

# The Cincinnati Insurance Company

## STREAMLINED PILLAR POLICY APPLICATION FOR NONPROFIT ORGANIZATIONS

(Management Liability Coverage for small organizations other than Community Associations with no employees. Community Associations should complete application **ML 020**.)

**THIS POLICY PROVIDES CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. TO THE EXTENT IT IS NOT OTHERWISE INDICATED, THE LIMIT OF INSURANCE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE. IN NO EVENT WILL WE BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF INSURANCE. READ THE ENTIRE POLICY CAREFULLY.**

### General Information

This section must be completed.

1. Please check one:     New Business                       Renewal (Expiring Policy Number: \_\_\_\_\_ )
2. Name of Applicant: \_\_\_\_\_
3. Physical Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_
4. Mailing Address ( same as physical): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_
5. Nature of Business: \_\_\_\_\_

### Qualifying Information

To use this application, **ALL OF THE FOLLOWING MUST APPLY.**

If any of the following do not apply, please complete **ML 005** (new business) or **ML 012** (renewal).

- Tax Exempt Status applies. Please complete: 501(c) \_\_\_\_\_
- In business at least two years. Date of Incorporation: \_\_\_\_\_
- The Applicant has no subsidiaries.
- The Applicant has no employees.
- The Applicant has had no claims which would fall under the scope of this insurance in the last 3 years.
- Total Assets do not exceed \$1,000,000.
- Annual Revenues do not exceed \$250,000. Total Annual Revenues are \$ \_\_\_\_\_ .
- The Applicant is currently in a positive equity position. The Equity is \$ \_\_\_\_\_ .

**Please Note:** If all the above qualifiers apply, it will increase the likelihood of qualification under this application, but we reserve the right to request additional information when deemed necessary.

### Coverage Requested

This section must be completed.

Directors & Officers Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
Employment Practices Liability including Third Party	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
Cyber (both options can be purchased)	<input type="checkbox"/> Cincinnati Data Defender™	<input type="checkbox"/> Cincinnati Network Defender™
Crime	<input type="checkbox"/> Crime XC	<input type="checkbox"/> Crime XC+

Requested effective date of coverage (if known): \_\_\_\_\_

Desired Pay Plan:	<b>Installment Options</b>	<b>Agency Bill</b>	<b>Direct Bill</b>
	Annual	<input type="checkbox"/>	<input type="checkbox"/>
	Semi-Annual	<input type="checkbox"/>	<input type="checkbox"/>
	Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
	Monthly	N/A	<input type="checkbox"/>

**Prior Coverage**  
This section must be completed.

Please complete the table below with regard to prior coverage:

Coverage	None	Insurer	Limits	Deductible	Premium
Directors & Officers Liability	<input type="checkbox"/>		\$	\$	\$
Employment Practices Liability	<input type="checkbox"/>		\$	\$	\$
Cyber	<input type="checkbox"/>		\$	\$	\$
Crime	<input type="checkbox"/>		\$	\$	\$

**Prior Knowledge/Warranty Declarations**  
This section should be completed by new Applicants only.

1. Has the applicant given written notice under any prior policy(ies) (with coverage similar to what is being applied for under this application) of specific facts or circumstances which might give rise to a claim, which would have fallen within the scope of such insurance, against any insured proposed for insurance under this application?  
*If yes, provide details below:*  Yes  No

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2. Is any person proposed for this insurance cognizant of any act, error, or omission which he/she has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance?  
*If yes, provide details below:*  Yes  No

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No fact, circumstance or situation indicating the probability of a claim or action against which indemnification would be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance for the purpose of this application warrants that to the best of his knowledge the statements herein are true; and it is agreed that this application shall be the basis of the contract and be incorporated therein should the insurer evidence its acceptance of this application by issuance of a policy. This application will be attached to and will become part of such policy, if issued.

**Signature Section**

This section must be completed.

The Cincinnati Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorizes the release of claim information from any prior insurer to The Cincinnati Insurance Company. Signing this application does not bind the Applicant or The Cincinnati Insurance Company to complete the insurance.

PLEASE REVIEW CAREFULLY. Except to such extent as may be otherwise in the policy, the policy for which this application is being made is limited for ONLY CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE.

\_\_\_\_\_  
**Applicant's Signature (President, Chairperson, or Equivalent Position)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Name**

\_\_\_\_\_  
**Agency Code Number**

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
APPLICANT'S SIGNATURE\_\_\_\_\_  
DATE (MM/DD/YYYY)