



New Business Application for Directors & Officers Insurance

The policy provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

Association Name:

Address, City, State, ZIP:

Contact:

Contact Email:

Contact Phone:

Association Overview:

1. Legal Name of Association:
 - a. List other subsidiaries to be insured by this policy (or attach list to application):

2. Is the Association a member of: ICE ANSI CLEAR ASAE OTHER

3. Briefly describe the functions, purpose, and general operations of the association:

4. Please provide the following:
 - a. Employees: #
 - b. Association Members: #
 - c. Directors & Officers: #
 - d. Estimated Volunteers: #

5. Please provide the following:
 - a. Year organized:

b. Geographical Scope (State, National, Etc.):

6. Briefly describe minimum membership qualifications:

7. Does the Applicant have a current audited financial statement? Yes No

If yes, please attached financial statement.

If no, please complete the following:

- a. Applicant's total revenue as of most recent fiscal year:
- b. Applicant's total assets as of most recent fiscal year:
- c. Applicant's total expenses as of most recent fiscal year:
- d. Applicant's total liabilities as of most recent fiscal year:

Operations: Media and Services:

1. Does the association publish any magazines, periodicals, or newsletters? Yes No

If yes, please attach a sample of each Newsletter and explain:

a. Does the association publish a technical manual? If yes, explain: Yes No

b. Please provide your website address:

2. Is the Applicant a certification board? Yes No

If yes, please answer the following:

a. Who develops the certification examination?

b. How often is the exam updated?

c. Who grades the exam?

d. Do you require recertification? If yes, how frequently must a certified person be recertified?

e. Are certifications conducted on a voluntary basis (i.e., certification is not required to practice or operate a business in the field)? If no, please explain:

3. Please answer each of the following and attach details of any “yes” answers:

- | | | |
|---|-----|----|
| a. Does the Applicant provide a referral service, legal aid service, or computer service to its members or the public? If yes, explain: | Yes | No |
| b. Does the Applicant promote or sponsor any type of group travel, conventions, parades, or other similar events, or assume any liability in connection therewith? If yes, explain: | Yes | No |
| c. Does the Applicant promote, sponsor, or provide any form of insurance to its members or non-members? If yes, explain: | Yes | No |
| d. Does the Applicant act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974 (ERISA)? If yes, explain: | Yes | No |
| e. Is the Applicant engaged in any form of research, development, experimentation, or testing? If yes, explain: | Yes | No |
| f. Does the Applicant act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled, or distributed by others? If yes, explain: | Yes | No |
| g. Does the Applicant take any disciplinary action or recommend disciplinary action as a result of peer review group activities? If yes, explain: | Yes | No |
| h. Does the Applicant develop standards used to evaluate the quality of goods, manufactured products or services rendered? | Yes | No |

Employment/Staff:

1. Does the Applicant have a Human Resources department?
 Yes (How many employees are in this department? _____);
 No (how is this function handled? Please attach full details)

2. How many employees and Directors or Officers have resigned or been terminated (with or without cause) within the last 24 months?
 - a. Resigned Employees:
 - b. Resigned Directors or Officers:
 - c. Terminated Employees:
 - d. Terminated Directors or Officers:

3. Are there any lawyers on staff?
 Yes (How many full-time: _____, part-time _____);
 No (Legal Advisor on retainer)

4. Does the Applicant have a Human Resources manual or equivalent management guidelines? Yes No

Individual decisions are always reviewed by:

	HR Manual		HR Dept.		Legal Dept.		Outside Legal	
a. Written application for employment	Yes	No	Yes	No	Yes	No	Yes	No
b. Confidential treatment of medical examinations	Yes	No	Yes	No	Yes	No	Yes	No
c. Legally prohibited discrimination	Yes	No	Yes	No	Yes	No	Yes	No
d. Sexual Harassment	Yes	No	Yes	No	Yes	No	Yes	No
e. Compliance with Americans with Disability Act (ADA)	Yes	No	Yes	No	Yes	No	Yes	No
f. Compliance with 1991 Civil Rights Act	Yes	No	Yes	No	Yes	No	Yes	No
g. Employee disciplinary actions	Yes	No	Yes	No	Yes	No	Yes	No
h. Terminations, layoffs and early retirements	Yes	No	Yes	No	Yes	No	Yes	No
i. Employee outplacement services	Yes	No	Yes	No	Yes	No	Yes	No
j. Employee appraisal/review	Yes	No	Yes	No	Yes	No	Yes	No

- | | | |
|---|-----|----|
| 5. Does the Applicant have an employee handbook distributed to all employees? If yes, explain: | Yes | No |
| 6. Is the Applicant currently undergoing, or does the Applicant contemplate undergoing during the next 12 months, any employee layoffs, or early retirements (including ones resulting from any type of restructuring or office, brand, or chapter closing)? If yes, explain: | Yes | No |

Coverage:

- | | | |
|---|-----|----|
| 1. Does the Applicant maintain primary General Liability coverage, including personal/advertising liability? | Yes | No |
| 2. Does the Applicant maintain Directors & Officers liability coverage?
If yes, please provide the following: | Yes | No |
| a. Insurance Carrier: | | |
| b. Expiration Date: | | |
| c. Expiring Premium: | | |
| d. Expiring Policy Limit: | | |
| e. How Long in Force: | | |
| 3. Does the Application maintain Professional liability coverage?
If yes, please provide the following: | Yes | No |
| a. Insurance Carrier: | | |
| b. Expiration Date: | | |
| c. Expiring Premium: | | |
| d. Expiring Policy Limit: | | |
| e. How Long in Force: | | |
| 4. Has any similar association Professional Liability coverage ever been declined or cancelled?
If yes, explain: | Yes | No |

Limit of Liability Desired:

\$1,000,000	\$2,000,000	\$3,000,000	\$5,000,000	Other:
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Deductible:

\$5,000	\$10,000	\$15,000	\$25,000	Other:
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Claims:

- | | | |
|---|------|----|
| 1. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? If yes, please attach full particulars and explain: | Yes | No |
| 2. Attach list and status of all Association Management Liability claims (Directors and Officers, Employment Practices Liability, Errors and Omission/Media) and Cyber claims made against any proposed insured during the past five years. If none, please check here: | None | |
| 3. Does any person proposed to be insured have knowledge or information of any act, error or omission which might give rise to an Employment Practice claim? If yes, please attach full particulars and explain: | Yes | No |
| 4. Please provide on a separate attachment full details on all wrongful termination, discrimination and/or harassment claims made against the Applicant or any of its Directors, Officers, or employees during the last five years including amounts of any judgements or settlements and costs of defence. If none, please check here: | None | |

It is agreed that if such knowledge or information exists, any claim or action arising there from is excluded from this proposed coverage.

Please attach one copy of each of the following:

- Membership Brochure
- Association's Constitution and By-Laws
- Current Annual Report

NOTE: In submitting this application, the applicant understands and agrees that such insurance company may rely on the statements in this application and any other documents that accompany it in offering and binding an appropriate insurance policy.

This application does not bind the applicant or the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned authorized officer of the association hereby represents that to the best of his knowledge the statements set forth in this application are true. If the information supplied on this application changes between the date of the application and the time when the policy is issued the applicant will immediately notify the Company.

NOTICE TO NEW YORK AND OHIO APPLICANTS:

“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.”

Applicant Name:
(Executive Director, CEO, CFO or Chairman)

Signature:
Date:

Broker/Producer Name:

Signature:
Date:

Alliant Insurance Services
4530 Walney Road, Suite 200
Chantilly, VA 20151
Broker Contact: Barry Peters
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