



**EQUISURE
NON PROFIT DIRECTORS AND OFFICERS LIABILITY
FLEXI PLUS FIVE APPLICATION**

(Please contact Equisure if you are a "For Profit" entity)

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY

LIMIT OF LIABILITY	ANNUAL GROSS REVENUE			
	\$ 0 - \$ 50,000 up to 15 employees	\$ 50,001 - \$100,000 up to 15 employees	\$100,001 - \$ 150,000 up to 25 employees	\$ 150,001 - \$ 200,000 up to 25 employees
\$1,000,000 limit per claim / aggregate Estimated Premium	\$815	\$976	\$1,204	\$1,397
\$500,000 limit per claim / aggregate Estimated Premium	\$669	\$847	\$1,039	\$1,203
\$250,000 limit per claim / aggregate Estimated Premium	\$569	\$715	\$875	\$1,008
** \$1,000 per claim deductible per coverage line applies *** Louisiana will be written on a non-admitted basis. Please submit your application to Equisure for rating. ****If you are located in FL,KY,NJ, or WV please submit your application to Equisure for rating. *****"Contact Equisure for an application if your group is domiciled in California as this application does not apply to CA risks.				

- Name of Parent Organization / Club Name:
- Address:

Telephone: Fax: Internet address:
- Date Established:
- Please describe the **Applicant's** operations:
- Is the **Applicant** recognized by the state as a non-profit or has tax-exempt status under the U.S. Internal Revenue Code? Yes No
- Officer's Name of the **Applicant** designated to receive any and all notices from the Underwriter or their authorized representative concerning this insurance.

Name: Title:
- Does the **Applicant** have any sub-clubs, chapters **OR** affiliates? Yes No If yes, please provide a list.
- Financial Information: Current Year Previous Year

Total Assets: \$ \$

YE Fund Balance (Excess/Deficit): \$ \$

Annual Revenue/Income: \$ \$

SECTION 2 – DIRECTORS AND OFFICERS

1. Directors and Officers Liability Insurance has been continuously in force since:
2. Please provide a list of all direct and indirect subsidiaries or any other entity or organization the **Applicant** controls.

Name / Type of Business	Percent the Applicant Owns / Controls	Date Acquired / Created	Non Profit / For Profit
3. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past 5 years? If yes, please attach details.

Yes No

Anti-trust, copyright or patent litigation?

Any disciplinary action by any regulatory agency or association?

Any action where a license was revoked or suspended?

Any administrative proceeding charging violation of a federal or state law or regulation?

Any other criminal actions?
4. In the past 24 months or the next 12 months, has the **Applicant** been or anticipate being involved in any of the following? (If yes, attach details)

Yes No

Creation of any new subsidiaries?

Mergers, acquisitions or consolidation with another entity?

Changes in the board of directors or senior management (other than death or retirement)?

SECTION 3 – EMPLOYMENT PRACTICES

1. Please provide the following employee and volunteer count information:

Full time	Part time	Temporary / Leased	Volunteers / Members	Non US based

Yes No
2. Does the **Applicant** have an employment handbook?
3. Does the **Applicant** use an employment application for every potential employee?
4. Does the **Applicant** have an "At Will" provision in the employment application or handbook?
5. Has the **Applicant** implemented an anti-sexual harassment policy?
6. Has the **Applicant** implemented an anti-discrimination policy?
7. Does the **Applicant** use outside employment counsel for employment advice?

SECTION 4 – GENERAL SUMMARY

1. Has the **Applicant**, in the past five years, given written notice under the provisions of any prior policies providing similar insurance of a claim, 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 No **If yes, complete a Claim Supplemental for each incident.**
2. No person applying for this coverage is aware of any facts or circumstances 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 coverages for which the **Applicant** has applied, except: None or as noted below:

Coverage effective date is subject to receipt, review and acceptance by Company Underwriter.

Material Change

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Name (Please Print/Type)

Title

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Please return this application and make checks payable to:

**Equisure, Inc.
13790 E. Rice Place Ste. 100
Aurora, CO 80015**

Produced By:



**Equisure, Inc.
13790 E. Rice Place Ste. 100
Aurora, CO 80015
303-614-6961
800-752-2472**

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature _____

Date