



**RENEWAL PROPOSAL FORM FOR  
DIRECTORS', TRUSTEES' AND OFFICERS'  
LIABILITY INSURANCE**

(Use This Proposal Form for Non-Profit Organizations/Associations other than  
Health Care Facilities and Condominium/Homeowner Associations)

1. Name of Organization \_\_\_\_\_  
 Principal Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

2. The Officer designated as agent of the Organization and of all the Directors, Trustees and Officers to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

NAME	TITLE

3. Describe the Organization's legal structure, purpose(s) and nature of operation(s) (Corporation, Association, Foundation, or Service, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. A. If the Organization is a trade association, give total number of association members. \_\_\_\_\_

	YES	NO
B. If the Organization is a trade association, is the membership make-up predominantly of companies/corporations operated for profit? If "Yes", provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		

5. Date Organized? \_\_\_\_\_ Has it operated continuously from this date?  YES  NO

If "No", provide details: \_\_\_\_\_

6. Please attach the following information on all Subsidiaries (including Subsidiaries of Subsidiaries).  
 If "None", please indicate: \_\_\_\_\_ .

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| A. Name                         | D. Nature of Operation               |
| B. Date of Acquisition/Creation | E. Operated For-Profit or Non-Profit |
| C. Percent of Control           | F. Name of Parent organization       |

*Please provide the most recent audited annual financial statement for each listed Subsidiary.*

**IT IS UNDERSTOOD AND AGREED THAT COVERAGE WILL ONLY BE PROVIDED TO SUBSIDIARIES WHICH QUALIFY AS A NOT-FOR-PROFIT ORGANIZATION UNDER THE INTERNAL REVENUE CODE, OTHER THAN A POLITICAL ACTION COMMITTEE ORGANIZED PURSUANT TO SECTION 432 OF THE FEDERAL ELECTION CAMPAIGN ACT OF 1971 (AND AMENDMENTS THERETO), AND WHICH ARE LISTED ABOVE OR BY ATTACHMENT THERETO PROVIDING SIMILAR INFORMATION.**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 7. Does the Organization have any person(s) who profit from the operation except as salaried employee(s)? If "Yes", please explain: _____<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are any of the persons proposed for this Insurance indebted to the Organization? If "Yes", provide details: _____<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the Organization or any person(s) proposed for this insurance perform any of the following:  |                          |                          |
| A. Provide a referral service, legal aid service, or computer service to its members or the public?  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Promote or sponsor any type of group travel, coventions, parades or other similar events, or assume any liability in connection therewith?  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Promote, sponsor or provide any form of insurance to its members or non-members?  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Engage in any form of research, development or experimentation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Take any disciplinary action or recommend disciplinary action as a result of peer review group activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Develop standards used to evaluate the quality of goods, products manufactured or services rendered?  | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Engage in such activities as lobbying or labor negotiations?  | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Promote any specific product to the Organization's members which will produce a profit for the Organization?  | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Publish any magazines, periodicals or newsletters? (If "Yes", attach a sample of each).   | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Publish any technical manuals? (If "Yes", provide details and purpose of such manual(s)).   | <input type="checkbox"/> | <input type="checkbox"/> |

*If "Yes", to any of the above, attach full details.*

YES NO

10. A. Does the Organization now have a tax-exempt status under the U.S. Internal Revenue Service Code?

B. Under what Section of the Internal Revenue Service Code? \_\_\_\_\_

C. Has there been or is there now pending, any dispute as to the Organization's tax-exempt status?

If "Yes", provide details: \_\_\_\_\_

\_\_\_\_\_

11. Has the Organization or any Subsidiary ever contemplated or been involved in any bankruptcy proceeding during the past five years or within the next twelve (12) months? If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

12. Has the Organization, or any other person(s) proposed for this insurance, been involved in the last five years, or have knowledge of:

A. Any complaint or notice from any person, employee, or job applicant alleging unfair or improper treatment regarding employee hiring, remuneration, advancement or termination?

B. Any Anti-Trust, Copyright or Patent Litigation?

C. Any inquiry, complaint or notice from any State or Federal Regulatory Authority or Congressional or Legislative Committee?

D. Any other pending or prior civil or criminal actions/litigation?

*If "Yes", to any of the above, please attach full details.*

13. A. Please give details of the following insurance. If the answer is "None", so state \_\_\_\_\_.

	LIMIT	RETENTION	PRESENT CARRIER	EXPIRATION DATE	PREMIUM
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General Liability \_\_\_\_\_

As respects the General Liability Insurance, is the personal injury extension included?

B. Has the above carrier indicated an intent not to offer renewal terms? If "Yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

C. During the past five (5) years, have any Claim(s) been made or does the Organization contemplate making any Claim in excess of \$10,000 under the General Liability Policy? If "Yes", provide

details (i.e., nature of the Claim and amount paid by the carrier): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned President (or the Chairman of the Board) declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director, Trustee and Officer proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance, but it is agreed that this Proposal Form and any material submitted therewith are their representations and that they are material. It is further agreed that this Proposal Form and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this Proposal Form and any attachments thereto will be attached to and become a part of the Policy.

The undersigned further agrees that the information contained in this Proposal Form shall not be used by the Organization and or the Directors, Trustees and Officers of the Organization as Notice as provided for in Section VII of the Policy, nor will the Insurer recognize and/or accept the information contained herein as Notice as provided for in Section VII of the Policy.

By \_\_\_\_\_  
SIGNATURE OF PRESIDENT OR CHAIRMAN OF THE BOARD

Date \_\_\_\_\_

Title \_\_\_\_\_

**\*A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED\*.**

A copy of each of the following documents will be provided at the time the completed Proposal Form is submitted.

a. A COMPLETE COPY OF THE ORGANIZATION'S LATEST ANNUAL REPORT OR ANNUAL AUDITS/EXAMINATIONS.

It is represented that the particulars and statements contained in the Proposal Form are true and are the basis of this Policy and are to be considered as incorporated in and constituting part of this Policy. However, this Policy shall not be voided or rescinded and coverage shall not be excluded as a result of any untrue statement in the Proposal Form, except as to those persons making such statement or having knowledge of its untruth.

Submitted by \_\_\_\_\_  
(PRODUCER)

Date \_\_\_\_\_

NOTE: This Proposal including any material submitted therewith shall be treated in strictest confidence.

Please submit this Proposal Form including documentation to:

GREAT AMERICAN INSURANCE COMPANIES  
EXECUTIVE LIABILITY DIVISION  
P.O. BOX 66943  
CHICAGO, ILLINOIS 60666