

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

103 Eisenhower Parkway, Suite 101, Roseland, NJ 07068
1-800-845-1209 • (973)830-8500 • Fax: (973)830-8585
www.jjnegley.com

Directors & Officers Liability
Including Employment Practices Liability
Insurance Application

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**Directors & Officers Liability
Including Employment Practices Liability Application**

For this application to be processed in a timely fashion, please answer every question completely. If a question is not applicable, please write N/A. Do not leave any space blank.

1. Name of Insured _____

2. Mailing Address:

Street _____ County _____

City _____ Phone # _____

State _____ Zip _____ Fax # _____

Website _____ Contact _____

3. Current Directors & Officers Liability Insurance:

Insurance Company _____ Premium _____

Limit of Liability _____ Deductible _____

Policy term: Effective date _____ Expiration date _____ Retroactive Date _____

4. Limit of liability requested: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

5. Has any company cancelled or declined to renew insurance? Yes No

If yes, please explain.

6. Year organization founded _____

7. Projected annual operating budget \$ _____ (Include current Audited Financial Statement)

8. Is your organization non-profit? Yes No If no, what is the organization's legal structure?

9. Indicate the detailed purpose and description of business activities of the entity:

10. Scope of operations: Local State Regional National International

11. Give number of directors _____ officers _____ trustees _____
full time employees _____ part time employees _____ volunteers _____

12. Does the entity or any of its subsidiaries perform or conduct any type of peer review, professional assessment, certification, accreditation or designation of its members? Yes No If yes, please explain. (Attach separate sheet if necessary)

13. Does the organization have any subsidiaries? Yes No If yes, please list: (Attach separate sheet if necessary)

Name	Nonprofit For Profit	Nature of Operations	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are you currently considering the acquisition or creation of any subsidiaries? Yes No If yes, please explain. Explanation should include information as requested in #13. (Attach separate sheet if necessary)

15. Does the organization have any current EEOC complaints pending? Yes No

16. In the past five (5) years, have any claims been made or are there any now pending against the entity, or any person proposed for this insurance in the capacity as an insured as defined in the policy? Yes No

17. Does the entity or its directors, officers, trustees or employees have any knowledge of pending federal, state or local actions or proceedings against them, or in the past five (5) years have they been involved in any federal, state, or local actions or proceedings? Yes No

18. Is any person proposed for this insurance aware of any fact, circumstance or situation which could reasonably be expected to give rise to any future claim? Yes No

(If any or all of questions 15, 16, 17 or 18 are answered yes, please attach a separate sheet explaining the facts, circumstances or situations for each. Any claim or action arising out of such facts, circumstances or situations is excluded from the proposed coverage.)

Very Important – Please attach copies of organization By-Laws and a list of the Board of Directors

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURANCE INSOLVENCY FUND ARE NOT AVAILABLE.

My signature below represents that all questions presented have been answered truthfully and correctly. This application does not bind you nor us to complete the insurance, but it is agreed this form will be the basis of the contract should a policy be issued. This form will be attached to and become a part of this policy.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties.

SIGNATURE: _____ TITLE: _____

(Must be signed by the President or Chairperson of the Board)

DATE: _____

(Please print or type name)

Please retain a copy of the completed application. A copy with the required signature must be returned to our office.

PRODUCER: Will you make the surplus lines filing for this policy? ___Yes ___No

Your Surplus Lines License Number _____())