



Non-Profit Organization Directors & Officers Liability Insurance

SUPPLEMENTAL

Applicant Name:

Mailing Address: City: State: Zip:

Add'l Locations: City: State: Zip:

Add'l Locations: City: State: Zip:

Add'l Locations: City: State: Zip:

Phone Number: Applicant's Email:

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

As part of this supplemental, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the internet*):

- Organizations' Bylaws or Articles of Incorporation
- Financial information: most recent IRS Form 990 or Income Statement and Balance Sheet; if CPA audited most recent year-end financial statements for organizations with revenue or total assets exceeding \$5 million.
- Any additional information as requested by underwriting prior to binding.

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. Proposed effective date: Expiration date:

3. Has the proposed coverage ever been purchased before? ☐ Yes ☐ No
If yes, complete information below: Current Directors & Officers Policy (D&O)

Carrier: Effective Date:

Limit: Deductible: Premium:

Claims made? ☐ Yes ☐ No Retro Date:

4. Has any policy or coverage ever been declined, cancelled, or non-renewed? (*Not applicable to CO, MI, NE, ND, WA or WI*)
☐ Yes ☐ No

Operations

1. Description of applicant's operations:

2. Does the Applicant have tax exempt status under the US Internal Revenue Code: ☐ Yes ☐ No
If no, has the applicant: ☐ Not yet applied ☐ Applied & not yet approved ☐ Applied & been denied
Please provide the tax exempt status code (check the appropriate box):
☐ 501(c)(3) ☐ 501(c) ☐ Other:

3. Is there now, or has there been, any dispute as to the Applicant's tax exempt status? ☐ Yes ☐ No
If yes, please attach an explanation.
4. Organization's total assets: \$
5. Date of organizations' incorporation:
6. State the organization is chartered in:
7. Does the applicant have any subsidiaries or control any other entity or organization for which coverage is requested?
☐ Yes ☐ No
8. Is the applicant managed/administered by any third party under contract or agreement? ☐ Yes ☐ No
If yes, please attach an explanation.
9. Please indicate the following (when applicable):
- | | |
|---|--|
| Number of Directors: <input type="text"/> | Length of Directors elected terms: <input type="text"/> |
| Number of Members: <input type="text"/> | Are terms staggered? ☐ Yes ☐ No |
| Number of Chapters: <input type="text"/> | How are officers/directors selected? (member vote, appointment):
<input type="text"/> |
10. Do you or any subsidiary render any professional services? ☐ Yes ☐ No
11. Does any director/officer profit from the Applicant's operations except as an employee? ☐ Yes ☐ No
12. Are any directors or officers indebted to the organization? ☐ Yes ☐ No
13. Does another entity own or control the Applicant? ☐ Yes ☐ No
14. During the last 5 years, has the Applicant or any subsidiary been the subject of anti-trust investigation, or the subject of any claim or allegation of violation of any laws relating to anti-trust, restraint of trade or unfair competition?
☐ Yes ☐ No
15. How does Applicant obtain funding?
16. Are you involved in product research, development, testing or certification? ☐ Yes ☐ No
17. Are you engaged in publishing, other than newsletter? ☐ Yes ☐ No
18. Are you the administer of insurance programs for your members? ☐ Yes ☐ No
19. Do you conduct professional ethics, peer review, or accreditation activities? ☐ Yes ☐ No
20. Does the organization grant of administer any loans? ☐ Yes ☐ No
21. Have any loan agreements been violated in the last 3 years? ☐ Yes ☐ No

Please provide explanation if any of the above questions (#4-17) were answered as "yes":

Loss History

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 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.

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