

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

**SUPPLEMENT FOR NONPROFIT INDIVIDUAL AND ORGANIZATION INSURANCE
INCLUDING EMPLOYMENT PRACTICES LIABILITY**

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Indicate the total number of charges (by primary allegation of each charge) for each of the last five years for any charges filed with the EEOC or state agency against the Applicant at any location, whether filed by current employees or volunteers, terminated employees or volunteers or employees or volunteers not hired.

For each charge, attach a copy of the charges, the Applicant's response and the dismissal or status.

Primary Allegation	Year	Year	Year	Year	Year
(1) Gender Discrimination					
(2) Age Discrimination					
(3) Racial, Religious, Ethnic Discrimination					
(4) Other Discrimination					
(5) Violation of Fair Labor Standards					
(6) Sexual Harassment					
(7) Violation of American with Disabilities Act					
(8) All Others _____					

3. Have there been any litigated cases (including wrongful termination suits under state law alleging violations of laws other than anti-discrimination law) and EEOC or state agency charges over the last five years for which any settlement was or may be paid? [] Yes [] No

If Yes, provide the following information. **Attach a narrative with comparable information if necessary.**

Date of Suit/ Charge	Claimant	Primary Allegation (if applicable, use description from question 2)	Losses Paid	Losses Reserved	Legal Expense Paid	Legal Expense Reserved

Signing this Supplement does not bind the Insurer to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by the Chairman, President or Executive Director (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date

FLORIDA BUSINESS REQUIRED INFORMATION

PRODUCED BY (Insurance Agent or Broker):

Producer Name: _____ Firm Name: _____
Taxpayer ID or Social Security No.: _____ Producer License No: _____
Agency: _____
Address (No., Street, City, State and ZIP): _____

Notice to Colorado Applicants: 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.

Notice to Florida Applicants: 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.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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 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 stated value of the claim for each such violation.

Notice Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: 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 false, incomplete or misleading information is guilty of a felony.

Notice to Oregon 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 any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud and may subject the person to criminal and civil penalties.

Notice to Tennessee and Virginia Applicants: 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.

Notice to Applicants (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 fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.