



**Directors, Officers, Insured Entity
and Employment Practices
Insurance Application**

1. Name of Organization: _____
2. Address: _____
 City: _____ State: _____ Zip: _____
3. Web Site Address: _____
4. Contact person to receive all notices on behalf of the Insured: _____
 Title: _____ Contact's Phone Number: _____
5. When organized? _____
6. a) Describe the nature and purpose of the Applicant's operation. _____

b) Does the Applicant have a tax exempt status under the US Internal Revenue Code? Yes No
 If No, provide an explanation: _____

Associations other than Condominium, Homeowners & Townhome Associations complete section 6. c) – e).

- c) Is the Applicant's scope: Local Regional State National International
- d) Number of members (if applicable): _____
- e) Number of chapters: _____ Is coverage requested for the chapter(s)? Yes No

7.	Year	Revenues	Net Income	Assets	Fund Balance

***Submit with financial statements or IRS Forms 990 if: Revenues exceed \$2,000,000, Assets exceed \$10,000,000, Negative Net Income level exceeds 25% of revenues or the Fund Balance is negative.**

8. Please attach the following information on all subsidiaries. If "None" please indicate. None
 - a) Name
 - b) Date of Acquisition/Creation
 - c) Percent of Control
 - d) Nature of Operation
 - e) Operated for profit or non-profit
 Attach a copy of the most recent financial statement for each subsidiary.
9. Does the organization carry General Liability Insurance? Yes No
10. Does the Applicant sell, sponsor, or administer any insurance product (other than those designed solely for the Applicant)? Yes No
 If yes, describe in detail: _____

11. Is any entity proposed for insurance involved in any of the following:
 - a) Research, development or testing? Yes No
 - b) Certification, accreditation or standard-setting? Yes No
 If yes, describe in detail: _____

If Employment Practices Liability Insurance coverage is NOT desired check here. If desired, proceed with items 12. a) – e).

12. a) Total Number of Employees: _____
Part-Time, Seasonal/Temporary and Volunteers are counted as ½ each.
 Full-Time _____ Part-Time _____ Seasonal/Temporary _____ Volunteers _____
- b) Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No
- c) Does a lawyer review involuntary employment terminations prior to the termination of an employee? Yes No
- d) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? Yes No
- e) Does the Applicant have formal written procedures for hiring and firing employees? Yes No

13. During the last three (3) years has the Applicant been involved in, or are they presently considering or contemplating:
a) Any change in the nature of business operations? Yes No
b) Any merger, consolidation or acquisition? Yes No
If yes, describe in detail: _____

14. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been Yes No 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 Director, Officer, Trustee, Employee, or Volunteer of the Applicant?
Provide details of each claim on a separate page.
b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, Yes No which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers?
Provide details of each claim on a separate page.

15. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been Yes No declined, non-renewed, cancelled or refused? If yes, provide details:

16. Current Insurance Company: _____
Policy Period: From: _____ To: _____
Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

17. Limits of Insurance requested: _____
REQUIRED INFORMATION:

- A. Completed application signed and dated by the President, Chairperson or Executive Director.
- B. If revenue is over \$2MM attach most recent twelve (12) month Financial Statement or IRS Forms 990.

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will be attached to and become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: _____
(Must be signed by Chairman of the Board, President or Executive Director)

Title: _____ Date: _____