards/specifications. _____

D. Does the Applicant have written procedures for monitoring, reviewing, enforcing and resolving disputes over standards or specifications? Yes No

If yes, attach representative examples.

E. Does the Applicant utilize external resources or independent contractors in its standards services?

Yes No

If yes, advise who and what services these resources provide. _____

Attach a representative contract or agreement.

If yes, does the Applicant wish to provide coverage for the independent contractors under this policy?

Yes No

F. Do industry members review and approve standards before they are published?

Yes No

G. Are standards or specifications reviewed and/or approved by any governmental agency?

Yes No

If yes, which agency(ies)? _____

H. Do publications include a disclaimer?

Yes No

If no, explain reason why disclaimer is not required. _____

I. Estimate number of:

standards developed/revised per year _____

specifications developed/revised per year _____

2. Please list the certification and/or accreditation programs administered by the applicant along with a description of each program (all questions also apply to any subsidiary or affiliate being considered for coverage under the policy).



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3. Does the applicant issue any seals or stamps of approval to certify compliance with a standard or specification?

Yes No

If yes, attach a specimen copy of criteria utilized to evaluate compliance (prior to issuing a seal or stamp of approval).

4. Does the applicant have written procedures for appealing the denial, withholding or withdrawal of a certification, accreditation, seal or stamp?

Yes No

5. Does the applicant consult with legal counsel familiar with association law prior to changing to modifying compliance requirements for a certification or accreditation?

Yes No

6. A. Advise any of the following services provided by the Applicant (check all that apply):

- Administer certification program(s)? Yes No
Administer accreditation program(s)? Yes No
Continuing education or other educational coursework, classes, seminars? Yes No
Consulting services for a fee? Yes No
If yes, attach specimen contracts.
Publish periodicals (newsletter(s), magazine(s), trade journal(s), etc.)? Yes No
Technology services for others? Yes No

B. Briefly describe any items marked above: _____

NOTE: Coverage is not automatically provided for consulting or technology services for a fee by the Miscellaneous Professional Liability Insurance Policy for Standards and Specifications. Coverage must be added by endorsement to the policy.

7. Does the Applicant utilize legal counsel knowledgeable in association law to review:

- Standards or specifications? Yes No
The Applicant's internal procedures? Yes No
Contracts? Yes No
Disclaimers? Yes No

8. Provide the following information regarding the Applicant's gross operations revenues:

Table with 4 columns: Description, Past 12 Months, Current 12 Months, Estimate for Coming Year. Rows: Domestic Operations, Foreign Operations.

PRIOR INSURANCE AND CLAIM EXPERIENCE

PRIOR OR CURRENT COVERAGE:

1. A. Provide the following information for similar insurance, if any, carried during the last five years:

Table with 5 columns: INSURER, LIMIT, DEDUCTIBLE, PREMIUM, POLICY TERM

B. Advise current retroactive date (if claims made):

2. Provide the following information for General Liability coverage currently in force:



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INSURER

LIMIT

DEDUCTIBLE

POLICY TERM

Does the policy above include coverage for Products/Completed Operations Hazards? Yes No

3. Limit of Liability desired: \$ _____

Retention: \$ _____

CLAIM EXPERIENCE:

Have any claims, suits or proceedings been made during the past five years against the Applicant or any of the Applicant's predecessors in business, subsidiaries of affiliates or against any of their past or present officers, directors, trustees, employees, volunteers or members of duly constituted committees?

Yes No

If yes, complete a Supplemental Claim Information form for each.

The policy for which the Applicant is applying, if issued, will not insure any claims, suits or proceedings made against the Applicant before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.

Is the Applicant aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against the Applicant or any of the persons or entities described above?

Yes No

If yes, please explain: _____

The policy for which the Applicant is applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission know to any Applicant before the inception date of the policy.

REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.



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WARNING

PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.

Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

| | |
|-------|------------------|
| Name | Name (signature) |
| Title | Date |

TO BE COMPLETED BY PRODUCERS ONLY:

| RETAIL PRODUCER | | WHOLESALE PRODUCER | |
|-----------------------|--|-----------------------|--|
| Producer Name: | | Producer Name: | |
| City, State: | | City, State: | |
| Telephone No.: | | Telephone No.: | |
| License No.: | | License No.: | |

PRODUCER SIGNATURE:



STATE FRAUD STATEMENT

ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

ARKANSAS

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 fines and confinement in prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KANSAS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA

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 fines and confinement in prison.



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MAINE**

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.

MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO

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.

NEW YORK

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.

OHIO

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.

OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.



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For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

PENNSYLVANIA

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.

PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND

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 fines and confinement in prison.

TENNESSEE

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.

VIRGINIA

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.

WASHINGTON

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.

WEST VIRGINIA

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 fines and confinement in prison.