



388 Pompton Avenue, P.O. Box 206, Cedar Grove, NJ 07009  
1-800-845-1209 • (973) 239-9107 • Fax: (973) 239-6241  
[www.jjnegley.com](http://www.jjnegley.com)

**DIRECTORS & OFFICERS  
LIABILITY INSURANCE  
APPLICATION**

## NOTICE

- 1. THE INSURANCE POLICY THAT YOU HAVE PURCHASED IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

**NEGLEY**  
**ASSOCIATES**  
INSURANCE SERVICES

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**Directors & Officers Liability Application**

- Please answer *every* question.
- If a question is not applicable, please write N/A
- Do not leave any spaces blank.

1. Name of organization \_\_\_\_\_

(If more than one insured, explain the relationship of each)

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_ Fax \_\_\_\_\_

2. Current Directors & Officers Liability Insurance:

Insurance company \_\_\_\_\_ Premium \_\_\_\_\_

Limit of liability \_\_\_\_\_ Deductible \_\_\_\_\_

Policy term: Effective date \_\_\_\_\_ Expiration date \_\_\_\_\_ Retroactive date \_\_\_\_\_

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

4. Has any such insurance ever been cancelled, refused or non-renewed?     Yes     No    If "Yes", please explain. \_\_\_\_\_

5. Year organization founded \_\_\_\_\_

6. Projected annual operating budget \$ \_\_\_\_\_

7. What is the organization's legal structure? [i.e. nonprofit (tax exempt), for profit] \_\_\_\_\_

8. What is the function of the organization? (Attach a descriptive brochure.)  
\_\_\_\_\_  
\_\_\_\_\_

9. Scope of operations:     local     state     regional     national     international

10. Give number of directors \_\_\_\_\_ officers \_\_\_\_\_ trustees \_\_\_\_\_

full time employees \_\_\_\_\_ part time employees \_\_\_\_\_ volunteers \_\_\_\_\_

11. Does the organization engage in certifying members?     Yes     No    If "Yes", please describe \_\_\_\_\_

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

Name	Nonprofit For Profit	Nature of Operations	Explain Interest/Control
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Are you currently considering the acquisition or creation of any subsidiaries?  Yes  No If "Yes", please explain.  
Explanation should include information as requested in #12. (Attach separate sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does the organization have any current EEOC complaints pending?  Yes  No If "Yes", please include details and status  
of each. \_\_\_\_\_  
\_\_\_\_\_

15. Within the scope of this proposed insurance:  
(a) Has there been any claim made within the preceding 5 years against the organization, its directors, officers, or trustees?  
 Yes  No If "Yes", please give all details for each claim:  
(1) Nature of claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Date of claim: \_\_\_\_\_ (3) Amount paid/reserved \_\_\_\_\_

(b) Has any director, officer, or trustee knowledge of any alleged or actual negligent act, error, omission, or breach of duty which he/she  
reasonably suspects could give rise to a claim against him/her?  Yes  No If "Yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_

(c) Are there any federal, state, or local actions or proceedings currently pending against the organization and/or its directors, officers, or  
trustees?  Yes  No If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: A policy cannot be issued without the following:

- Copy of organization By-Laws; — List of Directors & Officers
- Copy of audited Financial Statement. (A new organization must submit a **projected** budget.)

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 **President** or **Chairperson of the Board**)

\_\_\_\_\_ Date \_\_\_\_\_  
Please print or type name

**PRODUCER:** Will you make the Surplus Lines filing for this policy?  Yes  No  
Your Surplus Lines License Number \_\_\_\_\_ ( )