

AXIS® PRO

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AXIS PRO MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION FOR STANDARDS AND SPECIFICATIONS

WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION –

CLAIMS MADE POLICY:

This application is for a CLAIMS MADE POLICY. Claims made coverage applies only to those claims that are first made during the policy period and result from wrongful acts committed after the retroactive date stated in the policy, if issued.

DEFINITIONS:

The words “the **Company**” whenever used in this application refer to the Insurance Company offering the claims made policy.

The words “the **Applicant**” in this application refer individually and collectively to:

1. The association and any parent, subsidiary or affiliate for which coverage is desired.
2. Each person who is an officer, director, trustee, employee, volunteer or member of a duly constituted committee of the association listed in Item 1. above.

RETENTION:

The coverage the **Applicant** is applying for includes a retention applying to each claim and applies to any combination of damages and claim expenses.

CLAIM EXPENSES WITHIN THE LIMIT:

The policy form for which the **Applicant** is applying contains a provision that reduces the total limit of insurance stated in the policy by the amount of claim expenses paid by the **Company**.

APPLICATION FORMS PART OF POLICY:

The **Applicant's** submission of this application does not obligate the **Applicant** to buy insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers which may have affected the **Company's** decision to offer or bind coverage could result in the offer being retracted or coverage being voided.

INSTRUCTIONS:

The purpose of this application is not only to provide the **Company** with underwriting and rating information, but more importantly, to help make certain the **Company** and the **Applicant** have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide the **Company** with accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. The application must be signed and dated by the executive officer or director of the association.
3. Attach:
 - A recent brochure or similar materials describing activities or services if that information is not available on your website;
 - The **Applicant's** most recent annual financial statement;
 - Copies of representative contracts the **Applicant** entered into with other parties related to **Applicant's** standards/specifications activities;
 - Copy of the **Applicant's** bylaws;
 - Representative specimens of the **Applicant's** standards/specifications, and publications; and
 - Any other forms or materials which will provide the Underwriter with information about the services the **Applicant** performs or offers its members.

PROPOSED INSURED (APPLICANT):

1. Name of Association:
 Street Address:
 City, State, Zip Code: Telephone No.:
 Website address(es):
2. Is the **Applicant** a member in good standing with ASAE? Yes No
NOTE: Application for this insurance requires that the **Applicant** be a member in good standing or is committing to become a member in good standing within 60 days of coverage being placed in force.
3. Name, title and telephone number of ASAE member(s):
 Name:
 Title:
 Telephone Number:
4. Does the **Applicant** association qualify as a not-for-profit organization under the Internal Revenue Code? Yes No
5. A. Provide the date the **Applicant** association was established: _____
 B. Geographic area in which the **Applicant** provides service(s):
 Local Regional (Multi-state) National International
6. Is the **Applicant** owned by or affiliated with other entities, or does the **Applicant** have any subsidiaries or affiliates?
 Yes No
 If yes, please complete the appropriate supplemental application – **NOTE:** Coverage is not automatic for additional entities; they must be named in order to be covered.
7. A. Within the past five years, has the **Applicant** changed its name or structure, or has the **Applicant** acquired, merged or consolidated with any entity? Yes No
 If yes, provide the following information:

Name of Entity	Date of Transaction	Type of Transaction (acquisition, merger or consolidation)
-
- B. In any of the transactions listed in 7.A. above, did the **Applicant** assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No
 If yes, provide details of the liability(ies) assumed:
8. A. Provide the number of the **Applicant's**:
 directors or officers: _____
 employees: _____
 volunteers (approximate): _____
 members: _____

- B. Do you wish to provide coverage for volunteers? Yes No
- C. Does the **Applicant** have any certified or licensed professionals on staff (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary or insurance agent or broker, etc.)? Yes No
If yes, what services are they providing?

OPERATIONS:

9. Does the **Applicant** create, develop, promulgate or publish standards or specifications? Yes No
If yes:
- A. Advise percentage of standards that are:
voluntary: _____%
mandatory: _____%
- B. Advise percentage of standards or specifications created, developed or promulgated by other entities which the **Applicant** publishes: _____%
(1) Describe the procedures that the **Applicant** follows in adopting and/or publishing these standards/specifications.
(2) Advise sources of these standards/specifications.
- C. Does the **Applicant** have written procedures for monitoring, reviewing, enforcing and resolving disputes over standards or specifications? Yes No
If yes, attach representative examples.
- D. Does the **Applicant** utilize external resources or independent contractors in its standards services? Yes No
If yes, advise who and what services these resources provide. Attach a representative contract or agreement.
If yes, does the **Applicant** wish to provide coverage for the independent contractors under this policy? Yes No
- E. Do industry members review and approve standards before they are published? Yes No
- F. Are standards or specifications reviewed and/or approved by any governmental agency? Yes No
If yes, which agency(ies)?
- G. Do publications include a disclaimer? Yes No
If no, explain reason why disclaimer is not required.
- H. Estimate number of:
standards developed/revised per year _____
specifications developed/revised per year _____
10. A. Advise any of the following services provided by the **Applicant** (check all that apply):
- | | | |
|---|------------------------------|-----------------------------|
| Administer certification program(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Administer accreditation program(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Continuing education or other educational coursework, classes, seminars? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Consulting services for a fee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, attach specimen contracts. | | |
| Publish periodicals (newsletter(s), magazine(s), trade journal(s), etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, forward one specimen of each periodical. | | |
- B. Briefly describe any items marked above:
- C. If the **Applicant** administers certification or accreditation programs and coverage is desired for these activities, please complete a Certification/Accreditation Supplemental Application. If the **Applicant** provides consulting services for a fee, please complete a Consulting Services Supplemental Application.
NOTE: Coverage is not automatically provided for certification, accreditation or consulting services for a fee by the Miscellaneous Professional Liability Insurance Policy for Standards and Specifications. Coverage must be added by endorsement to the policy.
11. What does the **Applicant** see as the potential exposure to E&O claims?
12. Does the **Applicant** utilize legal counsel knowledgeable in association law to review:
- | | | |
|---|------------------------------|-----------------------------|
| Standards or specifications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The Applicant's internal procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contracts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disclaimers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Provide the following information regarding the **Applicant's** gross operations revenues:

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
Domestic Operations	\$ _____	\$ _____	\$ _____
Foreign Operations	\$ _____	\$ _____	\$ _____

CLAIM EXPERIENCE:

14. A. Have any claims, suits or proceedings been made during the past five years against the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries of affiliates or against any of their past or present officers, directors, trustees, employees, volunteers or members of duly constituted committees? Yes No

If yes, complete a Supplemental Claim Information form for each.

The policy for which the Applicant is applying, if issued, will not insure any claims, suits or proceedings made against the Applicant before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.

B. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against the **Applicant** or any of the persons or entities described in 14.A. above? Yes No

If yes, please explain:

The policy for which the Applicant is applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission know to any Applicant before the inception date of the policy.

15. Has the **Applicant** or any of the **Applicant's** predecessors, subsidiaries, affiliates or employees been investigated and/or cited by any regulatory agency for violations arising out of your or their activities? Yes No

If yes, please provide details:

PRIOR OR CURRENT COVERAGE:

16. Provide the following information for similar insurance, if any, carried during the last five years:

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Policy Term</u>
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17. Provide the following information for General Liability Coverage currently in force:

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Policy Term</u>
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Does the policy above include coverage for Products/Completed Operations Hazards? Yes No

18. Provide the following information for Directors and Officers Liability Coverage currently in force:

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Policy Term</u>
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19. Limit of insurance desired: \$ _____

Retention: \$ _____

REPRESENTATIONS:

By signing this application, the Applicant agrees that:

- A. The statements and answers given in this application and any attachments to it are accurate and complete;
- B. The statements and answers the **Applicant** furnished to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
- C. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
- D. Any policy the **Company** issues will be issued in reliance upon those representations;
- E. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- F. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER: Producer Name: City, State: Telephone No.:		WHOLESALE PRODUCER: Producer Name: City, State: Telephone No.:	
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NEW HAMPSHIRE SURPLUS LINES AGENT IDENTIFICATION NUMBER: _____

NOTE: AGENT/BROKER IS RESPONSIBLE FOR COLLECTION AND FILING OF ANY SURPLUS LINES TAXES AND FEES THAT MAY APPLY.

NOTICE TO ARKANSAS 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 FINES AND CONFINEMENT IN PRISON.

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 KENTUCKY APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON.

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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 TO OHIO APPLICANTS:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO RHODE ISLAND 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 FINES AND CONFINEMENT IN PRISON.

SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

NOTICE TO TENNESSEE, VIRGINIA AND 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.