

DIRECTORS AND OFFICERS / EMPLOYMENT PRACTICES

NON-PROFIT APPLICATION



1. (a) Name of Organization: _____
(b) Business Address: _____
City: _____ State: _____ Zip Code: _____

2. Date Organized: _____

3. Purpose of Organization: _____

4. Has the Organization been involved in any merger or acquisition within the past three (3) years or is the Organization currently contemplating any merger or acquisition? Yes No
(If "Yes", please give details) _____

List all Subsidiaries and indicate if any operate for profit:

Is coverage to be extended to all Subsidiaries? Yes No

(If "Yes", please include a list of Directors and Officers for each Subsidiary)

5. (a) Does the Organization currently have a Tax Exempt Status under the U.S. Internal Revenue Code? Yes No
(If "No", please give details) _____

6. Provide the following information with respect to the Organization:

<u>Total Assets</u>	<u>Fund Balance (Net Assets)</u>	<u>Negative or Positive</u>
\$ _____	_____	_____

7. Is the Organization a member of any professional associations? Yes No

(If "Yes", please explain) _____

8. Within the past five (5) years, has the Organization received any Inquiry, Complaint or Notice of Hearing from any State or Federal Regulatory Authority, or Congressional or Legislative Committee? Yes No

(If "Yes", please give details)

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9. Current Directors' and Officers' Liability Insurance (answer each item)

- (a) Insurer(s): _____
- (b) Total Limit(s): _____
- (c) Retention(s)/Deductible: _____
- (d) Total Premium: _____
- (e) Expiration Date: _____
- (f) Loss Experience (Attach full details of all claims during the past five (5) years that would fall within the scope of proposed insurance).

If no losses, check "None": None

(g) Has any similar insurance been declined, cancelled or non-renewed?

(If "Yes", please give details)

11. (a) Number of Employees:

	<u>Union</u>	<u>Non-Union</u>
Full time:	_____	_____
Part time:	_____	_____
Total:	_____	_____

(b) Total number of Volunteers: _____

12. List total number of Employees in the following states:
CA _____ NJ _____ NY _____ MA _____ TX _____

13. How many Employees or Officers have been terminated within the past two (2) years?
Number of Employees: _____ Number of Officers: _____

14. Turnover percentage of Employees within the past three (3) years?
Year 1: _____ Year 2: _____ Year 3: _____

15. Does the Organization anticipate making any reductions in the work force within the next twelve (12) months? Yes No
(If "Yes", please give details)

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16. Have there been any changes in senior management (If "Yes", please explain) Yes No

17. Does the Organization have a separate Human Resources Department? Yes No

18. Does the Organization have an Employee manual or handbook governing the terms and conditions of employment? Yes No

19. Does the Organization have a written policy regarding sexual or workplace harassment, Affirmative Action and Equal Opportunity Employment? Yes No

20. Does the Employee handbook contain an employment-at-will statement, disclaimer of employment contract and disclaimer of benefits statement? Yes No

21. Has there been, or is there now any claim(s) pending against the Organization or its Subsidiaries, or any person proposed for insurance that is based upon or arises from acts, errors or omissions in a capacity as Director, Officer or Employee of the Organization or its Subsidiaries (including but not limited to demands by past, present or potential Employees, EEOC complaints or administrative proceedings)? Yes No

(If "Yes", please give details)

22. Does any person proposed for this insurance have knowledge of any fact, circumstance or situation involving the Organization, its Subsidiaries or the Directors, Officers or Employees of the Organization or its Subsidiaries which he/she has reason to believe might result in any future claim(s) which might fall within the scope of proposed insurance (including EEOC complaints)? Yes No

(If "Yes", please give details)

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It is agreed that any claim or action arising from any negligent act, error or omission, or breach of duty which is known to any Director or Officer prior to the issuance of the policy shall be excluded from coverage.

If “Yes” to any part of questions 21 or 22, provide full details for each allegation, even if the matter has since been settled or otherwise resolved. Provide date of loss, name of claimant, details of claim, open or closed & amounts paid in defense costs and/or any judgments.

NOTE: This application must be signed by the Chairman of the Board, President or Executive Director and dated within thirty (30) days of the effective date of coverage.

The undersigned authorized Officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or we4agreement to bind the insurance.

Signature: _____

Date: _____

Title: _____
(Chairman of the Board, President or Executive Director)

Organization: _____

Please attach the following documents:

- (a) COMPLETE COPY OF LATEST ANNUAL REPORT (WITH AUDITORS NOTES).
IF AUDITED REPORT IS NOT AVAILABLE, ATTACH LATEST ANNUAL FINANCIALS.
- (b) COMPLETE COPY OF BY LAWS
- (c) CURRENT LIST OF DIRECTORS AND OFFICERS