

1. Name of Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

2. The officer designated as agent of the Organization and all of the Insureds to receive any and all notices from the Insurer or an authorized representative concerning this insurance:

Name	Title

3. Describe the Organization's purpose and the nature of operation(s):

4. a. Date organized _____ b. Tax status: Taxable or Tax Exempt under of IRC Sec. 501(c) _____

5. a. Number of Employees _____ b. Annual Salary/Wages Expense \$ _____ c. Total Assets \$ _____

6. Please attach the following information on all Subsidiaries. If "None", please indicate: None

(a) Name; (b) Date of acquisition/creation; (c) Percent of control; (d) Nature of operation; (e) Operated for profit or non-profit; and (f) Name of parent organization. Please attach the most recent annual report or annual audit/examination or internal financial statement for each Subsidiary.

COVERAGE IS NOT AUTOMATICALLY PROVIDED FOR ALL SUBSIDIARIES. TERMS AND CONDITIONS OF COVERAGE FOR SUBSIDIARIES ARE DETAILED IN SECTION III D.

7. Provide the following information if a Condo/Homeowners Association: (If not, skip to question 8.)

a. Number of Units/Lots _____ b. Average Unit/Lot Value _____ c. % of Units/Lots Sold _____

d. Has control of the Association been transferred from the Builder/Developer? YES NO

e. If control has been transferred, does the Builder/Developer maintain any representation on the Association's Board of Directors or other governing body? *If "Yes", please attach details.*

8. Have there been any changes in senior management (Executive Director, President, Executive Vice President, etc.) for reasons other than death, retirement at the normal retirement age or term limitations? *If "Yes", please attach details.*

9. a. What was the approximate turnover rate for employees in the last twelve months? _____%

b. Did the turnover rate of employees exceed historical levels of the past five years? *If "Yes", please attach details*

10. Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed within the last three years? *If "Yes", please attach details.*

11. Does the Organization or any proposed Insured perform any of the following:

a. Promote, sponsor or provide any form of insurance to members or non-members?

b. Take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities?

c. Engage in any labor negotiations?

d. Provide any other professional services?

- | | |
|--|---|
| | YES NO |
| e. Engage in any business transactions with businesses which are controlled by any proposed Insured Persons ? | <input type="checkbox"/> <input type="checkbox"/> |
| f. Engage in any form of research, development or experimentation? <i>If "Yes", for any of the above, please attach details.</i> | <input type="checkbox"/> <input type="checkbox"/> |
| 12. Does the Organization or any proposed Insured have knowledge of any Federal, State or local legal proceedings, investigations or claims against the Organization and/or any proposed Insured during the past five years? <i>If "Yes", please attach details.</i> | <input type="checkbox"/> <input type="checkbox"/> |

PERTAINING TO QUESTION 12, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

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| 13. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? <i>If "Yes", please attach details.</i> | <input type="checkbox"/> <input type="checkbox"/> |
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IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

14. Current Executive Protection and Employment Practices Liability Insurance, Directors' & Officers' Liability Insurance or similar coverage (answer each item):

- | | |
|--|---|
| a. Carrier _____ | b. Limit _____ |
| c. Retention _____ | d. Policy Expiration _____ |
| e. Premium _____ | |
| f. Has any carrier refused, cancelled or non-renewed similar coverage? <i>If "Yes", please attach details.</i> | <input type="checkbox"/> <input type="checkbox"/> |
| g. Have any notices been provided to any previous carrier? <i>If "Yes", please provide details.</i> | <input type="checkbox"/> <input type="checkbox"/> |

The undersigned President (or Executive Director) declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance, but it is agreed that this Proposal Form and any material submitted therewith are the representations of the proposed Insureds and are material. It is further agreed that this Proposal Form and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this Proposal Form and any attachments thereto will be attached to and become a part of the Policy.

It is represented that the particulars and statements contained in this Proposal Form, including all materials submitted herewith, are true and are the basis of the Policy and are to be considered as incorporated in and constituting part of the Policy. However, the Policy shall not be voided or rescinded and coverage shall not be excluded as a result of any untrue statement in this Proposal Form, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

By _____ Date _____
SIGNATURE OF PRESIDENT OR EXECUTIVE DIRECTOR

Title _____

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

PLEASE NOTE: A copy of the Organization's latest annual report or annual audit/examination or internal financial statement must be provided at the time the completed Proposal Form is submitted. This Proposal Form, including any material submitted therewith, shall be treated in strictest confidence.

Please submit this Proposal Form including documentation to: **GREAT AMERICAN INSURANCE COMPANIES
EXECUTIVE LIABILITY DIVISION
P.O. BOX 66943
CHICAGO, ILLINOIS 60666**
