



Application for Not-For-Profit Directors and Officers Liability Insurance

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

1. Name of Organization: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Phone No.: _____ Fax No: _____ Web Address: _____
4. Federal Employer Identification (FEIN) _____ Date Established: _____
5. Briefly explain nature of your operations: _____

6. State of Incorporation: _____ If school, are you accredited? _____
7. Scope of operations: (check one) Local State Regional National International
8. Number of Directors, Officers, Board Members and Trustees: _____

PLEASE ATTACH A STATEMENT OF DETAILS FOR ALL "YES" ANSWERS TO QUESTIONS 8-17

9. Are you tax exempt under the U. S. Internal Revenue Code? Yes No
10. Has the organization filed a tax form over the last three years? Yes No
11. Has the form been accepted as filed? Yes No
12. Do you issue stock/have shareholders? Yes No
13. Do you operate not-for-profit? Yes No
14. Do you publish magazines, periodicals or newsletters? Yes No
15. Are you involved in product research, product development, testing, and/or certification? Yes No
16. Do you set standards for the qualification and performance and/or certify members? Yes No
17. Do you engage in any disciplinary actions as a result of peer review activities? Yes No
18. Do you administer or sponsor any insurance programs for your members? Yes No
19. Do you conduct any collective bargaining activities? Yes No

20. Do you have subsidiaries? If yes, please attach a list including whether they are for-profit or nonprofit, their activities/purpose and annual revenues for each. Yes No
21. Are you affiliated with any other organization that is not a subsidiary listed above? Yes No
If yes, please attach a list and describe the relationship.
Do you desire coverage for that entity(s)? Yes No
22. Do you provide any professional services? If yes, attach details. Yes No
23. Do the organization's bylaws indemnify the individual Directors & Officers for loss? Yes No
24. Does the organization or any subsidiary act as the administrator of any employee Benefit plans under ERISA or act in a fiduciary capacity for any employee benefits? Yes No
25. Is the nonprofit organization managed or administered by any third party under Contract or agreement? If yes, a copy of the contract must be attached. Yes No
26. Do you currently carry Directors & Officers insurance? Yes No

If yes, Expiration Date: _____ Insurer: _____

Limit: _____ Retention: _____ Premium: _____

27. Within the last three (3) years: A) has the Organization (or any subsidiary applying for Coverage) received any inquiry complaint, or notice of hearing from any state or federal Authority, agency, or legislative committee, or B) does the Organization know of or is it Involved with any pending federal, state, or local government's action against the Organization And/or any insured? If yes, please attach details. Yes No
28. Has any Claim been made in the last five years, or is any Claim now pending, against The Organization or any insured proposed for this insurance? If yes, please attach details. Yes No
29. Is any person proposed for this insurance cognizant of any fact, circumstance or Situation which said person has reason to suppose might afford grounds for any future claim against any Insured and/or the Organization? If yes, please attach details. Yes No
30. Please provide the following information for the past fiscal year (you may attach audited Financials):
Fiscal year: _____ Total Revenue: _____ Total Expenses: _____
Total Assets: _____ Fund Balance: _____
31. Are you a condominium or property owners association? Yes No
of units: _____ % sold: _____ % rented or leased: _____
Are you a timeshare condominium association? Yes No
Does the builder/developer sit on the board? Yes No
If the builder/developer is represented on that board, what % of the board does He/she control? _____

32. Total number of employees (including Subsidiaries) Full-time: _____ Part-time: _____ # Volunteers: _____