



Non-Profit Directors and Officers Quick Quote Application

(For Not-For-Profit Companies with 25 employees or less and \$3mm or less in revenues)

NOTICE

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY WHICH, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY **CLAIM** FIRST MADE AGAINST THE **INSUREDS** DURING THE **POLICY PERIOD**. NO COVERAGE EXISTS FOR **CLAIMS** FIRST MADE AFTER THE END OF THE **POLICY PERIOD** UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES.

If you are unable to respond “No” to all of the eligibility statements below, you may be eligible for our Not-For-Profit Organization/Association Professional Liability Policy. You can access that application on www.schinnerer.com.

Fields denoted with * are required to quote.

Eligibility for Directors and Officers and Employment Practices Liability Yes / No

- * 1. Is your business located in Maine, Louisiana or Vermont? *(If so, we cannot provide coverage at this time.)* Yes No
- * 2. Does your organization have for-profit subsidiaries? Yes No
- * 3. Is your organization a Golf Club or do they provide any medical services? Yes No
- * 4. Does your organization have more than 25 employees? Yes No
- * 5. Have more than 25% of the organizations employees been terminated in the last Year, or are they expected to be terminated in the upcoming year? Yes No
- * 6. Was your organization created by, or is it now controlled by any governmental agency? Yes No
- * 7. Has your organization had a negative fund balance at any time within the past two fiscal years? Yes No
- * 8. Does your organization report more than \$2,500,000 in annual revenue? Yes No
- * 9. During the past 3 years:
 - a. Has your organization received any inquiry, complaint or notice of hearing from any State or Federal Governmental Agency or Congressional or Legislative Committee, including EEOC related proceedings? Yes No
 - b. Has any claim been made or notice of claim been given under the previous policy? Yes No
 - c. Are any of the **Insureds** responsible for or do they have knowledge of any **Wrongful Act** or fact, circumstance or situation which (s)he has reason to suppose might result in a future **Claim**? Yes No

COMPANY INFORMATION

* Organization Name:

* Please give a brief description of your organization’s services:

* Street Address:

* City:

* State:

* Zip Code:

* Telephone:

* Contact Name:

* Email:

* Website URL:

* Tax Status *(for example 501c3)*:

* Date Established:

(If date established is less than 2 years please submit your organizations By Laws and 24 month Pro-Forma Budget along with the application for consideration.)

UNDERWRITING INFORMATION

* 1. What is your current total number of employees? **Full-time:**
(Include temporary, seasonal, loaned and/or leased) **Part-time:**

* 2. Most Recent Annual Revenue:

* 3. Organization’s Fund Balance/Equity:

* 4. Do you currently have coverage? Yes No

If “No”, please complete the following:

Requested Coverage Date:

If “Yes”, please complete the following:

Expiration Date:

Insurance Company:

Premium:

WARRANTY

**For Alaska, Florida, Maine, North Carolina, New Hampshire and Virginia Residents Only:
the title "Warranty" and any reference to "Warranty" is deleted and replaced with
"Applicant Representation"**

None of the natural persons or entities to be insured under the policy are responsible for or have knowledge of any **Wrongful Act** or fact, circumstance or situation which they may have reason to suppose might result in a future claim, except as follows:

Check one box below:

- A. **There are Exceptions to the Warranty** *Please attach details.*
- B. **There are no exceptions to the Warranty** *Check here if there are no exceptions to the Warranty*

1. It is agreed by all concerned that if any of the Insured Persons is responsible for or has knowledge of any wrongful act, fact, circumstance, or situation which (s)he has reason to suppose might result in a future claim, whether or not described above, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to (i) such insured persons and (ii) the applicant, subsidiaries and the plan if such insured persons are executive officers. The responsibility or knowledge of any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.

2. It is declared that this application and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

3. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the insured Persons to facilitate the proper and accurate completion of this application for the proposed Policy. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this application and prior to the effective date of any based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

4. The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if

false information materially related to a claim was provided by the applicant.) (For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania residents only: 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.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

This application must be signed by the Executive Director, Chairman of the Board, Chief Executive Officer or by the President.

Signed:

Title:

Print Name:

Date: