

**(NEW YORK) EVEREST EXPEDITION® NOT-FOR-PROFIT MANAGEMENT LIABILITY
POLICY RENEWAL APPLICATION**



THE PROPOSED POLICY'S LIABILITY COVERAGE PARTS, IF PURCHASED, ARE ISSUED ON A CLAIMS MADE BASIS AND COVER ONLY CLAIMS FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. COVERAGE UNDER THE POLICY CEASES UPON TERMINATION OF THE POLICY, EXCEPT FOR AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE, OR UNLESS THE INSURED PURCHASES OPTIONAL EXTENDED REPORTING PERIOD COVERAGE. COSTS OF DEFENSE ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS MAY BE REDUCED BY UP TO 50% BY COSTS OF DEFENSE. FURTHER NOTE THAT COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE RETENTION BY UP TO 50% OF THE RETENTION AMOUNT.

THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS OR INCIDENTS ARISING OUT OF OCCURRENCES OR ALLEGED WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO ANY RETROACTIVE DATE STATED IN THE POLICY.

THE POLICY PROVIDES AN AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE FOR 60 DAYS, OPTIONAL EXTENDED REPORTING PERIOD OF 1 YEAR, AND ADDITIONAL OPTIONAL EXTENDED REPORTING PERIOD COVERAGE OF 3 YEARS FOR DIRECTORS AND OFFICERS LIABILITY. COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF THE POLICY, AUTOMATIC EXTENDED REPORTING PERIOD OR OPTIONAL EXTENDED PERIOD OR ADDITIONAL OPTIONAL EXTENDED REPORTING PERIOD DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

PLEASE READ THE ENTIRE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

APPLICATION INSTRUCTIONS:

Whenever used in this Application, the term "Applicant" shall mean the Named Applicant and all other organizations applying for coverage. Any other capitalized term not defined in this Application shall have the same meaning as in the proposed Policy.

The Applicant is required to provide a complete response to all questions in Sections I, X and XI (if applicable) as well as the Coverage Part Sections for which coverage is sought (attach additional pages if necessary) and submit all requested materials. If the Applicant is applying for coverage for a private not-for-profit healthcare or education entity, the applicable Supplemental Application must be completed.

This Application consists of the information contained herein, all materials submitted herewith (including any Supplemental Application, if applicable, attached hereto or submitted in connection with this Application) and any other information or materials included within the definition of Application in the proposed Policy.

I. GENERAL INFORMATION

1. Named Applicant Information:

a) Named Applicant:

b) Address:

City:

State:

Zip Code:

c) Nature of Operations:

d) Web Address:

SIC#:

NAICS#:

e) Human Resources Contact:

Title:

E-mail:



2. Does the Applicant now have a recognized tax-exempt status under the U.S. Internal Revenue Code? Yes No

3. Total Number of Locations: Total Number of Locations outside the U.S.:

4. Financial Information:

Based on Financial Statements Dated:	Most Recent FYE (Month/Year) ()	Prior FYE (Month/Year) ()
Total Consolidated Assets	\$	\$
Total Consolidated Liabilities	\$	\$
Net Assets / Fund Balance	\$	\$
Total Consolidated Revenue	\$	\$
Change in Net Assets	\$	\$
Cash Flow From Operations	\$	\$

5. Employee Information:

Total Number of Employees Companywide:	
Total Employees Located in Foreign Countries (Full Time, Part Time, Union, Non-Union, Seasonal, etc.):	

Please fill out the grid below according to Employment Category and State Location of Employees:

Employment Category	State Location of Employees				
	CA	NJ	AK, AL, CO, CT, FL, GA, HI, IA, IL, KS, LA, MA, MI, MN, MO, NE, NV, NY, OR, PA, TX, WA, WY, and DC	All Other States	Total
U.S. <u>Union</u> Employees (Full Time, Part Time, Seasonal, etc.):					
U.S. (Non-Union) Full Time Employees:					
U.S. (Non-Union) Independent Contractors and/or Leased Contractors:					
U.S. (Non-Union) Part Time Employees, including Seasonal, Temporary, and Volunteers:					
TOTAL					

II. DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

6. Does the Applicant derive any of its funding from federal, state, local, or other governmental or quasi-governmental sources? Yes No

If "Yes", please specify total percentage %

7. Does the Applicant have any for-profit subsidiaries, or control any other entity or organization for which coverage is requested? Yes No

If "Yes", please attach a full description of operations, ownership, and tax status for each entity.



8. Is the Applicant currently (or during the past 12 months has the Applicant been) in breach, violation or waiver of any debt covenants? If "Yes", please attach a full description. Yes No
9. In the past 24 months has the Applicant been the subject of or been involved in any litigation, including any antitrust, copyright or patent litigation? If "Yes", please attach a full description. Yes No
10. In the past 24 months (or in the next 18 months), has the Applicant experienced (or is the Applicant contemplating) any of the following:
- a) Taxable or Tax Exempt Bond Offerings? Yes No
- b) Changes to its Board of Directors or to its Key Executives? Yes No
- c) Reorganization or bankruptcy filing? Yes No
- If "Yes", please attach a full description

III. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

11. Within the last year, has the Applicant made any changes to its employee handbook or HR policies and procedures? Yes No
12. Is the Applicant or any of its subsidiaries currently undergoing or contemplating undergoing during the next 12 months any employee layoffs or early retirements (including any type of company restructuring or office, plant or store closing)? If "Yes", please attach a full description. Yes No
13. Has the Applicant been involved in employment or labor related litigation resulting in payment (including claims expenses) greater than \$25,000, during the past 3 years? If "Yes", please attach a full description. Yes No
14. U.S. Salary Ranges:

Employee Salary Ranges	% in Range Current Year	% in Range Previous Year
Up to \$50,000	%	%
\$50,000 - \$125,000	%	%
Over \$125,000	%	%

IV. FIDUCIARY LIABILITY COVERAGE PART

15. Please list the names and types of Applicant's employee benefits plan(s). Attach additional pages if needed.

Plan Names (Do not include Health and Welfare Plans)	Plan Assets (Current Year)	Type of Plan*	Number of Participants	Funding % (DB Only)
	\$			%
	\$			%
	\$			%
	\$			%

*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)



16. In the past two years, has the Applicant merged or terminated any plan(s)? If "Yes", please attach details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance. Yes No
17. Are any plans NOT in compliance with plan agreements or ERISA? If "Yes", please attach a detailed explanation. Yes No

V. FRAUD STATEMENT AND SIGNATURE

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Company will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

This Application must be signed by the Chief Executive Officer, Chief Financial Officer, or General Counsel of the Named Applicant or their functional equivalent.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

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 state value of the claim for each such violation.

SIGNATURE:

TITLE:

DATE:

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED

