



**APPLICATION FOR NON-PROFIT ORGANIZATION LIABILITY INSURANCE**

**PART I - General Information**

1. (a) Name of Organization: \_\_\_\_\_  
(b) Principal Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)
2. (a) What is the Organization's legal structure? \_\_\_\_\_  
(b) Purpose and Nature of operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. (a) In continuous existence since: \_\_\_\_\_ (b) State in which incorporated: \_\_\_\_\_
4. Name and title of the Officer of the Organization designated to receive notices from or on behalf of all persons and entities proposed for this insurance:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_
5. (a) Please give details of any current or prior insurance. If none, so state:  
Insurer D & O: \_\_\_\_\_ Limit: \_\_\_\_\_ Premium: \_\_\_\_\_  
Policy Expiration Date: \_\_\_\_\_ Corporate Deductible: \_\_\_\_\_  
Insurer CGL: \_\_\_\_\_ Limit: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Personal Injury Insurance:  Yes  No  
Coverage for Discrimination:  Yes  No  
Insurer-Medical/  
Professional Malpractice: \_\_\_\_\_ Limit: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- (b) Have any of the above carriers indicated an intent not to offer renewal terms? .....  Yes  No  
If yes, please provide details. \_\_\_\_\_
- (c) Have any loss payments (including defense costs) been made under any prior or current directors and officers liability policy or similar insurance, including under the deductible? .....  Yes  No
- (d) Has any Insurer declined, canceled or nonrenewed any policy or application for directors and officers liability or similar insurance? .....  Yes  No
- (e) Has the Organization or any Insured Person given written notice under the provisions of any prior or current directors and officers liability insurance of specific facts or circumstances which might give rise to a claim being made against any Insured Person? .....  Yes  No
6. Has any claim been made, or is any now pending, against the Organization or any person proposed for insurance in the capacity of either Director, Trustee, Officer or Employee which would fall within the scope of insurance being applied for? (If Yes, please attach full details.) .....  Yes  No  
\_\_\_\_\_

7. Is any person proposed for coverage cognizant of any facts or circumstances (a) which he or she has reason to believe might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage or (b) which indicate the probability of any such claim(s)? .....  Yes  No
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8. Has the Organization and/or its Directors, Trustees, Officers or Employees been involved in or have any knowledge of pending Federal, State or local legal actions or proceedings against the Organization and/or its Directors , Trustees, Officers or Employees? (If Yes, please attach full details).....  Yes  No
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9. Does the Organization have any affiliated company or subsidiary operating for profit? (If Yes, please provide full details) .....  Yes  No
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10. Does the Organization now have a tax exempt status under the U.S. Internal Revenue Service Code? If Yes, under what section? .....  Yes  No
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11. Has the Organization filed a Federal Income Tax return for any of the last three years? If Yes, have returns been accepted as filed? .....  Yes  No
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12. Within the last five years, has the Organization received any inquiry, complaint or notice of hearing from any State or Federal Regulatory Authority or Congressional or Legislative committee? (If Yes, please provide full details). .....  Yes  No
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**Part II - Association Information**

13. (a) Number of Chapters \_\_\_\_\_ (b) Number of Members \_\_\_\_\_
14. (a) Is the Association State, Local, Regional, National or International in scope? \_\_\_\_\_
- (b) Is the Association affiliated with a National or International association? (If Yes, please name Association) \_\_\_\_\_
15. Does the Association perform any of the following services?
- (a) Negotiate labor contracts or provide arbitration services?.....  Yes  No
- (b) Engage in or sponsor product or service research, standards development, experimentation or performance testing? .....  Yes  No
- (c) Publish any magazines, periodicals, newsletters or technical manuals? .....  Yes  No
- (d) Set professional standards and/or certify its members? .....  Yes  No
- (e) Provide any accreditation activities? .....  Yes  No
- (f) Act as or participate in a peer review group or committee for assessing qualifications and performance of others or the quality of products manufactured, sold, handled, or distributed? .....  Yes  No
- If Yes to any of the above, please attach full details: \_\_\_\_\_
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**Part III - Additional Information**

As part of this application, please attach the following information as applicable:

- (a) The Organization's latest audited Annual Report (including balance sheet, income statement and notes).
- (b) The Organization's latest interim statement.
- (c) A copy of the Organization's by-laws or articles of incorporation.
- (d) Any newsletters, manuals or publications put out by the Organization.
- (e) List of Board Members with their outside affiliations.

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands the application, and declares and warrants all statements set forth herein are true, complete and accurate. The undersigned further declares and warrants 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 of the Policy applied for is a condition precedent to coverage.

It is agreed that no coverage shall apply under the Policy being applied for with respect to any claims based upon or arising out of the facts or circumstances described in the answers given to questions 6, 7 and 8.

The signing of the application does not bind the undersigned to purchase the insurance, nor does review of the application bind the Insurer to issue a policy. It is agreed that this application, and the representations made therein, shall be the basis of the contract should a Policy be issued.

It is warranted that the particulars and statements contained in the application(s) for the proposed Policy (which shall be on file with the Insurer and shall be deemed attached hereto) are the basis for the proposed Policy, and are to be considered as incorporated into and constituting a part of the proposed Policy.

Broker: \_\_\_\_\_ Signed: \_\_\_\_\_  
 \_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_\_\_ (Must be signed By President or Chairman)  
 \_\_\_\_\_ Company: \_\_\_\_\_  
 \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FRAUD PREVENTION – WARNING**  
**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILED A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

**WARNING—New York Residents:** 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 shall also be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for each violation.