



## Non-Profit D & O

**Please print this application and fax it to us at (219)864.8940**

**ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.**

*Application for Non Profit Directors & Officers liability Insurance (Coverage Part A) and  
Employment Practices Liability Insurance (Optional Coverage part B).*

NAME OF ORGANIZATION:	
ADDRESS:	
PURPOSE OF ORGANIZATION:	
IN CONTINUOUS EXISTENCE SINCE:	
ARE THERE SUBSIDIARIES?	YES    NO
IF YES, PROVIDE NAME(S), DATE ESTABLISHED, NATURE OF OPERATION, PROFIT OR NON PROFIT, PURPOSE, BYLAWS AND FINANCIAL STATEMENTS FOR EACH SUBSIDIARY:	
IF YES, IS COVERAGE REQUESTED FOR THEM?	YES    NO

### DIRECTORS AND OFFICERS LIABILITY INSURANCE CARRIED:

INSURER	LIMITS OF LIABILITY	PREMIUM	DEDUCTIBLE	POLICY PERIOD

DIRECTORS AND OFFICERS LIABILITY INSURANCE HAS BEEN CONTINUOUSLY IN FORCE SINCE:

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DOES THE ORGANIZATION CURRENTLY CARRY GENERAL LIABILITY INSURANCE?	YES	NO
HAS ANY POLICY FOR DIRECTORS AND OFFICERS LIABILITY INSURANCE EVER BEEN CANCELED OR NON-RENEWED?	YES	NO
IF YES, PLEASE ADVISE DETAILS:		
THE INDIVIDUAL OF THE ORGANIZATION DESIGNATED TO RECEIVE ANY AND ALL NOTICES FROM THE INSURER OR THEIR AUTHORIZED REPRESENTATIVE(S) CONCERNING THIS INSURANCE IS:		
NAME	TITLE	
NUMBER OF MEMBERS:		
NUMBER OF CHAPTERS:		
IF THERE ARE CHAPTERS, IS COVERAGE REQUESTED FOR THEM UNDER THIS POLICY?	YES	NO



<input type="checkbox"/>	IS THE ORGANIZATION INVOLVED IN PRODUCT RESEARCH, DEVELOPMENT, TESTING AND/OR CERTIFICATION?	YES	NO
<input type="checkbox"/>	DOES THE ORGANIZATION ENGAGE IN ANY DISCIPLINARY ACTIONS AS A RESULT OF PEER REVIEW ACTIVITIES?	YES	NO
<input type="checkbox"/>	DOES THE ORGANIZATION ADMINISTER OR SPONSOR ANY INSURANCE PROGRAMS?	YES	NO
<input type="checkbox"/>	IS THE ORGANIZATION INVOLVED IN ANY ACCREDITATION OR STANDARD SETTINGS ACTIVITIES?	YES	NO
<input type="checkbox"/>	IS THE ORGANIZATION INVOLVED IN ANY LABOR/UNION NEGOTIATIONS OR COLLECTIVE BARGAINING ACTIVITIES?	YES	NO



TOTAL NUMBER OF FULL-TIME EMPLOYEES:		
TOTAL NUMBER OF PART-TIME EMPLOYEES:		
DOES THE ORGANIZATION HAVE WRITTEN: ANTI-SEXUAL HARASSMENT POLICY?	YES	NO

ANTI-DISCRIMINATION POLICY?	YES	NO
IF YES, PLEASE ATTACH A COPY.		
HAS THERE BEEN ANY REDUCTION OF EMPLOYEES IN THE PAST 12 MONTHS OR IS A REDUCTION ANTICIPATED IN THE NEXT 12 MONTHS?	YES	NO
IF YES, WHAT PERCENTAGE?		



WITHIN THE LAST 5 YEARS, HAS ANY INQUIRY, COMPLAINT, NOTICE OF HEARING, CLAIM OR SUIT BEEN MADE (INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, STATE HUMAN RIGHTS BOARDS, MUNICIPAL, STATE OR FEDERAL REGULATORY AUTHORITIES), AGAINST THE ORGANIZATION, OR ANY PERSON PROPOSED FOR INSURANCE IN THE CAPACITY OF EITHER DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THE ORGANIZATION?	YES	NO
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IS ANY PERSON PROPOSED FOR THIS INSURANCE AWARE OF ANY FACT, CIRCUMSTANCE OR SITUATION WHICH MAY RESULT IN A CLAIM AGAINST THE ORGANIZATION OR ANY OF ITS DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES OR VOLUNTEERS?	YES	NO
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IF YES, PLEASE EXPLAIN.



ANNUAL REVENUES (PAST 12 MONTHS)	\$
PROJECTED ANNUAL REVENUES (NEXT 12 MONTHS)	\$
FUND BALANCE (TOTAL ASSETS - TOTAL LIABILITIES)	\$
IS THE FUND BALANCE?	POSITIVE      NEGATIVE



IT IS AGREED THAT THIS RENEWAL APPLICATION(S) ATTACHED TO THE CURRENT POLICY AND SAID APPLICATIONS, TOGETHER WITH THIS RENEWAL APPLICATION, CONSTITUTE THE COMPLETE APPLICATION WHICH SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

<input type="checkbox"/>	COMPLETED APPLICATION SIGNED AND DATED BY EITHER THE PRESIDENT OR CHAIRMAN OF THE BOARD.
<input type="checkbox"/>	LATEST AUDITED FINANCIAL STATEMENT (IF FINANCIAL STATEMENT IS NOT AUDITED, ATTACH UNAUDITED 12 MONTH FINANCIAL STATEMENT OR A 990 TAX FORM).
<input type="checkbox"/>	PURPOSE STATEMENT FROM BYLAWS OR SUMMARY OF OPERATIONS/BROCHURE.

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 THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF THAT STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED FURTHER DECLARES THAT ANY OCCURANCE OR EVENT TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY STATEMENT MADE WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. THE INSURER IS HEREBY AUTHORIZED, BUT NOT REQUIRED, TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE INFORMATION, STATEMENTS AND DISCLOSURES PROVIDED IN THIS APPLICATION. THE DECISION OF THE INSURER NOT TO MAKE OR TO LIMIT ANY INVESTIGATION OR INQUIRY SHALL NOT BE DEEMED A WAIVER OF RIGHTS BY THE INSURER AND SHALL NOT STOP THE INSURER FROM RELYING ON ANY STATEMENT IN THIS APPLICATION IN THE EVENT THE POLICY IS ISSUED. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED AND BECOME A PART OF THE POLICY.

SIGNATURE	
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(CHAIRMAN OF THE BOARD OR PRESIDENT)

TITLE:	DATE:
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