



FOR COMPLETION BY ASSOCIATION CLIENT RENEWAL APPLICATION



THE ASSOCIATION PROFESSIONAL LIABILITY INSURANCE PLAN FOR NON-PROFIT ASSOCIATIONS

APPLICATION FOR CLAIMS-MADE COVERAGE

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PERSON: _____

FAX: _____ PHONE: _____ EMAIL: _____

1. Have there been any changes to the general operation, purpose or function of the Association (i.e., amendments to bylaws, new subsidiaries or additional activities since your last renewal)? Yes No
If "Yes," please describe on an additional sheet of paper and attach any bylaw amendments.
2.
 - a. What was the Association's total Annual Revenue for the past fiscal year? _____
 - b. What was the Association's total Annual Expense for the past fiscal year? _____
 - c. Did the Association have a negative fund balance at the end of the last fiscal year? Yes No
If "Yes," please include a copy of the Association's year-end financial statement.
3.
 - a. Having inquired of all Directors, Officers and employees, are there any circumstances which may result in a claim being made against the Association other than as previously reported? Yes No
If "Yes," please complete the Claim/Incident Supplement.
 - b. Since your last renewal, has the Association received any inquiry, complaints or Notice of Hearing from any State or Federal Regulatory or Congressional or Legislative Committee? Yes No
If "Yes," please describe on an additional sheet of paper.
4. Have there been any changes during the last policy term to any previously reported claims? (NOTE: only applicable if your coverage was with another carrier within the past five years.) Yes No
If "Yes," please attach an update to the status of the claim(s).

THE ASSOCIATION PROFESSIONAL LIABILITY INSURANCE PROGRAM HAS BEEN ORGANIZED AS A PURCHASING GROUP LOCATED AND DOMICILED IN ILLINOIS. PURSUANT TO LEGISLATION ENACTED BY CONGRESS KNOWN AS THE FEDERAL LIABILITY RISK RETENTION ACT OF 1986. YOU WILL AUTOMATICALLY REMAIN A MEMBER OF THE PURCHASING GROUP ONCE YOUR COMPLETED APPLICATION HAS BEEN APPROVED AND YOUR PREMIUM PAYMENT HAS BEEN RECEIVED. COMPLETION OF THE APPLICATION OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE APPLICATION IS SUBJECT TO COMPANY UNDERWRITING GUIDELINES.

I DECLARE THAT THE INFORMATION SUBMITTED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BECOMES A PART OF THE ASSOCIATION PROFESSIONAL LIABILITY APPLICATION. I UNDERSTAND THAT AN INCORRECT OR INCOMPLETE STATEMENT COULD VOID COVERAGE.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Licensed Resident Agent: Joan F. O'Sullivan

Name: _____ Signature: _____

Title: _____ Date: _____
(Authorized Representative)

Mail application to:
Mercer Consumer,
a service of Mercer Health & Benefits Administration LLC
1440 Renaissance Dr., Park Ridge, Illinois 60068-1400
Phone: (800) 323-2106, ext. 34405 Fax: (847) 493-4221

Underwritten by: Chicago Insurance Company, a member of the Interstate National Corporation, one of the Fireman's Fund Insurance Companies.