



Non-Profit Organization Directors & Officers Liability Renewal

SUPPLEMENTAL

Applicant Name:

Mailing Address: City: State: Zip:

Add'l Location: City: State: Zip:

Phone Number: Applicant's Email:

Applicant's Website (or attach copy of brochure):

Any additional or deleted locations since last year? ☐ Yes ☐ No If yes, please add location below:

Add'l Location: City: State: Zip:

As part of this Renewal Application, please submit financial information for the Insured's recent fiscal year by attaching the current financial statements:

- for organizations under \$5 million in total assets, please provide most recent IRS Form 990 or Income Statement and Balance Sheet.
- for organizations with organizations with revenue or total assets exceeding \$5 million, please provide CPA.

The completion of "Other Material Facts" section. - Other Material Facts and applicant's signature are integral part of the policy and MUST be completed.

Insurance

1. D&O monoline limit requested: ☐ \$1,000,000 ☐ \$2,000,000 ☐ Other: \$
2. Any changes in the firm's operations? ☐ Yes ☐ No
3. Any new subsidiaries or control of any other entity or organization? ☐ Yes ☐ No
If yes, please explain:
4. Number of directors who are officers/employees of the organization?
5. Length of their elected terms?
6. How are officers/directors selected (member vote, appointment)?
7. Total number of members?
8. Has any other insurance coverage ended or been started within the past year? (Not applicable to CO, MI, NE, ND, WA or WI)
☐ Yes ☐ No
If yes, please explain:

Loss History / Financial Information

1. Are you aware of any circumstances which may give rise to a claim within a scope of this coverage? ☐ Yes ☐ No
If yes, please provide details on a separate page.
2. Have you had any EEOC or NLRB charges, state, or local judgments or demand letters from current or former employees or their attorneys in the last year? ☐ Yes ☐ No
If yes, please provide details:

3. Have there been any lawsuits, grievances or demands made towards you within the last 3 years? ☐ Yes ☐ No

If yes, please provide complete information including remedial measures taken to prevent further lawsuits, grievances or demands in addition to this application.

PRIOR TO BINDING WE MAY ALSO REQUEST THE FOLLOWING:

- a. Complete copies of the Insured's last CPA-audited financial statements with notes. If these are not consolidated, the Underwriter may request financial statements on each unconsolidated entity.
Most recent IRS Form 990. Verification of bank balances. Accounts Receivable and Payable
- b. The names and occupations of the applicant's board of directors and trustees.
- c. Copies of the applicant's Articles of Incorporation and bylaws.
- d. Copies of brochures and publications produced by the applicant.

Other Material Facts (must be completed)

Please declare any material facts on a separate sheet. A material fact is one likely to influence assessment of this risk, the premium charged and terms and conditions imposed by the underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it.

☐ None ☐ Attached

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. (Not applicable in MN, NY, OR, or WA)

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Insured's Signature: Date:

Agents's Signature: Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group
Central Region
 4700 West 77th Street, Edina, MN, 55435
Western Region
 9706 4th Ave NE, Suite 200 Seattle, WA 98115
www.wnins.com

Umialik Insurance Company
 725 E. Firewood Lane, Ste. 500
 Anchorage AK 99503
www.umialik.com

Michigan Millers Insurance
 2425 E. Grand River Avenue, Lansing, MI 48912
Specialty Insurance Solutions
 1600 Aspen Commons Ste 520, Middleton, WI 53562
www.mimillers.com