

**Including Employment Practices Liability for Not-for-Profit Organizations (Claims-Made Coverage)
Insurance Program and Enrollment Form** • This brochure is valid for effective dates from 3/1/13 through 2/2/14

PROGRAM DESCRIPTION

This program provides important protection to eligible certified chapters of the National Audubon Society for claims arising out of allegations of errors, omissions or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices.

Defense costs are paid in addition to the limit of liability and coverage is provided on a claims-made basis, applying only to claims first made during the coverage period.

Coverage is provided by Nationwide Mutual Insurance Company of Columbus, OH with financial strength rating of A+ (Superior) by A.M. Best Company.

EASY WAYS TO ENROLL FOR COVERAGE



WEB: For more information or applications view us on-line at www.pachner-nas.info
OR
Submit this enrollment form, with payment, to Pachner & Associates, LLC.



E-MAIL: kestrel@pachner.info



FAX: 1-866-406-9548



MAIL: Pachner & Associates LLC
PO BOX 926
Bedford, NY 10506-0926



QUESTIONS: 1-888-582-4884

ELIGIBLE OPERATIONS

Certified Chapters of the National Audubon Society that meet all of the following criteria are eligible to submit an enrollment form for coverage under this program:

1. The organization's operations are dedicated to the conduct of National Audubon Society activities.
2. The organization has tax exempt status as a not-for-profit organization.
3. The annual gross revenue of the organization from all sources is \$1,000,000 or less.
4. The organization has obtained general liability coverage through a supporting Sports, Leisure and Entertainment Risk Purchasing Group for Certified Chapters of the National Audubon Society Program offered by Pachner & Associates.

COVERAGE AND LIMITS

This program provides two limit options to choose from.

Options	Option A	Option B
Maximum Aggregate Limit of Liability	\$ 1,000,000	\$ 2,000,000
Retention (each claim)	\$ 1,000	\$ 1,000
Premium	\$ 300.00	\$ 575.00

EXCLUSIONS

- Advertising Injury
- Bodily Injury
- Failure to maintain proper insurance
- Fungi
- Injunctive relief or any other relief or recovery other than monetary
- Nuclear Energy
- Pollutants
- Property damage
- Personal Injury
- Wrongful death

COVERAGE INFORMATION

Claims-Made During Policy Period This policy covers only claims actually made or incidents reported against the insured while the policy remains in effect, or any applicable extended reporting period. All coverages under the policy ceases upon the termination date, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

Extended Reporting Period The automatic extended reporting period is sixty (60) days from the termination or expiration date of the policy. The additional extended reporting period, if purchased, may be up to three (3) years for not-for-profit policies. If this extended reporting period is not purchased and the subsequent policy does not provide full prior acts coverage or is an occurrence policy, there may be gaps in coverage.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next.



Enrollment Form –Certified Chapters of the National Audubon Society RPG Directors and Officers Liability including Employment Practices Liability Insurance for Not-for-Profit Organizations (Claims-Made Coverage)

Valid for effective dates from 3/1/13 through 2/28/14

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

- 1. Complete all sections (print legibly)**
- 2. Sign and date where required**
- 3. Remit completed enrollment form (pages 2-4) with payment or fax/email and completed form to Pachner & Associates and pay on our website at www.pachner-nas.com**
- 4. Click on the Client Account Access link on the bottom left hand side of the page**

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Named Insured (as it should appear on the policy): _____ (the legal name of the business or organization; typically the name that would appear on any contracts or agreements)
	Doing business as (DBA): _____ (Additional name(s) under which the named insured operates)
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (____) _____
	Cell: (____) _____ Fax: (____) _____
	E-mail: _____ Website: _____

DATES	Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION	Form of business: <input type="radio"/> Not-for-profit chapter <input type="radio"/> For-profit chapter
	Do you currently have or have applied for commercial general liability coverage with Pachner & Associates for your certified chapter of the National Audubon Society? <input type="radio"/> Yes <input type="radio"/> No
	Date of organized/established: ____ / ____ / ____ Tax ID #: _____
	Number of full-time compensated employees (over 30 hours a week for 12 months) _____
	Number of part-time compensated employees (under 30 hours a week or less than 12 months) _____
	Number of volunteers (not including board members) _____
	Total annual gross revenue for the organization (gross revenue includes all receipts from fees, sponsorships, grants, fundraisers, membership, ticket sales)..... \$ _____
	Total assets for the organization (example: art work, sanctuaries, property, scopes) \$ _____
Total liabilities for the organization (example: loans) \$ _____	

PAST ACTIVITIES WARRANTY

NEW ACCOUNTS ONLY - Complete this section only if this is a new enrollment form with Pachner.

Does your organization currently have D&O liability in force with another insurance company? Yes No
 If yes, please provide the following:

Carrier: _____ Limit: _____
 Premium: \$ _____ Exp. date: ____/____/____

Past Activities:

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include the loss payment and defense cost):

If so, explain: _____

If none, check here

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, except as follows:

If none, check here

PREMIUM CALCULATION	Premium (based on annual revenues of \$1,000,000 or less)	Option A \$1,000,000 Limit	Option B \$2,000,000 Limit	Florida Applicant	
				Option A \$1,000,000 Limit	Option B \$2,000,000 Limit
		<input type="radio"/> \$ 300.00	<input type="radio"/> \$ 575.00	<input type="radio"/> \$ 303.90	<input type="radio"/> \$ 582.48

DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. Additional certificate requests will be delivered to the same person. Please select only one option.

E-mail to: _____ attn: _____
 (selecting this option confirms your consent for coverage documents to be delivered via e-mail)

Fax to: _____ attn: _____

Mail to: _____ attn: _____

PAYMENT INFORMATION

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.

Please make check payable to Pachner & Associates. Enclosed is check # _____ for \$ _____

OR

For your convenience check payments may also be made online at www.pachner-nas.info
 Click on the **Client Account Access** link on the bottom left hand side of the page

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA 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.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate. I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Pachner & Associates, LLC receives a commission of 12.5% of the policy premium from the insurers (included in the premium) for servicing the policy. The total may also include an annual RPG membership fee up to ten dollars. We expect to receive no other remuneration for servicing these policies. Pachner & Associates, LLC has no material financial interest in the insurers, and they have no material financial interest in Pachner & Associates, LLC. Pachner & Associates represents the policy holder as their agent for the purposes of this transaction. We do have a contract with the managing general underwriter K&K Insurance Group, Inc. that obligates us to certain guidelines in terms of payment of premium, binding authority, issuance of certificates of participation and paperwork. You may submit a written request for additional information about our remuneration.

Applicant signature: _____ **Date:** _____

Must be signed by President, Executive Director or Treasurer acting as an authorized agent of the organization

Printed name: _____ Title: _____

Named insured (from page 2): _____