

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

26. How does applicant obtain funding? _____
27. Yes No Are you involved in product research, development, testing or certification?
If yes, please explain: _____
28. Yes No Are you engaged in publishing magazines, periodicals, newsletters, journals or manuals?
If yes, please attach copy. _____
29. Yes No Do you administer insurance programs for your members?
If yes, please explain: _____
30. Yes No Is this organization involved in accreditation activities?
If yes, please explain: _____
31. Yes No Does the organization engage in any peer review or credentialing activities?
If yes, please explain: _____
32. Yes No Does the organization grant or administer any loans?
If yes, please explain: _____
33. 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 provide details on a separate sheet.
2. Yes No Have there been any lawsuits, grievances or demands made within the last three years?
If yes, please provide details on a separate sheet.
If yes to #2, what remedial measures have been taken to prevent further lawsuits, grievances or demand? Please describe : _____

C. 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.

D. 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 ATTACHED

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:

Customer Number: _____

Policy Number: _____

Policy Period: _____