

**DIRECTORS & OFFICERS APPLICATION**

**ALL SECTIONS NEED TO BE COMPLETED IN FULL IN ORDER TO RECEIVE A QUOTE**

**I. GENERAL INFORMATION:**

|  |  |
| --- | --- |
| **ORGANIZATION****NAME** |  |
| **ADDRESS:** | CITY: | ST: | ZIP: |
| **CONTACT PERSON** |  |
| **CONTACT PERSON PHONE** |  |
| **CONTACT PERSON EMAIL** |  |

**II. ACCOUNT INFORMATION:**

1. Financial Information: Must be completed in full to receive a quote

**\*\* A. Total Assets: $**

2. Have there been any changes in the board or directors or senior management other than death or retirement in the

past 24 months? **YES OR NO**

**(if “yes” provide additional details)**

3. If Employment Practices coverage is provided, please provide the Organization’s annual payroll expense

4. Has the applicant given any written notice under the provisions of prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance? **YES OR NO**

5. The applicant is not aware of any facts or circumstance which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverage **YES OR NO**

6. Please check below additional coverages you would like quoted:

|  |  |  |
| --- | --- | --- |
| **COVERAGES** | **LIMITS** | **YES OR NO** |
| Directors & Officers **(required)** | $1,000,000 |  |
| Employers Practice Liability (EPL) **(optional)** | $1,000,000 |  |
| Cyber Liability **(optional)** | $100,000  |  |

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**