

**NOT FOR PROFIT ORGANIZATION  
AND EXECUTIVE LIABILITY COVERAGE APPLICATION**

**1. GENERAL INFORMATION**

**Organization:** \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date Established: \_\_\_\_\_

Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

**2. SUBSIDIARIES**

Do you want to include all **Subsidiaries**? \_\_\_\_\_

**Attach a list of all Subsidiaries or affiliated companies to be covered including the following information:  
nature of business, ownership, date acquired or created.**

Does the **Organization**, any **Subsidiary** or any proposed **Insured Person** presently act in the capacity of general partner in any limited or general partnership? \_\_\_\_\_  
**If yes, attach details.**

Are any **Subsidiaries** or partnerships for-profit organizations? \_\_\_\_\_  
**If yes, please attach details.**

**3. INSURED PERSONS**

As part of this Application, please attach a list of all directors, officers and trustees for whom you are requesting coverage.

**4. OPERATIONS**

Are the **Organization** and its **Subsidiaries** exempt from Federal and State income taxes? \_\_\_\_\_

Does the **Organization** or any **Subsidiary** publish any magazines, periodicals or newsletters? \_\_\_\_\_  
**If yes, please attach details.**

Has the **Organization** or any **Subsidiary** changed auditors in the past 3 years? \_\_\_\_\_  
**If yes, please attach details.**

**5. PAST ACTIVITIES**

Has the **Organization**, any **Subsidiary** or proposed **Insured Person** been involved in any of the following:

Anti-trust, copyright or patent litigation? \_\_\_\_\_

Civil or criminal action or administrative proceeding charging violation of any federal or state law or regulation or any other criminal action? \_\_\_\_\_

Representative actions, class actions or derivative suits? \_\_\_\_\_

Investigations or inquiries by any Federal, State or local authorities? \_\_\_\_\_

**If you answered yes to any of the preceding questions, please attach details.**

**6. EMPLOYMENT PRACTICES**

Employees on Payroll	Current Total	Prior Year Total
Full time	_____	_____
Part-time	_____	_____
Temporary	_____	_____

Number of employees terminated or laid off in the past 12 months? \_\_\_\_\_; the past 24 months? \_\_\_\_\_

Annual employee turnover rate for each of the last 3 years:	Year	% Turnover
	_____	_____%
	_____	_____%
	_____	_____%

Number of employees with total annual compensation greater than \$100,000? \_\_\_\_\_

Does the **Organization**:

Use outside employment counsel for employment advice? \_\_\_\_\_ If yes, name of the firm and primary contact: \_\_\_\_\_

Obtain advice from outside counsel and human resource management prior to terminating an employee? \_\_\_\_\_

Have a full time human resource manager or department? \_\_\_\_\_

Distribute an employee handbook to all employees? \_\_\_\_\_

Have a manual of human resource policies and procedures? \_\_\_\_\_

Provide formal training for its managers and supervisors in administering these procedures? \_\_\_\_\_

Have a written policy against discrimination, including sexual harassment? \_\_\_\_\_

Have a grievance procedure for dealing with discrimination claims? \_\_\_\_\_

Use employment applications for all applicants and new hires? \_\_\_\_\_

Use any testing (psychological, drug, polygraph, etc.) for screening applicants or for continued employment or promotion? \_\_\_\_\_

Have a written progressive disciplinary program? \_\_\_\_\_

**If you answered no to any of the preceding questions, please attach details.**

Are all employees indemnified under the indemnification provisions of the by-laws, charter or articles of incorporation? \_\_\_\_\_

**If no, please attach details.**

Has the **Organization**, any **Subsidiary** or any proposed **Insured Person** had any:

EEOC or NLRB charges, Federal, State or local judgments or, demand letters from current or former employees or their attorneys? \_\_\_\_\_

**If yes, please provide the following information: applicable dates, named party(ies), damages incurred or demanded, legal expenses, current status and a brief description of the circumstances.**

Lawsuits, mediations, arbitrations or negotiated settlements with any current or former employees? \_\_\_\_\_

**If yes, please provide for each the applicable dates, named party(ies), jurisdiction, legal expenses, current status and a brief description of the circumstances.**

*It is agreed that any **Claim(s)** arising from any facts, circumstances or situations mentioned in the two questions immediately above are excluded from coverage.*

## 7. INSURANCE

Do you currently have directors and officers or employment practices liability insurance?

**If yes, please provide:**

Insuror: \_\_\_\_\_ Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

Premium: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has the **Organization**, any **Subsidiary** or proposed **Insured Person** given written notice under the provisions of any prior or current directors and officers or employment practices liability policy or similar insurance or endorsement, of specific facts or circumstances which might give rise to a **Claim** being made against any proposed **Insured**? \_\_\_\_\_

**If yes, please attach details.**

Have any **Loss** payments been made on behalf of any proposed **Insured** under any directors and officers or employment practices liability coverage or similar insurance or endorsement? \_\_\_\_\_

**If yes, please attach details.**

## 8. PRIOR KNOWLEDGE/REPRESENTATION

**IT IS IMPORTANT THAT YOU FILL IN THE BLANK IN THE PARAGRAPH. THIS SECTION DOES NOT APPLY IF YOU HAVE REQUESTED CONTINUITY OF COVERAGE AND YOUR REQUEST HAS BEEN ACCEPTED OR GRANTED.**

No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future **Claim** that would fall with the scope of proposed coverage, except:  
**(if none, please state none)** \_\_\_\_\_

## 9. ADDITIONAL MATERIALS NEEDED

As part of this Application, please attach the following (where applicable)

- ?? Latest audited and interim financial statements.
- ?? A copy of organizations by-laws, charter or articles of incorporation.
- ?? Organizational chart showing **Organization** and all **Subsidiaries** and other affiliated organizations.
- ?? Employment Application
- ?? Employee Handbook

**IMPORTANT INFORMATION**

The submitting of the Application does not obligate the Insuror to issue a Policy. You will be advised if your Application for coverage is accepted.

**FALSE INFORMATION**

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

**MATERIAL CHANGE**

Signing of this Application does not bind the **Organization** or the Insuror. If there is material change in the answers to the questions prior to the Policy Inception date the **Organization** will notify the Insuror in writing and any outstanding quotation or indication may be modified or withdrawn.

**DECLARATION AND SIGNATURE**

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this Application does not bind the undersigned on behalf of the **Organization** or its' **Insured Persons** to effect insurance, the undersigned agrees that this Application and its attachments shall be the basis of the contract should a Policy be issued and shall be deemed attached to and shall form part of the Policy. The Insuror is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

**This section of the Application must be signed the Chairman of the Board or President of the Organization.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title