



NON PROFIT PROFESSIONAL LIABILITY SUBSIDIARY APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name of Parent Organization: _____
Policy #: _____

2. Does the parent organization control the entity or own more than 50% of the voting stock of the entity requesting coverage? Yes No

If yes, please provide details on the relationship: _____

3. Subsidiary Details:
Name: _____

In Existence Since: _____

Purpose of Organization: _____

Is the Entity a Non Profit? Yes No

Total Assets: \$ _____

Total Annual Revenue: \$ _____

Total Number of Employees: _____

4. Does the subsidiary or controlled entity have a separate board? Yes No

5. **CLAIM INFORMATION**

a) Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to: Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No
(If yes, please forward a completed USLI supplemental claims application.)

b) Is any person proposed for this insurance aware of any fact, circumstance, or situation which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No
(If yes, please forward a completed USLI supplemental claims application.)

It is understood this supplemental application is attached to and forms a part of the Non Profit Professional Liability Application. This application is subject to the same provisions concerning representations made in that application.

Signature: _____
President, Chairperson or Executive Director

Title: _____ Date: _____