



**Program Manager:**  
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**Submitted By:**  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone/Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

# “Commonweal” Umbrella & D&O/EPLI Program Application for Insurance & Purchasing Group Membership

## Museums • Cultural Institutions • Historical Organizations

### Applicant Information & General Information

Applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact person’s position: \_\_\_\_\_

Contact person’s phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Year organization founded: \_\_\_\_\_

Is Applicant a nonprofit organization?  Yes  No If “No,” describe organizational form: \_\_\_\_\_

Does Applicant have currently-recognized Tax-Exempt Status under U.S. Internal Revenue Code?  Yes  No

Limits requested:  \$1MM  \$5MM  \$10MM  \$15MM  \$20MM  \$25MM

Applicant is:

- Aquarium     Arboretum     Art Gallery     Botanical Garden     Historical Society     Museum  
 Nature Center     Orchestra     Planetarium     Technology Center     Theatre

Describe your operations and purpose: \_\_\_\_\_  
 \_\_\_\_\_

Number of locations: \_\_\_\_\_ Web site address: [www.](http://www.) \_\_\_\_\_

Number Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_  
 Number of Full-Time Volunteers: \_\_\_\_\_ Number of Part-Time Volunteers: \_\_\_\_\_

### Total Ratable Exposures – General Liability

Receipts - Admissions: \$ _____	Operating Budget: \$ _____
Receipts - Food Sales: \$ _____	Total Annual Revenue: \$ _____
Receipts - Liquor Sales: \$ _____	Total Assets: \$ _____
Receipts - Gift Shop: \$ _____	Endowment Size: \$ _____
Receipts – Other: \$ _____	

“LRO” Square Footage: \_\_\_\_\_ Sq. Ft. Annual Attendance: \_\_\_\_\_ Persons

### Ratable Exposures – Automobile Liability

Vehicle Counts: PPT: \_\_\_\_\_ Light: \_\_\_\_\_ Medium: \_\_\_\_\_ Heavy: \_\_\_\_\_ Other: \_\_\_\_\_

### Museum Operations

1. Does Applicant provide any valuation services to the general public?  Yes  No  
 If “Yes,” describe: \_\_\_\_\_
2. Does Applicant conduct or sponsor any off-site events?  Yes  No  
 If “Yes,” describe: \_\_\_\_\_

## Loss Experience (3 Years of Currently-Valued, Carrier-Generated Loss Runs Required)

For each year, please indicate the "Incurred" losses (i.e. - Paid + Reserved).

	Current Year:	First Prior:	Second Prior:	Third Prior:	Fourth Prior:
General Liability:	\$	\$	\$	\$	\$
Automobile Liability:	\$	\$	\$	\$	\$
Liquor Liability:	\$	\$	\$	\$	\$
D&O Liability	\$	\$	\$	\$	\$
Employment Practices Liability:	\$	\$	\$	\$	\$

Any security-type claims (assault & battery, robbery, physical violence) in the past five years?

Yes  No

Any sexual or physical abuse or molestation claims in the past five years?

Yes  No

If "Yes" to any of the above, attach complete details on a separate sheet.

## Vehicle Information (Do Not Complete This Section Unless You Own an Automobile)

1. How many drivers use company vehicles for personal use? \_\_\_\_\_

2. Describe use of vehicles: \_\_\_\_\_

3. Driver Information

(a) Are any drivers under the age of 21?

3. (a)  Yes  No

(b) Any drivers with a DUI, DWI, reckless driving, or suspended license in the past 5 years?

3. (b)  Yes  No

(c) Do employees or volunteers use their personal vehicles for business purposes (bank deposits, errands, etc.)?

3. (c)  Yes  No

4. Is there a valet service?

4.  Yes  No

(a) If "Yes," does Applicant use:  Employees  Independent Contractor

(b) If Applicant uses an independent contractor, does the independent contractor provide Applicant with:

i. Certificates of Insurance verifying at least \$1MM of liability insurance coverage?

i.  Yes  No

ii. Additional Insured status on the independent contractor's liability policy?

ii.  Yes  No

iii. Contractual hold harmless protection?

iii.  Yes  No

5. Is any passenger transportation provided?

5.  Yes  No

## Contractor Information

1. Whenever Applicant hires a contractor, does the contractor provide the Applicant with:

(a) Certificates of Insurance verifying at least \$1MM of liability insurance coverage?

(a)  Yes  No

(b) Additional Insured status on the contractor's liability policy?

(b)  Yes  No

(c) Contractual hold harmless protection?

(c)  Yes  No

## Underlying Insurance Program

Policy Type:	Insurer & Policy #:	Limits: (In \$s)	Premium:	Policy Period:
General Liability	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__
Automobile Liability	Insurer: _____ Pol. #: _____	__ MM	\$ _____	__/__/__ - __/__/__
Employers Liability	Insurer: _____ Pol. #: _____	__ K / __ K / __ K	\$ _____	__/__/__ - __/__/__
Liquor Liability	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__
Employee Benefits Liability	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__
Directors & Officers Liability / EPLI	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__
Employment Practices Liability	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__
Special Events Liability	Insurer: _____ Pol. #: _____	__ MM / __ MM	\$ _____	__/__/__ - __/__/__

- |  |  |
|--|--|
| 1. Does the GL policy provide "Defense Costs Outside the Limits" coverage?                             | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 2. Is Hired or Non-Owned Automobile Liability coverage provided by any primary policy?                 | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 3. For multiple-location risks, does the General Liability provide coverage on a "per location" basis? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

## Directors & Officers and Employment Practices Liability

- |  |   |
|--|---|
| 1. Have there been any D&O claims made against Applicant in the past five years?   | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have there been any Employment Practices claims made against Applicant in the past five years?  | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has Applicant been involved in any Equal Employment Opportunity Commission ("EEOC") or similar Employment-related proceedings in the past five (5) years? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does Applicant have a negative fund balance? (Fund Balance = Assets – Liabilities)  | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
5. Does Applicant have written procedures in place regarding:
- |                                  |  |
|----------------------------------|--|
| a. Equal Opportunity Employment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Anti-Discrimination?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Anti-Harassment?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 6. PRIOR KNOWLEDGE STATEMENT

Is Applicant aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed Directors & Officers, Employment Practices, or Umbrella Liability coverages sought by the applicant?

6.  Yes  No

Without prejudice to any other rights and remedies of the Insurers, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed Directors & Officers, Employment Practices, and/or Umbrella Liability policies, if issued by the Insurers.

## Expiring Umbrella

<b>Current Umbrella</b>	Carrier: _____	Limit: \$ ____ MM	Premium: \$ _____
<b>Renewal Quotes</b>	Option #1: Carrier: _____	Limit: \$ ____ MM	Premium: \$ _____
	Option #2: Carrier: _____	Limit: \$ ____ MM	Premium: \$ _____

## Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged \$50,000.00 for this coverage.

## Terrorism Liability Options Selector

- I decline to purchase Certified Acts of Terrorism Liability coverage. I understand that I or the organization which I represent will have no coverage for losses arising from acts of terrorism.
- I would like to purchase Certified Acts of Terrorism Liability coverage. I understand that I or the organization which I represent will be surcharged 1.5% for this coverage.

## Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002

**Fact Statements & Fraud Notice.** The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

**Purpose & Effect Of "Application For Insurance & Purchasing Group Membership."** By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Cultural & Historical Institutions PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At [www.purchasinggroups.com](http://www.purchasinggroups.com); (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable)[Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

**Disclosure Pursuant to Terrorism Risk Insurance Act of 2002.** By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At [www.purchasinggroups.com](http://www.purchasinggroups.com).

**To Learn More.** Please Visit [www.purchasinggroups.com](http://www.purchasinggroups.com), Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker 's Income.

\_\_\_\_\_, 200\_\_\_\_\_  
Signature of Applicant (\*)      Date

\_\_\_\_\_, 200\_\_\_\_\_  
Signature of Insurance Broker      Date

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title:                      Insurance Broker

\* The application must be signed by the president, chief executive officer, or executive director of the Applicant.

# “Commonweal” Umbrella & D&O Program

## Location Supplemental - Application

PLEASE COMPLETE ONE SUPPLEMENTAL APPLICATION FOR EACH INSURED LOCATION. If there are multiple buildings at one location, only one (1) supplemental application need be completed.

### General Information

Applicant: \_\_\_\_\_

Location #: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Physical Address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Exposures: *Please mark all that apply*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Restaurant               | <input type="checkbox"/> Equestrian   | <input type="checkbox"/> Watercraft      |
| <input type="checkbox"/> Historical Re-Enactments | <input type="checkbox"/> Archery  | <input type="checkbox"/> Swimming        |
| <input type="checkbox"/> Animals                  | <input type="checkbox"/> Amusement Rides or Carnivals                                     | <input type="checkbox"/> Use of Firearms |
| <input type="checkbox"/> Children’s Day Camps     | <input type="checkbox"/> Overnight-Stay Children’s Programs or Camps                      | <input type="checkbox"/> Daycare         |
| <input type="checkbox"/> Counseling               | <input type="checkbox"/> Programs for Individuals with Disabilities or Mental Retardation |  |

If you have checked any of the above boxes, please provide details regarding same: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe children’s programs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe events conducted throughout the year: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Ratable Exposures (For This Location Only)

Receipts - Admissions: \$ \_\_\_\_\_  
 Receipts - Food Sales: \$ \_\_\_\_\_  
 Receipts - Liquor Sales: \$ \_\_\_\_\_  
 Receipts - Gift Shop: \$ \_\_\_\_\_  
 Receipts - Other: \$ \_\_\_\_\_ (Describe: \_\_\_\_\_)  
 “LRO” Square Footage: \_\_\_\_\_ Sq. Ft. (Describe: \_\_\_\_\_)

### Collections

Value of Collections – On Premises: \$ \_\_\_\_\_ Value of Collections of Others – On Premises: \$ \_\_\_\_\_  
 Value of Collections – Off Premises: \$ \_\_\_\_\_ Maximum Value of Any One Object in Collection: \$ \_\_\_\_\_

### Restaurant Operations (Do Not Complete This Section Unless You Own a Restaurant)

- |   |   |
|---|---|
| 1. Are cooking operations performed to NFPA Code?   | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 2. Is there a fully operational hood and duct fire extinguishing system?<br>(a) How often is it serviced? _____   | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 3. Does Applicant contract with a pest control service?<br>(a) If “Yes,” how often is service provided? _____   | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 4. Is there a system for dating deliveries of food by food suppliers?   | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| 5. When was last inspection by the Board of Health? ___/___/___ Number of violations _____<br>(a) Have all serious recommendations been addressed and remedied? | 5. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Water Exposures, Watercraft & Marina Exposures (Do Not Complete This Section Unless You Have Water, Watercraft, or Marina Exposures)

1. Are there docks, slips, piers, marine/marina exposures, or any other over water exposures? 1.  Yes  No
- If "Yes" -
- (a) Describe: \_\_\_\_\_
- (b) Is there: Boat fueling?  Yes  No      Recreational equipment rental?  Yes  No  
 Boat rental?  Yes  No
- (c) Does Applicant take possession of watercraft or assist watercraft in any way? 1. (c)  Yes  No
2. Does Applicant own or use any watercraft? 2.  Yes  No
3. Are there any lakes, ponds, or dams on Applicant's premises? 3.  Yes  No

## Building & Life Safety

1. What is the Maximum Occupancy? \_\_\_\_\_
2. Number of exits: \_\_\_\_\_
3. Are there smoke detectors? 3.  Yes  No
- If "Yes," are they:  Battery-powered       Hard-wired
4. The building is -  100% sprinklered       Partially-sprinklered:       Not sprinklered
5. Describe any other Life Safety protection: \_\_\_\_\_
6. Is there emergency lighting? 6.  Yes  No
7. Does anyone reside on the premises? 7.  Yes  No
8. Construction type:  Frame       Joisted Masonry       Masonry  
 Masonry Non-Combustible       Non-Combustible       Fire Resistive
9. Number of stories: \_\_\_\_\_
10. Does Applicant own the building? 10.  Yes  No
- (a) If "Yes" -
- i. Are there other occupants in the building?  Yes  No
- If "Yes," describe the other occupants of the building? \_\_\_\_\_
- ii. Are there any dwelling units:  Yes  No      If "yes," how many? \_\_\_\_\_

## Security

1. Are there security guards? 1.  Yes  No
- If "Yes" -
- (a) Are they armed? 1. (a)  Yes  No
- (b) Is there a contract in place for security services? 1. (b)  Yes  No
- (c) Are the security guards employed by?  Applicant       Independent Contractor
- If employed by an independent contractor, does the independent contractor provide Applicant with:*
- i. Certificates of Insurance verifying at least \$1MM of liability insurance coverage? i.  Yes  No
- ii. Additional Insured status on the independent contractor's liability policy? ii.  Yes  No
- iii. Contractual hold harmless protection? iii.  Yes  No

## Liquor Liability

- A. Does applicant provide, serve, or sell alcohol? A.  Yes  No  
B. Are renters of facilities permitted to provide, serve, or sell alcohol? B.  Yes  No  
C. Are caterers permitted to provide, serve, or sell alcohol? C.  Yes  No

### Section I – Applicant Liquor Exposure (Only complete this section if Question A. above is checked “Yes”)

1. Does Applicant serve alcohol on a complimentary basis? 1.  Yes  No  
If “Yes,” describe: \_\_\_\_\_
2. Does Applicant sell alcohol? 2.  Yes  No  
If “Yes” -  
(a) Describe: \_\_\_\_\_  
(b) Does Applicant have a valid liquor license? 2. (b)  Yes  No  
(c) Are all alcohol-serving employees certified in a formal alcohol training course? 2. (c)  Yes  No  
If “Yes,” provide name of the course (i.e.: TIPS, TAM, RAMP, BEST, etc): \_\_\_\_\_  
(d) Has the Applicant ever had a liquor license revoked? 2. (d)  Yes  No
3. Are employees and volunteers permitted to consume alcohol while working? 3.  Yes  No
4. Within the past five (5) years, has Applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? 4.  Yes  No  
If “Yes,” provide date(s) and details of citation(s): \_\_\_\_\_  
\_\_\_\_\_
5. Does Applicant permit patrons to “BYOB” (“Bring Your Own Bottle”)? 5.  Yes  No

### Section II – Renter Liquor Exposure (Only complete this section if Question B. above is checked “Yes”)

1. Does Applicant require renters to provide Applicant with:  
(a) Certificates of Insurance verifying at least \$1MM of liability insurance coverage? (a).  Yes  No  
(b) Additional Insured status on the renter’s liability policy? (b)  Yes  No  
(c) Contractual hold harmless protection? (c)  Yes  No

### Section III – Caterer Liquor Exposure (Only complete this section if Question C. above is checked “Yes”)

1. Does Applicant require caterers to provide Applicant with:  
(a) Certificates of Insurance verifying at least \$1MM of liability insurance coverage? (a).  Yes  No  
(b) Additional Insured status on the caterer’s liability policy? (b)  Yes  No  
(c) Contractual hold harmless protection? (c)  Yes  No

## Catering

1. Are facilities available for “on-site” banquets, receptions or private affairs? 1.  Yes  No  
If “Yes” -  
(a) How many functions are handled annually? \_\_\_\_\_  
(b) Describe the types of affairs permitted:  “Wine & Cheese” Events Only  Weddings  
 Other (Describe): \_\_\_\_\_  
\_\_\_\_\_
2. Is catering provide by:  Applicant  Caterer  Both

## Miscellaneous Exposures

1. Are there any other exposures of which we should be aware?

1.  Yes  No

If "Yes," describe: \_\_\_\_\_