



** required information*

ASSOCIATION PROFESSIONAL LIABILITY APPLICATION

- A. Brokerage Contact*

- B. Email Address*

- C. Brokerage Address

- D. Brokerage Phone #*

continue with requested application information

**NATIONAL UNION
FIRE INSURANCE COMPANY
OF PITTSBURGH, PA.**

A CAPITAL STOCK COMPANY
(Herein called the Company)

ADMINISTRATIVE OFFICES
70 PINE STREET NEW YORK, N.Y. 10270

**ASSOCIATION PROFESSIONAL LIABILITY
APPLICATION**

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of Applicant: _____
Address: _____

2. Limit of Liability Desired: \$250,000 \$500,000 \$1,000,000

3. Deductible: \$500 \$1,000 \$2,500 \$5,000 other: _____

4. Briefly describe the functions, purpose and general operations of the association:

5. a) Number of members: _____
b) Number of directors and officers: _____
c) Number of staff members: _____

6. a) Year organized: _____
b) Geographical scope (state, national, etc.): _____

7. Briefly describe minimum membership qualifications: _____

8. Indicate gross revenues:

a) Last year _____
b) This year _____

9. a) Does the association publish any magazines, periodicals or newsletters? Yes No If so, attach a sample of each.
- b) Does the association publish a technical manual? Yes No If so, describe:

10. Please answer each of the following and attach details of any "yes" answer.

	YES	NO
a) Does applicant provide a referral service, legal aid service, or computer service to its members or the public?	<input type="checkbox"/>	<input type="checkbox"/>
b) Does applicant promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith?	<input type="checkbox"/>	<input type="checkbox"/>
c) Does applicant promote, sponsor or provide any form of insurance to its members or non-members?	<input type="checkbox"/>	<input type="checkbox"/>
d) Does applicant act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974?	<input type="checkbox"/>	<input type="checkbox"/>
e) Is applicant engaged in any form of research, development, experimentation or testing?	<input type="checkbox"/>	<input type="checkbox"/>
f) Does the applicant act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others?	<input type="checkbox"/>	<input type="checkbox"/>
g) Does the applicant take any disciplinary action or recommend disciplinary action as a result of peer review group activities?	<input type="checkbox"/>	<input type="checkbox"/>
h) Does applicant develop standards used to evaluate the quality of goods, manufactured products or services rendered?	<input type="checkbox"/>	<input type="checkbox"/>

11. Does the applicant maintain primary personal injury coverage (libel, slander, etc.)? Yes No

12. Does the applicant maintain directors and officers liability coverage? Yes No

13. Has any similar association professional liability coverage ever been declined or cancelled? Yes If so, attach an explanation.

14. Is similar insurance currently in force? Yes No

If so, indicate: Carrier _____
 Expiration Date _____
 How long in force _____

15. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him. Yes No (if so, attach full particulars).

16. Attach list and status of all association professional liability claims made against any proposed insured during the past five years. If none, please check here: None

17. Please attach one copy of each of the following:

- Membership Brochure
- Association's Constitution and By-Laws
- Current Annual Report

This application does not bind the applicant or the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy.

The undersigned authorized officer of the association hereby represents that to the best of his knowledge the statements set forth in this application are true. If the information supplied on this application changes between the date of the application and the time when the policy is issued the applicant will immediately notify the Company.

NOTICE TO NEW YORK AND OHIO APPLICANTS:

“ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND 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.”

PRODUCER: _____

SIGNATURE: _____

ADDRESS: _____

TITLE: _____

DATE: _____

- Check here if you are interested in securing information regarding Pension Trust Insurance for your liability under the Employee Retirement Income Security Act of 1974 (ERISA).