



Return To: Johannes/STOERMER Co.  
6238 Far Hills Avenue  
Dayton, OH 45459  
(937)433-9946 - Phone or  
(800)333-7394 - Toll Free  
(937)433-5936 - Fax

## Non Profit Directors & Officers

### NON PROFIT PROFESSIONAL LIABILITY APPLICATION

All questions must be answered and application must be signed by applicant.

This is an application for a Claims Made policy - Please read your policy carefully.

Application for Non Profit Directors & Officers Liability Insurance (Coverage Part A) and Employment Practices Liability Insurance (Optional Coverage Part B) and Fiduciary Liability Insurance (Optional)

#### SECTION I. BACKGROUND INFORMATION

- Name of Organization: \_\_\_\_\_  
Primary Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_ Entity in existence since: \_\_\_\_\_  
Person to receive all notices on behalf of the Insured: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Detailed purpose of organization: \_\_\_\_\_
- Does the organization have tax exempt status as defined by the I.R.S.?  Yes  No
- Does the Applicant have any Subsidiaries requiring coverage?  Yes  No  
If yes, please complete Non Profit Subsidiary Addendum (NPSADD).
- Number of members: \_\_\_\_\_ Number of Chapters: \_\_\_\_\_  
If there are chapters, is coverage requested for them under this Policy?  Yes  No

#### SECTION II. INSURANCE COVERAGE INFORMATION

- Directors and Officers Liability Insurance carried:  

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____
- Has any Directors & Officers Liability Insurance policy ever been canceled or non-renewed?  Yes  No  
If yes, please provide details: \_\_\_\_\_
- Does the organization currently carry General Liability insurance?  Yes  No

#### SECTION III. ORGANIZATION OPERATION DETAILS

(Attach a statement of details to all "yes" answers to Questions #10 through #14)

- 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 negotiations or collective bargaining activities?  Yes  No

#### SECTION IV. EMPLOYER DETAILS

- 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  
Anti Discrimination Policy  Yes  No
- If yes, please attach a copy. If no, Policy will be needed within 21 days of binding.



**SECTION V. FINANCIAL INFORMATION**

17. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenue	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

\* Fund balance = Total Assets - Total Liabilities

**SECTION VI. CLAIM INFORMATION**

18. 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  
(If yes, please forward a completed USLI supplemental claims application.)
19. 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  
(If yes, please forward a completed USLI supplemental claims application.)

**SECTION VII. FIDUCIARY LIABILITY (Available for 100 employees or less)**  
**(All questions must be answered in order for Fiduciary Liability coverage to be bound.)**

20. Does each Pension Plan use an outside Investment Manager? (If No, Fiduciary will not be offered.)  Yes  No
21. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including: eligibility, participation, vesting, fiduciary responsibility and funding standards?  Yes  No  
If no, please attach details.
22. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? If yes, please attach details.  Yes  No
23. Has there been or is there now pending any claims(s) against any proposed Insured arising out of any Plan?  Yes  No  
If yes, please attach details.
24. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? If yes, please attach details.  Yes  No

**REQUIRED INFORMATION**

- A. Completed application signed and dated by the President, Chairperson or Executive Director.
- B. If revenue is over \$2MM attach most recent 12-month Financial Statement.
- C. Copy of Policy for Anti-Harassment and Anti-Discrimination.

**Fraud Statement:** Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.



**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

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

Mail complete application through local Agent or Broker to: \_\_\_\_\_

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