



Travelers Casualty and Surety Company of America

Wrap+®

Non-Profit Organization
Small Business Multi-Coverage Application

IMPORTANT INSTRUCTIONS

This Application will only be accepted for *Non Profit Organizations* with:

- 30 or fewer employees; and
- \$5 million or less in assets and \$5 million or less in revenues

This Application will not be accepted for any For Profit Entities, Unions, Churches, Government Entities or Financial Institutions

NOTICE

ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT, UNLESS OTHERWISE SPECIFICALLY PROVIDED BY ENDORSEMENT TO THE LIABILITY COVERAGE. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. APPLICANT INFORMATION

1. Name of **Applicant**: _____

Street Address: _____ City: _____

State: _____ ZIP Code: _____ Year **Applicant** was established: _____

Description of Operations: _____

2. Scope of Operations (check one):

- International or National Regional (operates in more than one state) Statewide Local

3. Does the **Applicant** now have tax exempt status under the United States Internal Revenue Code? Yes No

4. Is there now, or has there been, any dispute as to the **Applicant's** tax exempt status? Yes No
If Yes, please attach an explanation.

5. Total number of full time and part time employees (including leased, seasonal and temporary): _____

6. Total number of volunteers: _____

7. Total number of locations: _____

8. Does the **Applicant** have any subsidiaries or control any other entity or organization for which coverage is requested? Yes No

If Yes, please attach a description of operations, ownership, and tax status for each such entity.

9. Select Yes if either: (i) during the past 24 months the **Applicant** has experienced or (ii) during the next 12 months the **Applicant** anticipates:

- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
- b. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes No
- c. Any violation of, or receipt of any amendment to, any debt covenant? Yes No
- d. Any reorganization or arrangement with creditors under federal or state law? Yes No

If any of the questions 9. a.-d. above are answered Yes, please attach an explanation, including the timing, the essential terms of the event, the arrangement, the impact on employee base and the surrounding circumstances.

II. FINANCIAL INFORMATION

1. Scope of financial statement preparation:

Internal CPA Compilation CPA Review CPA Audit None

Note: Omit Question 2. if the **Applicant** is required to submit a separate financial statement as directed in the applicable Required Attachments section(s).

2. For your most recent fiscal year end (____/____/____) please complete the following financial information:

\$ _____	Current Assets	\$ _____	Revenues
\$ _____	Total Assets	\$ _____	Net Income (Net Loss)
\$ _____	Current Liabilities	\$ _____	Cash Flow from Operations
\$ _____	Long Term Debt	\$ _____	Net Equity/Net Assets (Deficit Equity)

III. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

Liability Coverage	(A) Requested Limit	(B) Coverage Currently Purchased?	(C) Expiring Limit	(D) Expiring Retention
Non Profit Organization Directors and Officers	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
Employment Practices	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
Fiduciary	\$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____

Expiring insurer: _____ Expiring premium: \$ _____

Date coverage first purchased: _____ Requested effective date: _____

1. If Liability Coverage is currently purchased as indicated in Column (B) above, but has been in place for less than 3 years, please answer the following question:

As of the date the **Applicant** first purchased the Liability Coverage, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the Liability Coverage for which the **Applicant** is applying?
 If Yes, please attach an explanation.

Yes No

2. If Liability Coverage is not currently purchased as indicated in Column (B) above, please answer the following question:

Is the **Applicant**, or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying?
 If Yes, please attach an explanation.

Yes No

3. If the Requested Limit in Column (A) exceeds the Expiring Limit in Column (C), please answer the following question:

Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying?
 If Yes, please attach an explanation.

Yes No

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

Crime Coverage	Requested Limit	Requested Retention
Fidelity: Employee Theft	\$	\$
Fidelity: ERISA Fidelity	\$	\$
Fidelity: Employee Theft of Client Property	\$	\$
Forgery or Alteration	\$	\$
On Premises (Money, Securities and Other Property)	\$	\$
In Transit (Money, Securities and Other Property)	\$	\$
Money Orders and Counterfeit Money	\$	\$
Computer Crime + Funds Transfer Fraud	\$	\$

Kidnap and Ransom Coverage	Effective Date	Requested Limit	Requested Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$
Identity Fraud Expense Reimbursement Coverage	Effective Date	Requested Limit	Requested Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ 1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>	\$ 0 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/>

Expiring insurer: _____ Expiring premium: \$ _____
Date coverage first purchased: _____ Requested effective date: _____

IV. LOSS INFORMATION

LIABILITY COVERAGES

1. With respect to the Liability Coverages requested in this Application, has any person or entity proposed for this insurance been a party to, or subject of, any administrative or regulatory proceedings or civil or criminal charges, hearings, demands, or lawsuits during the past 3 years, whether or not insured, including any such matter involving securities, security holders, creditors, antitrust or fair trade law, copyright or patent law, ERISA, discrimination, harassment or employment-related matters? Yes No
If Yes, please attach a full explanation, including date, description, defense expenses and damages paid, status, whether there was insurance and any procedures implemented to avoid further claims.

CRIME AND KIDNAP AND RANSOM COVERAGES

2. Has the **Applicant** incurred any crime or kidnap and ransom related losses or incidents during the past 3 years? Yes No
If Yes, please attach a full explanation of the loss including date, description, status of the loss, amount of the loss and procedures implemented to avoid further losses.

IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE

3. Has the **Applicant** experienced, in the last 3 years, a data theft, data breach, or loss of employee, customer or member information? Yes No
If Yes please attach an explanation.

V. DIRECTORS AND OFFICERS LIABILITY INFORMATION

- Does the **Applicant** or any subsidiary perform any professional services, which may include but are not limited to, accrediting, credentialing, standard setting or licensing for others? Yes No
If Yes, please attach an explanation.
- Does the **Applicant** engage in publishing, other than a newsletter? Yes No
If Yes, please attach an explanation.
- Is the **Applicant** managed or administered by any third party under contract or agreement? Yes No
If Yes, please attach an explanation.
- Does the **Applicant** currently carry General Liability Insurance? Yes No

5. If applicable, indicate the following: Number of Members: _____ Number of Chapters: _____ N/A

VI. REQUIRED ATTACHMENTS – DIRECTORS AND OFFICERS LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*) if **Applicant**:

- Receives Government funding or limit requested is \$3,000,000 or greater, most recent annual audited financial statement
- Is a *start-up*, a copy of organization plan and list of outside affiliations of Directors and Officers
- Is a *country club*, a copy of club rules, constitution, and by-laws
- Is an *agricultural cooperative*, complete the Agricultural Cooperative Supplemental Application
- Is a *school*, complete the School Supplemental Application

VII. EMPLOYMENT PRACTICES LIABILITY INFORMATION

1. Indicate the total number of:

	As of Application Date	Previous 12 Months
Full Time Employees*	_____	_____
Part Time Employees*	_____	_____

* Include leased, seasonal, and temporary employees.

2. Total number of union employees: _____

3. Total number of employees compensated: (a) less than \$50,000 annually? _____
 (b) greater than \$100,000 annually? _____

4. Number of employees involuntarily terminated** (a) in the current year: _____ (b) in the prior year: _____
 ** Do not include terminations due to layoffs.

5. Is Human Resource personnel or employment counsel consulted prior to terminations? Yes No

6. Does the **Applicant** have written guidelines, policies or procedures related to the following:

- | | | |
|--|------------------------------|-----------------------------|
| a. Employment at Will? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Discrimination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Sexual and Other Workplace Harassment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Equal Employment Opportunity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Disabled Employees and Reasonable Accommodations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Reporting, Investigating and Resolving Employee Complaints? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

7. Are employees required to acknowledge receipt of the above guidelines, policies and procedures? Yes No

8. Has employment counsel reviewed the above guidelines, policies, and procedures? Yes No

9. Does the **Applicant**:

- | | | |
|---|------------------------------|-----------------------------|
| a. Utilize employment applications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Document employee performance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Conduct human resources training for management employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VIII. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement, if policy limit requested is \$3,000,000 or greater
- Has locations in more than one state or foreign country, attach a list including employee counts, of the **5 states or foreign countries** with the greatest number of **Applicant** employees

IX. FIDUCIARY LIABILITY INFORMATION

1. Premium to be paid by: Employer: Trust or Plan:
2. Complete the chart for all plans for which coverage is requested:

Full Plan Name	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current # of Participants	**Plan Status
		\$	\$		
		\$	\$		
*Plan Types: Defined Contributions (DC) Defined Benefit (DB) ESOP (E) Welfare Benefit Plan (W) Other (O) – Attach Explanation					
**Plan Status: Active (A) Frozen (F) Sold (S) Terminated (T)					

List any additional plans on a separate attachment.

3. During the past 24 months has (or during the next 12 months will) any plan for which coverage is requested:
- a. Been (Be) amended in a way that will result in the reduction of benefits? Yes No
 - b. Been (Be) merged with another plan, terminated or sold? Yes No
 - c. Been (Be) the subject of an investigation by the DOL, IRS, or any similar foreign agency? Yes No
 - d. Filed (File) for an exemption from a prohibited transaction? Yes No
 - e. Had (Have) any outstanding or delinquent contributions? Yes No

If any of the questions 3. a.-e. above are answered Yes, attach an explanation detailing the implementation, disclosure and any relevant blackout periods.

X. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Sponsor financial statement if **Applicant** maintains a defined benefit, or a self-funded welfare plan.
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- Sponsor financial statement and plan financial statements for each defined contribution plan, if limit requested is greater than \$5,000,000
- Most recent 5500's for all plans

XI. CRIME INFORMATION

1. Does someone other than the person responsible for reconciling bank accounts:
- Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
2. Is countersignature of checks required? Yes No
3. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
4. Is segregation of duties practiced in the following areas:
- Inventory management? Yes No Cash receipts? Yes No
- Vendor approval? Yes No Oversight of blank check stock? Yes No
- Purchase order approval and payment? Yes No Retail checks and credit card receipts? Yes No
5. Is a physical count of inventory conducted at least annually? Yes No
6. Are inventory records computerized? Yes No
7. Indicate if you have or perform any of the following during the hiring process (*check all that apply*):
- Prior employment verification Drug testing Education verification Credit history Criminal history

8. Is there a software security system in place to detect fraudulent computer usage by employees, agents and outsiders? Yes No
9. Are passwords and access codes changed at regular intervals and when users are terminated? Yes No
10. Are EDP systems, programs, and procedures, including changes thereto, authorized, documented and tested? Yes No
11. Is dual authorization required for all wire transfers? N/A Yes No
12. Indicate any of the following characteristics or exposures that apply to your business operations (*check all that apply*):
- Precious metals or gemstones Managed assets of others Care, custody & control of clients' property
 Warehousing operations High unit, portable inventory None applicable

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment.

13. Indicate the total amount of specified property *INSIDE* the premises for all locations combined:
 Cash \$ _____ Retail Checks** \$ _____ Credit Card Receipts \$ _____

14. Indicate the total amount of specified property being transported by a messenger *OUTSIDE* the premises for all locations combined:
 Cash \$ _____ Retail Checks** \$ _____ Credit Card Receipts \$ _____

** *Retail Checks are only those checks that are accepted as immediate payment for retail products or services.*

XII. REQUIRED ATTACHMENTS - CRIME

As part of this Application, please submit the following documents:

- Most recent annual financial statement, and CPA Management Letter, for limit requests of \$5,000,000 or greater
- If coverage for Employee Theft of Client Property is requested, submit separate Third Party Crime Application
- For each additional entity for which coverage is requested please attach a separate page or an organization chart which includes the name, description of operations, employee count and locations. *Important Note: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.*
- Attach a list of all foreign locations including a description of operations and employee count.

XIII. KIDNAP AND RANSOM INFORMATION

1. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No
If Yes, please attach an explanation.
2. Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? Yes No
3. Has the **Applicant** materially changed its operations (e.g., new products and services) in the past 12 months? Yes No
If Yes, please attach an explanation.
4. Has the **Applicant** materially changed its safety procedures as respects employee travel outside the United States in the past 12 months? Yes No
If Yes, please attach an explanation.
5. Do Directors, Officers or other employees of the **Applicant** take trips outside the United States and Canada? Yes No
If Yes, please provide travel information for the previous 12 months and estimates of the upcoming 12 months:

City and Country of Destination	Number of Trips	Number of Individuals	Average Length of Trips

To enter more information, please attach a separate page to the Application.

6. Are there any permanent foreign locations of the **Applicant** (outside the United States and Canada)? Yes No
If Yes, please provide both the existing and anticipated foreign locations:

City and Country	Number of Locations	Type of Operation	Number of Employees

To enter more information, please attach a separate page to the Application.

7. Are steps taken to ensure an Insured Person's safety when traveling outside the United States? Yes No
If Yes, please attach an explanation.
8. Are steps taken to ensure the safety of Insured Persons and Premises permanently located outside of the United States? Yes No
If Yes, please attach an explanation.

XIV. IDENTITY FRAUD EXPENSE REIMBURSEMENT INFORMATION

1. Does the **Applicant** maintain privacy policies pertaining to employee information? Yes No
2. Does the **Applicant** have loss prevention or loss mitigation protocols for addressing a potential information breach? Yes No
- Contact Name: _____ Email: _____ Phone: _____

XV. COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

XVI. FRAUD WARNINGS

Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island

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

Attention: Insureds in 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.

Attention: Insureds in 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.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and 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.

Attention: Insureds in Oregon

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in 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.

XVII. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, EXECUTIVE DIRECTOR OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(President, CEO, Executive Director)

Name (Printed)

Title

Date

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE

XVIII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number