



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

DIRECTORS & OFFICERS LIABILITY INSURANCE APPLICATION

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

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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 (not applicable to Missouri Applicants)

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
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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 _____ ()