



# Negley Associates

Behavioral Healthcare,  
Addiction & Social Services

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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. Proposed 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)

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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)

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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?       Yes       No

17. Does the entity or its directors, officers, trustees or employees have any knowledge of pending federal, state, or local actions or 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

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and this insurer is not a member of the property and casualty insurance guaranty association created under Article 21.28-C, Insurance Code. Section 12, Article 1.14-2, Insurance Code, requires payment of 4.85 percent tax on gross premium.

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 Executive Director, President, CEO, CFO or Chairperson of the Board)

\_\_\_\_\_  
(Please print or type name) DATE: \_\_\_\_\_

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 \_\_\_\_\_ ( )