

# NonProfit Directors & Officers Liability Application

irwin siegel  
agency inc.  
insurance & risk management  
human service programs

Applicant/Agency Name: \_\_\_\_\_  
Primary Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Detailed purpose of organization: \_\_\_\_\_  
\_\_\_\_\_  
Entity in existence since: \_\_\_\_\_ Does the applicant have any subsidiaries requiring coverage?  Yes  No  
Does the organization have tax exempt status as defined by the I.R.S.?  Yes  No

## **Current Carrier Information:**

Name of Insurer \_\_\_\_\_ Limits of Liability \_\_\_\_\_  
Premium \_\_\_\_\_ Retention \_\_\_\_\_ Policy Period \_\_\_\_\_  
Has any Directors & Officers Liability Insurance Policy ever been cancelled or non-renewed?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Does the organization currently carry General Liability insurance?  Yes  No

Is the Organization involved in research, development, testing and/or certification?  Yes  No

Does the Organization engage in any disciplinary actions as a result of peer review activities?  Yes  No

Does the Organization administer or sponsor any insurance programs?  Yes  No

Is the Organization involved in any accreditation or standard-setting activities?  Yes  No

Is the Organization involved in any labor/union negotiation or collective bargaining activities?  Yes  No

**Total number of Employees:** Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Has there been a reduction of employees in the past 12 months, or any anticipated reduction in the next 12 months?  Yes  No

If yes, how many employees? \_\_\_\_\_

Does the Organization have a written Anti-Harassment Policy?  Yes  No

Does the Organization have a written Anti-Discrimination Policy?  Yes  No

**Financial Info:** Total Revenues \_\_\_\_\_ Net Income \_\_\_\_\_ Current Fund Balance \_\_\_\_\_

Total Assets \_\_\_\_\_ Total Liabilities \_\_\_\_\_

Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including but not limited to, equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the Organization?  Yes  No

Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the Organization or any of its Directors Trustees, Officers, Employees or Volunteers?  Yes  No