

**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