



## Not-For-Profit Organization Directors, Officers & Trustees Liability Insurance Application

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_  
Customer #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### A. GENERAL INFORMATION

1. Named Insured: \_\_\_\_\_
2. Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Entity type: \_\_\_\_\_
4. Contact name: \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
5. Total Assets: \$ \_\_\_\_\_
6. Year of incorporation \_\_\_\_\_
7. State chartered in: \_\_\_\_\_ Additional location states \_\_\_\_\_
8.  Yes  No Has the proposed coverage ever been purchased before?  
Current Directors & Officers Policy (D&O) \_\_\_\_\_  
Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_  
Limit \_\_\_\_\_ Deductible \_\_\_\_\_  
Premium \_\_\_\_\_ Retro Date \_\_\_\_\_  
Claims Made?  Yes  No
9.  Yes\*  No (NOT APPLICABLE IN MISSOURI) Has any policy or coverage ever been declined, cancelled or non-renewed?  
\*If yes, please explain: \_\_\_\_\_
10. Proposed effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_
11. D&O Each Claim Limit requested: \_\_\_\_\_
12. Defense Costs Inside or Outside the Policy limits? \_\_\_\_\_
13.  Yes  No Will you also be quoting requesting EPLI coverage for this applicant?
14. Describe the nature of the operation: \_\_\_\_\_
15.  Yes  No\* Does applicant now have tax-exempt status under the U.S. Internal Revenue Code?  
If yes, has there been any dispute as to the applicant's tax-exempt status?  Yes  No  
\*If no, has the applicant:  Not yet applied  Applied & not yet approved  Applied & been denied
16. Type of non-profit organization under U.S. Federal Tax Code: \_\_\_\_\_
17.  Yes  No Does applicant have any subsidiaries or control of any other entity or organization?  
If yes, please describe: \_\_\_\_\_
18.  Yes  No Does applicant or any subsidiary render any professional services:  
If yes, please describe: \_\_\_\_\_
19.  Yes  No Does another entity own or control the applicant?  
If yes, please describe: \_\_\_\_\_
20. Enter the total number of: Directors \_\_\_\_\_
21. Length of their elected terms: \_\_\_\_\_
22.  Yes  No Are terms staggered?
23. How are officers/directors selected? (member vote, appointment) \_\_\_\_\_
24. Total number of members? \_\_\_\_\_
25.  Yes  No Does applicant's bylaws contain a Dissolution Clause?
26.  Yes  No Does any director/officer profit from the applicant's operations except as an employee?  
If yes, please explain: \_\_\_\_\_
27.  Yes  No Are any directors or officers indebted to the organization?  
If yes, please explain: \_\_\_\_\_
28.  Yes  No Has the applicant or any subsidiary during the last 5 years been the subject of antitrust investigation or the subject of any claim or allegation of violation of any laws relating to antitrust, restraint of trade or unfair competition?  
If yes, please explain: \_\_\_\_\_

29. How does applicant obtain funding? \_\_\_\_\_
30.  Yes  No Is applicant involved in product research, development, testing or certification?  
If yes, please explain: \_\_\_\_\_
31.  Yes  No Is applicant engaged in publishing magazines, periodicals, newsletters, journals or manuals?  
If yes, please attach copy. \_\_\_\_\_
32.  Yes  No Does applicant administer insurance programs for your members?  
If yes, please explain: \_\_\_\_\_
33.  Yes  No Is applicant involved in accreditation activities?  
If yes, please explain: \_\_\_\_\_
34.  Yes  No Is the organization engage in any peer review or credentialing activities?  
If yes, please explain: \_\_\_\_\_
35.  Yes  No Does the organization grant or administer any loans?  
If yes, please explain: \_\_\_\_\_
36.  Yes  No Have any loan agreements been violated in the last 3 years?  
If yes, please explain: \_\_\_\_\_

#### B. LOSS HISTORY

1.  Yes  No Are you aware of any circumstances which may give rise to claim?  
If yes, please explain: \_\_\_\_\_
2.  Yes  No Have there been any lawsuits, grievances or demands made within the last three years?  
If yes, please explain: \_\_\_\_\_  
If yes to #2, what remedial measures have been taken to prevent further lawsuits, grievances or demand? Please describe : \_\_\_\_\_

#### C. OTHER MATERIAL FACTS - MUST BE COMPLETED

PLEASE DECLARE ANY MATERIAL FACTS ON A SEPARATE SHEET. A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ASSESSMENT OF THIS RISK, THE PREMIUM CHARGED AND TERMS AND CONDITIONS IMPOSED BY THE UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT WOULD BE CONSIDERED MATERIAL YOU SHOULD DECLARE IT.

NONE  Describe below

\_\_\_\_\_

#### D. NOTICE

1. Please provide applicant's Articles of Incorporation, bylaws, and financial information for the applicant's current fiscal year by attaching the applicant's current financial statements. (If revenue amount or total assets exceed \$5,000,000, please attach CPA-audited most recent year-end financial statements.)
2. Prior to binding coverage, the underwriter, in its sole discretion, may request any or all of the following:
  - a. Complete copies of the applicant's last CPA-audited financial statements with notes. If these are not consolidated, the Underwriter may request financial statements on each unconsolidated entity.
  - b. The names and occupations of the applicants board of directors and trustees.
  - c. Copies of brochures and publications produced by the applicant.
  - d. Verification of bank balances, Accounts Receivable and Payable.
  - e. Most recent IRS Form 990.

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of the Proposed Insured/s further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, he/she will immediately notify us of such change. Signing the application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made part of the Policy should the Policy be issued.

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 deceptive statement is guilty of insurance fraud.

Applicant's Authorized Signature	Title	Date
Agent Name (please print or type)	Agent Signature	Date

Home Office Use Only:		
<b>Customer Number:</b>	<b>Policy Number:</b>	<b>Policy Period:</b>