

**DIRECTORS AND OFFICERS LIABILITY-NOT FOR PROFIT ORGANIZATION APPLICATION**



RSUI Indemnity Company

Landmark American Insurance Company

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY THAT APPLIES ONLY TO THOSE CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER DURING THE POLICY PERIOD, OR THE DISCOVERY PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS SHALL BE REDUCED OR TOTALLY EXHAUSTED BY PAYMENT OF DEFENSE EXPENSES.

**I. GENERAL INFORMATION SECTION**

1. (a) Name of Organization:

\_\_\_\_\_

(b) Organization Address:

\_\_\_\_\_

\_\_\_\_\_

2. Date Organized: \_\_\_\_\_

3. Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_

4. Has the Organization been involved in any merger or acquisition within the past three (3) years or is the Organization currently contemplating any merger or acquisition? Yes  No

(If "Yes", please give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List all Subsidiaries and indicate if any operate for profit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is coverage to be extended to all Subsidiaries? Yes  No

(If "Yes", please include a list of Directors and Officers for each Subsidiary)

6. (a) Does the Organization currently have a Tax Exempt Status under the U.S. Internal Revenue Code? Yes  No

(If "No", please give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Have there been or is there now any pending dispute regarding the Organization's Tax Exempt Status? Yes  No

(If "Yes", please give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Within the past five (5) years, has the Organization received any Inquiry, Complaint or Notice of Hearing from any State or Federal Regulatory Authority, or Congressional or Legislative Committee? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Current Directors' and Officers' Liability Insurance (answer each item)

(a) Insurer(s): \_\_\_\_\_

(b) Total Limit(s): \_\_\_\_\_

(c) Retention(s)/Deductible: \_\_\_\_\_

(d) Total Premium: \_\_\_\_\_

(e) Expiration date: \_\_\_\_\_

(f) Loss experience (Attach full details of all claims during the past five (5) years that would fall within the scope of proposed insurance) \_\_\_\_\_ If no losses, check "None": None

(g) Has any similar insurance been declined, cancelled or non-renewed? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**II. EMPLOYMENT PRACTICES LIABILITY SECTION**

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1. (a) Number of Employees:

	<u>Union</u>		<u>Non-Union</u>
Full time:	_____	Full time:	_____
Part time:	_____	Part time:	_____
Total:	_____	Total:	_____

(b) Total number of Volunteers: \_\_\_\_\_

2. List total number of Employees in the following states:

CA \_\_\_\_\_ NJ \_\_\_\_\_ NY \_\_\_\_\_ MA \_\_\_\_\_ TX \_\_\_\_\_

3. How many Employees or Officers have been terminated within the past two (2) years?

Number of Employees: \_\_\_\_\_ Number of Officers: \_\_\_\_\_

4. Turnover percentage of Employees within the past three (3) years?

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ Year 3: \_\_\_\_\_

5. Does the Organization anticipate making any reductions in the work force within the next twelve (12) months? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
\_\_\_\_\_

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6. Does the Organization have a separate Human Resources Department? Yes  No
7. Does the Organization have an Employee manual or handbook governing the terms and conditions of employment? Yes  No
8. Does the Organization have a written policy regarding sexual or workplace harassment, Affirmative Action and Equal Opportunity Employment? Yes  No
9. Does the Employee handbook contain an employment-at-will statement, disclaimer of employment contract and disclaimer of benefits statement? Yes  No
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**III. PRIOR KNOWLEDGE SECTION**

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1. Has there been, or is there now any claim(s) pending against the Organization or its Subsidiaries, or any person proposed for insurance that is based upon or arises from acts, errors or omissions in a capacity as Director, Officer or Employee of the Organization or its Subsidiaries (including but not limited to demands by past, present or potential Employees and administrative proceedings)? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does any person proposed for this insurance have knowledge of any fact, circumstance or situation involving the Organization, its Subsidiaries or the Directors, Officers or Employees of the Organization or its Subsidiaries which he/she has reason to believe might result in any future claim(s) which might fall within the scope of proposed insurance? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

It is agreed that any claim or action arising from any negligent act, error or omission, or breach of duty which is known to any Director or Officer prior to the issuance of the policy shall be excluded from coverage.

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The undersigned authorized Officer of the Organization, on behalf of the Organization and its Subsidiaries, and on behalf of the Directors and Officers of the Organization and its Subsidiaries declares that to the best of his/her knowledge and belief, the information, particulars, documents, representations and statements contained in, attached or referred to in this application for insurance and/or as a result of the underwriting process are true and accurate and recognizes that the Insurer, in issuing this policy, will rely on such information, particulars, documents, representations and statements.

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Although the signing of this application does not bind the undersigned to effect insurance, the undersigned agrees, on behalf of the Organization and its Subsidiaries, and on behalf of the Directors and Officers of the Organization and its Subsidiaries, that the information, particulars, documents, representations and statements contained in, attached or referred to in this application for insurance and/or as a result of the underwriting process shall be the basis of the contract should a policy be issued and that this application will be attached to and will become part of such policy. The Insurer is hereby authorized to make any investigation and inquiry it deems necessary in connection with this application.

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**NOTE:** This application must be signed by the Chairman of the Board, President or Executive Director and dated within thirty (30) days of the effective date of coverage.

The undersigned authorized Officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Chairman of the Board, President or Executive Director)

Date \_\_\_\_\_ Organization \_\_\_\_\_

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**One copy of each of the following documents is attached and made part of the policy:**

- (a) COMPLETE COPY OF LATEST ANNUAL REPORT. IF AUDITED FINANCIALS, PLEASE INCLUDE AUDITORS NOTES.
- (b) COMPLETE COPY OF BY LAWS
- (c) CURRENT LIST OF DIRECTORS AND OFFICERS
- (d) EEO-1 REPORT (IF REQUIRED BY FEDERAL LAW)
- (e) COPY OF EMPLOYMENT APPLICATION
- (f) COPY OF EMPLOYEE HANDBOOK

Submitted By \_\_\_\_\_ Date \_\_\_\_\_  
(Producer)

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**SIGNATURE REQUIRED  
NEW YORK FRAUD STATEMENT**

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 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**No Signature Required**

**ARKANSAS, LOUISIANA, RHODE ISLAND, WASHINGTON AND WEST VIRGINIA FRAUD STATEMENT**

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.

**COLORADO FRAUD STATEMENT**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA FRAUD STATEMENT**

**WARNING:** 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, fines and denial of insurance benefits.

**FLORIDA FRAUD STATEMENT**

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.

**KENTUCKY FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**MAINE FRAUD STATEMENT**

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 denial of insurance benefits.

**MINNESOTA FRAUD STATEMENT**

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 JERSEY FRAUD STATEMENT**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD STATEMENT**

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 civil fines and criminal penalties.

**OHIO FRAUD STATEMENT**

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA FRAUD STATEMENT**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing any false, incomplete or misleading information, is guilty of a felony.

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### **OREGON FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### **PENNSYLVANIA FRAUD STATEMENT**

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.

### **TENNESSEE AND VIRGINIA FRAUD STATEMENT**

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.