



**APPLICATION FOR NOT-FOR-PROFIT ORGANIZATION
DIRECTORS, OFFICERS AND TRUSTEES LIABILITY INSURANCE
INCLUDING EMPLOYMENT PRACTICES LIABILITY COVERAGE**

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE AGAINST THE "INSUREDS" DURING THE POLICY PERIOD.

1. a) Name of Applicant: _____
(Wherever used, Applicant means the above entity and its subsidiaries.)
- b) Principal Address: _____
City: _____ State: _____ ZIP: _____
- c) Date of Incorporation: _____
2. a) Please give details of the present insurance. If none, so state:
Insurer D&O: _____ Limit: _____ Premium: _____
Insurer CGL: _____ Limit: _____ Premium: _____
D&O Policy Expiration Date: _____ D&O Corporate Deductible: _____
- b) Have any of the above carriers indicated an intent not to offer renewal terms? Yes No
3. a) Please provide a brief description of the Applicant's operations: _____

- b) Does the Applicant have any subsidiaries or control any other entity or organization? Yes No
If "Yes," please attach a description of the operations, ownership, and tax status of each such entity.
- c) Does the Applicant or any entity described in 3.b) above render any professional services, including but not limited to acting as agent or broker of insurance or providing any standard setting, accrediting, credentialing, or licensing activities? Yes No
If "Yes," please explain: _____
4. a) Does another entity own or control the Applicant? Yes No
- b) Has the Applicant or any subsidiary during the last five years been the subject of any antitrust investigation or the subject of any claim or allegation of violation of any laws relating to antitrust, restraint of trade or unfair competition? Yes No
If "Yes" to either 4.a) or 4.b), please explain: _____

5. a) Does the **Applicant** now have tax-exempt status under the U.S. Internal Revenue Code?
 Yes No
- If "Yes," has there been or is there any pending dispute as to the **Applicant's** tax-exempt status?
 Yes No

6. Please attach the following:

- a) Complete copies of the **Applicant's** last CPA-audited financial statement with notes. If not consolidated, provide financial statements on each unconsolidated entity.
- b) The names and occupations of the **Applicant's** Board of Directors and Trustees.
- c) The **Applicant's** Charter and By-Laws.
- d) Copies of brochures and publications produced by the **Applicant**.

7. During the last five years, no claims such as would fall within the scope of the proposed insurance have been made against the **Applicant**, its Directors, Officers, Trustees, Employees, Volunteers, Staff, or Committee Members, except as follows (include loss payment and defense costs). If answer is none, so state:

8. No persons or entity(ies) proposed for this insurance are cognizant of any fact, circumstance or situation which they have reason to suppose might afford grounds for any claim such as would fall within the scope of the proposed insurance, except as follows. If answer is none, so state:

Without prejudice to any other rights and remedies of the Underwriter, any claims arising from any claims, facts, circumstances or situations required to be disclosed in response to 7 and 8 is excluded from the proposed insurance.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER HAS RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING THIS POLICY. THIS APPLICATION WILL BECOME PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW THE QUOTATION.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE UNDERSTAND THAT THIS POLICY APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST THE "INSUREDS" DURING THE POLICY PERIOD.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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 THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: 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 INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICANT		
BY <i>(President and/or Executive Director)</i>	TITLE	DATE

Note: This Application must be signed by the President and/or Executive Director of Applicant acting as the authorized agent of the persons and entity(ies) proposed for this insurance.

PRODUCED BY <i>(Insurance Agent)</i>	INSURANCE AGENCY
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>	

SUBMITTED BY <i>(Insurance Agency)</i>	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>		