



DIRECTORS & OFFICERS/ NON-PROFIT ORGANIZATION ERRORS & OMISSIONS APPLICATION

This is an application for a "Claims Made" policy. The policy applies only to claims made against the insured during the policy period, and reported to the Company no later than sixty (60) days immediately after the end of the policy period. The limit of liability available to pay damages or settlements shall be reduced by amounts incurred as "Claim Expenses" including fees and expenses incurred in the investigation, adjustment, and defense of a claim caused under the policy. The policy will be issued in reliance upon the statements in the application. It therefore is important that all questions be answered accurately.

A. INSTRUCTIONS

- Please type or print clearly using black ink. Do not use pencil.
- Answer all questions completely. If any question, or part thereof, does not apply, print "N/A" in the space provided - leave no blanks. Failure to answer all questions will delay our ability to underwrite this application which may result in gap in your coverage.
- The application must be SIGNED AND DATED by The President or Chairman, and the agent.

B. BACKGROUND INFORMATION

1. Name of Organization: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Mailing Address: _____
(Number) (Street) (City) (State) (Zip)

2. What is Organization's legal structure? _____

Date organized? _____ Purpose of Organization: _____

3. Scope of operations: Local State National International Regional*

*If regional, states or area served: _____

4. Yes No Does the Organization have any subsidiaries? **If "Yes", provide name, profit or non-profit status, and percent of ownership:**

5. Yes No Does the Organization have any stockholders or persons who profit from the operation except as salaried employees? **If "Yes", please explain:**

6. Yes No Are any of the Directors, Trustees, Officers, or Employees indebted to the Organization? **If "Yes", please explain:**

7. Please provide the following financial information for the last two (2) years:

Year	Total Revenues	Total Expenditures	Cash On Hand	Total Fund Balance
20_____	_____	_____	_____	_____
20_____	_____	_____	_____	_____

C. ASSOCIATION DETAILS

Yes No 8. Does the Organization publish any magazines, periodicals or newsletters?
If "Yes", please attach a copy.

Yes No 9. Does the Organization engage in advertising or broadcasting activities on behalf of itself or its members?
If "Yes", please explain: _____

Yes No 10. Does the Organization perform any of the following? **(Answer Yes or No to each)**

Yes No a. Product testing or certification

Yes No b. Setting professional standards and/or certifying its members

Yes No c. Conducting peer review activities

Yes No d. Sponsoring or operating a political action committee

If "Yes", please explain: _____

D. GOVERNMENTAL INFORMATION

Yes No 11. Within the last three 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 explain:** _____

Yes No 12. Does the Organization currently have a tax exempt status under the U.S. IRS Code?

E. INSURANCE COVERAGE INFORMATION

Yes No 13. Does the Organization currently maintain Directors and Officers Liability Insurance or Non-Profit Organization Liability Insurance? **If "Yes", please complete the following:**

Insurer	Limit	Deductible	Period	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Yes No 14. Has any similar insurance on behalf of the organization ever been declined, cancelled, or non-renewed? **If "Yes", please explain:** _____

Yes No 15. Has the carrier(s) of any similar insurance ever been given notice of a claim or possible claim against the Organization? **If "Yes", please explain:** _____

Yes No 16. Does the Organization currently carry General Liability Insurance? **If "Yes", complete the following:**

Carrier	Limits	Exp. Date
_____	_____	_____

F. CLAIM INFORMATION

Yes No 17. Has any claim or suit 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? **If "Yes," please complete a Supplemental Claim Information Form for each claim or suit.**

Yes No 18. Does the Organization or any of its Directors and Officers know of any facts, circumstances or situations that could result in a claim against that individual or the organization? **If "Yes", please complete a Supplemental Claim Information Form for each claim or suit.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. Has the Organization and/or its Directors and Officers been involved in or have any knowledge of any pending Federal, State or local legal actions or proceedings against the Organization and/or its Directors and Officers? **If "Yes", please explain:**
20. Has any claim alleging sexual harassment, wrongful termination, discrimination, or any other wrongful employment practice been made against the organization within the last 7 years? **If "Yes", please explain:** _____

It is agreed that if such facts, circumstances or situations exist any claim or action arising therefrom is excluded from the proposed coverage.

G. REQUIRED INFORMATION

21. Please attach the following items which will become part of the application and subject to the same warranties and representations:
- a. Current Declarations Page Showing the Retroactive Date (if applicable)
 - b. Copy of General Liability Declarations Page
 - c. If applicant is a Condo, Homeowner or Property Owners Risk, Complete page 4.
- 22.a. Requested Effective Date: _____
- b. Requested Retroactive Date: _____
- c. Requested Limits:
- | | |
|---|------------------------------------|
| <input type="checkbox"/> \$ 100,000/100,000 | <input type="checkbox"/> \$ 1,000 |
| <input type="checkbox"/> \$ 250,000/250,000 | <input type="checkbox"/> \$ 2,500 |
| <input type="checkbox"/> \$ 500,000/500,000 | <input type="checkbox"/> \$ 5,000 |
| <input type="checkbox"/> \$ 750,000/750,000 | <input type="checkbox"/> \$ 7,500 |
| <input type="checkbox"/> \$ 1,000,000/1,000,000 | <input type="checkbox"/> \$ 10,000 |
- d. Requested Deductible (per claim):

H. SIGNATURES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

The undersigned being authorized by, and acting on behalf of the Organization and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents 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 be immediately reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, not does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued, it is issued in reliance upon the statements in this application. Representation: The Organization represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Organization further represents that it has not withheld any information which is reasonably likely to influence the judgement of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.). If the Organization has withheld any such information, the Organization understands that its coverage may be voided. The Organization further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Organization hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 * not applicable in all states

Signed _____
 Must Be Signed By Chairman of The Board or President
 or Authorized Representative

Capacity _____

Date _____

Agent Signature _____ Date _____



DIRECTORS & OFFICERS NON-PROFIT CONDOMINIUM, HOMEOWNERS OR PROPERTY OWNERS ASSOCIATION SUPPLEMENTAL APPLICATION

1) Name: _____

2) Mailing Address: _____

3) Total Number of Units: _____ Average Unit Value: \$_____

4) a. Percent of Units Sold _____

b. Percent of Units Owner/Occupied _____

c. Percent of Units Rented/Leased _____

5) Number of Commercial Occupants and type (Restaurant, Dry Cleaner, etc) _____

6) Has control of the association been transferred from the Developer? Yes No If "No", please explain: _____

7) If control of the association has been transferred, does the Builder/Developer maintain any representation on the board? Yes No If "Yes", please explain: _____

I declare that the information submitted herein is true to the best of my knowledge. I understand that the information submitted becomes a part of the Directors & Officers Non-Profit Organization Liability Application and is subject to the same representations and conditions.

Signature of Applicant Title Date



ERRORS & OMISSIONS APPLICATION FOR DIRECTORS & OFFICERS
FINANCIAL INSTITUTIONS SUPPLEMENTAL APPLICATION

AGENT: _____

INSTRUCTIONS:

- This form is to be completed if Applicant answered YES to question F7.
Complete one form for each client affected by a yes response to the question(s).
If space is insufficient to answer any question fully, attach a separate sheet. Please answer all questions completely.

(PLEASE TYPE OR PRINT)

- 1. Firm Name: _____
2. Institution's Name: _____
3. Estimated Date of Client Affiliation: _____ Estimated Date of Termination of Representation: _____
4. Briefly state the nature of services rendered and the dates last rendered: _____

5. Has any member (or former member) of the firm:

Form with checkboxes for questions a through 10 regarding loan commitments, stock interest, director/officer roles, internal committees, regulatory reports, legal services, and firm policies.

Please attach a copy of a recent engagement letter issued by the firm for a typical commercial loan closing or loan documentation transaction.

I/We understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

Applicant's Signature _____ Date _____
(Must be signed by an Owner, Officer or Partner)



ERRORS & OMISSIONS APPLICATION FOR DIRECTORS & OFFICERS
FIDUCIARY ACTIVITIES SUPPLEMENTAL APPLICATION

AGENT: _____

INSTRUCTIONS:

- This form is to be completed if Applicant answered YES to question F15. a. and/or b.
Complete one form for each client affected by a yes response to the question(s).
If space is insufficient to answer any question fully, attach a separate sheet. Please answer all questions completely.
(PLEASE TYPE OR PRINT)

- 1. Firm Name: _____
2. Client Name: _____
3. Estimated Date of Client Affiliation: _____ Estimated Date of Termination of representation: _____
4. Nature of Fiduciary Responsibilities: _____
5. Who in the firm has the authority to transact business or handle funds and/or assets for this client? _____
6. What funds and/or assets does the individual(s) listed in 5. above have access to? (Please list type; ie. stocks, cash, property and maximum accessible amount at any give time) _____

- 7. [Yes/No] Is the individual(s) listed in 5. bonded for handling client funds and/or Assets? If "Yes", please attach a copy of the bond.
8. [Yes/No] Is the client's signature required on all checks and/or transactions? If "No", please explain: _____
9. [Yes/No] Does the individual(s) listed in 5. above have the authority to handle investments on behalf of the client? If "Yes", please explain: _____

10. DO MEMBERS OF THE FIRM:

- [Yes/No] a. Accept appointment as a fiduciary only when there is a cofiduciary or primary fiduciary also serving?
[Yes/No] b. Always verify that the trust, will or other governing instrument(s) contain appropriate exculpatory language to protect you against claims based on diminished value of the assets? If "No", please explain: _____
[Yes/No] c. Always verify that any business or real property that you may be operating or over which you may have control as a fiduciary, has adequate insurance coverage to protect against loss or damage to the assets and/or claims of third parties? If "No", please explain: _____
[Yes/No] d. Routinely consult with experts in other fields when making management decisions in your fiduciary capacity? If "Yes", explain guidelines for obtaining expert advice: _____
11. [Yes/No] Has the Firm documented and disclosed in writing to the client listed above the potential for conflict of interest as a result of the involvement described above? If "Yes", does the disclosure:
a. Clearly describe the nature of the conflict?
b. Explain under what conditions it is advisable for the client to seek independent legal advice?
c. Reasonably set forth the legal and practical consequences should it become necessary for the Firm to withdraw as legal counsel as a result of the conflict?
d. Obtain the client's or their legal representative's consent to continue to perform ongoing legal services?

I/We understand that the information submitted herein becomes a part of the professional liability application and is subject to the same representations and conditions.

Applicant's Signature _____ Date _____
(Must be signed by an Owner, Officer or Partner)