



GREEK ORGANIZATION SUPPLEMENTAL APPLICATION

TO BE COMPLETED AND SUBMITTED FOR EACH AND EVERY GREEK ORGANIZATION (NEW & RENEWAL BUSINESS)

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From: 12:01 A.M. Standard Time at the address of the Applicant

To:

Bankruptcy – Within the last 5 years, were there any pending or planned bankruptcies, or judgements for unpaid taxes against you, or your majority partner? Yes No

FEIN:

Applicant is: Fraternity Sorority Student Organization Professional Group Other:

Website:

1) When was the organization founded?
2) Is the applicant a National Group? Yes No

3) Number of total members: Female Male

Undergraduate:

Alumni (Graduate):

4) Provide the number of active chapters: Provide a list of chapters including corresponding number of members:

5) Are there any chapters with zero or inactive members? Provide details on what that entails (recruiting, rechartered, etc.): Yes No

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| 6) Are there any suspended or closed chapters?
If Yes, provide a list of all inactive or suspended chapters: | Yes No |
| 7) Does the applicant have any housed members?
If Yes, how many housed members? | Yes No |
| 8) Does the applicant Own any houses?
If Yes, who is responsible for the maintenance, snow removal, etc.? | Yes No |
| 9) Does the applicant lease any houses to others?
If Yes, provide copy of leases. | Yes No |
| 10) Are chapters recognized by the college/university?
Describe why or why not: | Yes No |
| 11) Does the Applicant have a Risk Management Policy in place?
Attach a copy of the most recent policy. | Yes No |
| 12) What is the applicant's Recruitment/Intake process? | |
| 13) What educational Programs are provided to members? | |
| 14) What training is being offered to new members (risk management, big brother, hazing, alcohol, etc.)? | |
| 15) Provide details on alumni participation: | |
| 16) Provide details on volunteer participation and training: | |
| 17) Provide details on event approval process, if any, for chapters (do they use a checklist, etc.): | |
| 18) Provide details on the chapters Liquor Policy: | |

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| 19) Does the applicant have current coverage?
If Yes, provide 5 years of currently valued loss runs.
If No, complete our No Known or Reported Loss Letter and provide prior to quoting. | Yes | No |
| 20) Are you aware of any investigation, incident condition, circumstance, defect or suspected defect in any product, service or work, which may result in a claim against you that is not disclosed above?
If Yes, attach an explanation. | Yes | No |
| 21) What is the applicant's risk mitigation steps for any losses? | | |
| 22) If applicant has an SIR, provide current audited financials and currently valued TPA loss runs. | | |

HIRED AND NON-OWNED AUTO COVERAGE

Accepted Declined

If coverage is Accepted, answer the following:

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| 1) Does the applicant own or lease any autos for more than 30 days? | Yes | No |
| 2) How many Hired and Non-Owned Auto per year?
How will they be used? | | |
| 3) Are any autos larger than private passenger vehicles?
If Yes, what type and how will they be used? | Yes | No |
| 4) Has any Hired Auto or Non-Owned Auto Liability claim or suit been made or brought against the applicant in the past five years? | Yes | No |
| 5) Describe driver safety verification protocols and risk management protocols that are in place for Hired and Non-Owned Auto use. | | |

Fraud Notices

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 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.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: 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.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.

