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CA Lic.# 0697233

NOT-FOR-PROFIT DIRECTOR'S, OFFICER'S AND ORGANIZATION LIABILITY POLICY

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE (THE "POLICY"), SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY "CLAIM" (AS DEFINED IN THE POLICY) MADE AGAINST THE DIRECTORS AND OFFICERS DURING THE POLICY PERIOD.

GENERAL INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

Please type or print all responses, read carefully and answer all questions. If a question is not applicable, so state. If space is insufficient to answer any question fully, attach a separate sheet.

1. Name of Applicant: _____ Phone: _____
2. Principal Address: _____
3. Is the Applicant a not-for-profit organization Yes No
4. Date of Organization: _____ State of Incorporation: _____
5. Briefly describe the purposes and general operations of your Organization:

Under what code does the organization file taxes (501-C, Chapter S, 11-20, etc.): _____

6. Does the Applicant have any subsidiaries? Yes No If so, are any of the subsidiaries engaged in activities for profit? Yes No If yes, please provide details on a separate sheet.
7. Please provide the following information for the last three (3) years:

Year	Total Assets	Fund Balance	Total Revenue	Total Expenditure
20 _____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____
8. Does the Organization have any person(s) who profit from the operation except as a salaried employee?
 Yes No If Yes please give details: _____

9. Within the last five years, has the organization received any inquiry, complaint or notice of hearing from any State or Federal Regulatory Authority or Congressional or Legislative Committee, including the Internal Revenue Service? Yes No

10. Please answer each of the following and attached details to any "Yes" Answers. Does the applicant:
 - (a) act in any capacity as an insurance agent, broker, underwriter or consultant? Yes No
 - (b) publish any magazines, newsletters or bulletins? Yes No
 - (c) engage in advertising, broadcasting or reproduction of copyright materials on behalf of itself or its members? Yes No
 - (d) sponsor or operate a political action committee? Yes No
 - (e) take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes No
 - (f) maintain Comprehensive General Liability Coverage? Yes No

11. Does the Applicant: (a) Maintain an employment policy based upon equal opportunities regardless of any persons race, sex, religion, age, sexual preference or creed? Yes No
 (b) Use an employment application for all your applicants? Yes No
 (c) Conduct an orientation for all new employees? Yes No
12. Does the Applicant have a membership criteria or policy which prohibits discrimination based on race, religion, age, sexual preference or creed? Yes No
13. Number of: Full Time Employees: _____ Part Time: _____ Number of Volunteers: _____

14. a) Has there been any reduction in personnel? Yes No
 b) Do you anticipate any reduction in personnel during the next 12 months? Yes No

15. If carried, indicate details of Applicant's current Director's and Officer's Liability Coverage.

Carrier	Limit	Retention	Premium	Expiration Date

16. During last 5 years, has there been a claim against the Applicant or any of its past or present Directors, Officers, employees, volunteers or trustees which would have fallen within the scope of insurance similar to that now proposed if such insurance has been in force? Yes No

If yes give details: _____

17. Is any person proposed for insurance aware of any fact, circumstance or situation which may result in a claim, such as would fall within the scope of the proposed insurance, being made against the Applicant or any of its past or present Directors, Officers, employees, volunteers or trustees?
 Yes No

If yes give details: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM AGAINST WHICH INDEMNIFICATION WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ENTITY(IES) APPLYING FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF ANY PERSON(S) OR ENTITY(IES) TO BE INSURED UNDER THE POLICY HAS ANY KNOWLEDGE OF ANY FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THIS INSURANCE BUT IT IS AGREED THAT THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN SHALL BE MADE A PART OF THE POLICY AND SHALL BE THE BASIS OF THE CONTRACT SHOULD THE POLICY BE ISSUED.

IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY UNDERWRITERS, AND AT THE SOLE DISCRETION OF UNDERWRITERS, ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, THESE STATEMENTS SET FORTH HEREIN ARE TRUE AND THAT HE/SHE HAS NOT OMITTED OR MISSTATED ANY MATERIAL FACTS.

SIGNED _____ TITLE _____ DATE _____
 (Must be signed by President or Executive Director)