

1 Name of Organization: _____ Phone: _____
 Address: _____ Fax: _____
 _____ Contact Name: _____

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 Date organized _____ Tax status: Taxable or Tax Exempt under IRC Sec 501c _____

5 Number of Employees _____ Annual Salary/Wages \$ _____ 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 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. 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.* Yes No

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.* Yes No

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.* Yes No

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.* Yes No

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? Yes No

b. Take any disciplinary action or recommend disciplinary action as a result of peer review or standard setting activities? Yes No

c. Engage in any labor negotiations? Yes No

d. Provide any other professional services? Yes No

e. Engage in any business transactions with businesses which are controlled by any proposed Insured Persons? Yes No

f. Engage in any form of research, development, or experimentation? [] Yes [] No
If "Yes", for any of the above, please attach details.

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? *If "Yes", please attach details.* [] Yes [] No

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

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 in which he or she has reason to believe might result in a future Claim? *If "Yes", please attach details.* [] Yes [] No

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' and Officers' Liability Insurance or similar coverage (answer each item):

a. Carrier _____	b. Limit _____
c. Retention _____	d. Expiration Date _____
	e. Premium _____

f. Has any carrier refused, cancelled, or non-renewed similar coverage? [] Yes [] No
If "Yes", please attach details.

g. Have any notices been provided to any previous carrier? *If "Yes", please attached details.* [] Yes [] No

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 the 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 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 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 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 & 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. The Proposal Form, including any material submitted therewith, shall be treated in strictest confidence.

Please submit the Proposal Form including documentation to:

**CHOMKO INSURANCE SERVICES
270 EAST HORIZON DRIVE STE. 107
HENDERSON NV 89015
PHONE (702) 992-6800
FAX (702) 992-6806**