

**OTHER ENTITY / SUBSIDIARY
APPLICATION**

(Please complete a separate # 10 for each subsidiary)

I. APPLICANT

Organization Name: _____
 Organization Address: _____

II. OTHER ENTITY / SUBSIDIARY GENERAL INFORMATION

1. Name of subsidiary or other entity for which coverage is desired: _____
2. Address (if different from "Applicant" above): _____
3. Is the organization a 501(c)(3)? Yes No
 If yes, has subsidiary's tax-exempt status been terminated, suspended or challenged or is such action now threatened? Yes No **If yes, please provide details.**

4. Purpose/Mission of the organization: _____

5. In what state is the subsidiary organization incorporated? _____ (i.e. CA, NV, VT, TX, etc.)
6. Is the organization a separate corporation? Yes No
7. Is the organization a wholly owned subsidiary of the applicant? Yes No
 If no, what is the relationship and percentage of ownership, if any?

8. Does this organization share board members with the applicant? Yes No
9. Does this organization share employees with the applicant? Yes No

Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.