



Markel Insurance Company
 4600 Cox Road, Glen Allen, Va. 23060-9817
 800-431-1270, Fax 804-965-1689

MANAGEMENT VALUE PROTECTION
Not-For-Profit Organizations
 Renewal Application

Desired Effective Date: ___/___/___

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH MARKEL INSURANCE COMPANY (THE "COMPANY").

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR AN APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS

- Whenever used in this Application, the term "Applicant" means the **Parent** Organization applying for this insurance and all of its **wholly owned/controlled** subsidiaries, unless otherwise stated.
- Include all requested underwriting information and attachments.
- The **Applicant** is **required** to complete **Sections 1 General Information**, and **General Summary Section 7**.
- The **Applicant** should complete other applicable Section(s) for which coverage is desired. **Please refer to the chart below.**

REQUESTED COVERAGE

NOTE: Directors & Officers Liability OR Employment Practices Liability Coverage is required.

Check Coverage Desired	Section	Requested Limit	Retention Requested	Defense Costs
<input type="checkbox"/> Directors & Officers and Entity Liability	2			<input type="checkbox"/> Within the Limit of Liability <input type="checkbox"/> Outside the Limit of Liability
<input type="checkbox"/> Employment Practices Liability	3			<input type="checkbox"/> Within the Limit of Liability <input type="checkbox"/> Outside the Limits of Liability
<input type="checkbox"/> Fiduciary Liability	4			<input type="checkbox"/> Within the Limit of Liability <input type="checkbox"/> Outside the Limits of Liability
<input type="checkbox"/> Workplace Violence	5			
<input type="checkbox"/> Internet Liability	6			

SECTION 1 – GENERAL INFORMATION

(All Applicants must complete this section)

1. Name of **Applicant**: _____
2. Address: _____
 City: _____ State: _____ Zip: _____
 Change in Address: None or _____
 Change in internet address: None or www. _____
 Change in telephone: None or _____

3. Nature of the **Applicant's** business: _____
 Has there been any changes in the **Applicant's** operations? Yes No **If Yes**, please provide details: _____

4. Does the **Applicant** have a recognized tax-exempt status under the U.S. Internal Revenue Code?
 Yes No **If No**, please provide an explanation: _____

5. 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 990 form.

6. In the next 12 months is the **Applicant** contemplating (or has the **Applicant** completed within the last year) any actual or proposed merger, acquisition, or divestment, any registration for a public offering or a private placement of securities, any branch, location, facility, department, office, or subsidiary closings, consolidations, reorganization, staff reductions or layoffs, or any reorganization or arrangement with creditors under federal or state law? Yes No **If Yes**, please attach a full 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
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SECTION 2 – DIRECTORS AND OFFICERS

(Complete this section only if Directors & Officers coverage is desired. Otherwise, proceed to Section 3, Employment Practices Liability.)

1. During the past 12 months, has there been any change in the composition of the board of directors?
 Yes No **If Yes**, please attach a list of the current board members and their outside affiliations.

2. During the past 12 months, has there been any change in services provided? Yes No
If Yes, please attach an explanation.

3. In the past 12 months or the next 12 months, has the **Applicant** been or anticipate being involved in any of the following?

- a) Sales, distribution or divestiture of any assets other than in the ordinary course of business? Yes No
- b) Creation of any new subsidiaries? Yes No
- c) Mergers, acquisitions or consolidation with another entity? Yes No
- d) Changes in the board of directors or senior management (other than death or retirement)? Yes No
- e) Change in the **Applicant's** independent auditors? Yes No

If Yes, please attach an explanation.

4. Outside Directorship:

Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity? Yes No **If Yes**, please complete questions a – g below.

- a) Name of individual director, officer, governor or trustee: _____
Position held: _____
- b) Name of outside entity: _____
- c) Nature of entity's business: _____
- d) Percentage of ownership by the **Applicant**: _____% Domestic or Foreign: _____%
- e) Does the outside entity provide indemnification to its Directors and Officers? Yes No
- f) Complete the following information regarding the Directors and Officers Liability Insurance carried by the outside entity: Insurer: _____ Limit of Liability: _____
Policy Period: _____
- g) Has the outside entity or its Directors and Officers been involved in any Directors and Officers Liability litigation? Yes No

SECTION 3 - EMPLOYMENT PRACTICES INFORMATION

(Complete this section only if Employment Practices Liability coverage is desired. *However, this coverage is required if Directors & Officers coverage was not elected.*)

- 1. Within the last year has the **Applicant** updated its employment practices handbook, its human resources policies or procedures or the structure of its human resources department? Yes No
If Yes, please attach a copy of updated materials and a description of changes.
- 2. Number of employees who have left their employment with the **Applicant** during the past 12 months: Voluntary _____ Involuntary _____
How many employees have been terminated or demoted in the past 12 months?
Voluntary _____ Involuntary _____ Laid Off _____ Demoted _____
- 3. Employee Count & Location Information (U.S. based employees)

State	Number of Full Time Employees		Number of Independent Contractors	
	Current Year	Previous Year	Current Year	Previous Year

Part Time Employees

State	Number of Leased Employees		Number of Seasonal Employees	
	Current Year	Previous Year	Current Year	Previous Year

State	Number of Temporary Employees		Number of Volunteers	
	Current Year	Previous Year	Current Year	Previous Year

If additional space is needed, please include in an attachment to this Application.

4. Is any reduction of employees or change of status anticipated in the next year?
 Voluntary _____ Involuntary _____ Laid Off _____ Demoted _____

5. Has the **Applicant** implemented any new employment practice/human resource policies or procedures? Yes No **If Yes**, please provide details.

SECTION 4 – FIDUCIARY LIABILITY

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

1. Please list the names and types of Applicant’s employee benefit plan(s). Attach additional pages if needed.

Plan Name (do not include health and welfare plans)	Type of Plan	Year Established	Plan Assets (current year) Assets/ Contributions	Number of plan participants	Administrator	Underfunded by more than 25%? (DBP only)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Types of Plans: Defined Contribution Plan = DCP Employee Stock Ownership Plan = ESOP
 Defined Benefit Plan = DBP Excess Benefit Plan or Top Hat Plan = EBP

If a new ESOP, please complete the Fiduciary Liability – Employee Stock Ownership Plan Supplement.

2. In the next 12 months is the **Applicant** contemplating (or has the **Applicant** completed within the last year) merging or terminating any employee benefit plan(s)? Yes No

If Yes, please explain: _____

Has any plan requested or contemplated, filing a request for termination? Yes No
If Yes, please attach details.

3. Have there been any changes to any plan listed above? Yes No **If Yes**, please attach details.

4. Has any plan been spun-off (sold), transferred or terminated? Yes No **If Yes**, please attach details.
Please attach a Form 5500 for each plan listed above.

SECTION 5 – WORKPLACE VIOLENCE

(Complete this section only if Workplace Violence coverage is desired.)

1. Has the **Applicant** added additional work locations? Yes No **If Yes**, please attach details.

2. The **Applicant’s** total number of employees: _____

3. Has the **Applicant** implemented any new employment procedures, office procedures, or security procedures?
 Yes No **If Yes**, please attach details.

4. In the past 12 months or in the next 12 months, has the **Applicant** been involved with or anticipate any layoffs, staff reductions, or facility closings? Yes No **If Yes**, please attach details.

SECTION 6 – INTERNET LIABILITY

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

1. Has the **Applicant** created any new websites? Yes No **If Yes**, please provide the site address(es):

2. Has the **Applicant** made any material changes to the existing site(s)? Yes No **If Yes**, please provide details.
3. The **Applicant's** projected annual gross revenues from the internet site(s): \$ _____

SECTION 7 – GENERAL SUMMARY

(All Applicants must complete this section.)

1. Has the **Applicant** been the subject of or involved in any litigation in the past 12 months? Yes No
If Yes, please attach a full explanation of each incident.
2. In the next 12 months, does the **Applicant** anticipate any substantial change or reorganization of operations?
 Yes No **If Yes**, please provide details.

MATERIAL CHANGE

The Undersigned declares that if there is any material change in the answers to the questions in this Renewal Application, or any occurrence or event that takes place prior to the effective date of the insurance for which Application is being made which may render inaccurate, untrue, or incomplete any statement made, the **Applicant** must immediately notify the Company in writing. The Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Notice to Colorado Applicants: 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida Applicants: 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.

Notice to Maine 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 denial of insurance benefits.

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 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 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 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.

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

Notice to Oregon 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, may be guilty of insurance fraud and may subject the person to criminal and civil penalties.

Notice to Tennessee, Virginia, Washington 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.

Notice to Applicants (all other states): Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

DECLARATION AND SIGNATURE:

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and any attachments or information submitted with this Renewal Application, are true and complete. The Company is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Renewal Application. This Renewal Application supplements the application(s) for the expiring policy, and those Applications together with this Renewal Application and any information attached hereto will be the basis for, and become part of, a contract should a policy providing the requested coverage be issued, and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon such Applications, attachments, and such other information submitted therewith in issuing such policy.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential claim.

This Renewal Application must be signed by the Chief Executive Officer, President, or Chairman of the Parent Corporation acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
_____	_____	_____
	Name (Please print)	

PLEASE ATTACH THE FOLLOWING REQUIRED INFORMATION:

- Most recent CPA prepared financial statements or 990 form.
- Most recent CPA Letter to Management and management's response. If this Letter is not issued, so indicate
- Most recent EEO-1 Report (Applicable to Employment Practices Liability coverage only).
- Copies of any updated materials within the last year to the employment practices handbook, and/or to human resources policies or procedures. (Applicable to Employment Practices Liability coverage only).
- List of the **Applicant's** current Directors & Officers.
- Fiduciary Liability: Copies of the most recently filed Forms 5500 (and attachments) for all ERISA plans for which coverage is requested.
 - If the **Applicant** has a newly formed ESOP, complete the Employee Stock Ownership Plan Supplement, and include the most recent stock valuation report, independent appraisal, and most recent plan audit.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, SHOULD ONE BE ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

PRODUCED BY (Insurance Agent or Broker):

Producer Name: _____ Firm Name: _____

Taxpayer ID or Social Security No.: _____ Producer License No.: _____

Agency: _____

Address (No., Street, City, State and ZIP): _____

ADDITIONAL INFORMATION

You may use this page to provide additional information to any question on this application. Please identify the section and question number to which you are referring.

Signature

Date