

# Z A S

Zurich Agency Services

## Non Profit Directors and Officers Liability Application

Please note that this application is for quoting purposes only. Our markets may require that their application be completed prior to policy issuance.

### GENERAL INFORMATION

- 1) Name of Organization: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### OPERATIONS

- 3) Date of Incorporation: \_\_\_\_\_
- 4) Nature of Business: \_\_\_\_\_
- \_\_\_\_\_
- 5) Does the applicant have tax exempt status as defined by the IRS? Yes No
- 6) Are there any subsidiaries or affiliated subsidiaries? Yes No  
If yes, are they for profit or not for profit? Please forward the current 12 month financial statements including notes or current IRS 990 form and by-laws for each subsidiary or affiliated subsidiary.

### EMPLOYMENT INFORMATION

- 7) Total number of:  
Full time employees: \_\_\_\_\_ Part time employees: \_\_\_\_\_ Volunteers: \_\_\_\_\_
- 8) Does the applicant have formal written procedures for hiring and firing employees?  
Yes No  
If yes, please provide a copy.

### PAST CLAIM/CIRCUMSTANCE ACTIVITY

- 9) Within the last five years has the organization and/or directors, officers, trustees, employees, volunteers or any proposed insured persons receive any complaint, suit, inquiry or notice of hearing from any Federal, State, legislative committee or any other party?  
Yes No  
If yes, please provide specific details.

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<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries

10) Has any claim/circumstance been made, or is now pending against the organization or any person proposed for insurance or does any director, trustee, officer or employee have any knowledge or information of any act, error, omission or breach of duty which he reasonably should expect could give rise to a claims against him/her or the organization?

Yes      No

If yes, please provide specific details.

11) No person proposed for coverage is aware of 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 the proposed coverage?      Yes      No

If yes, please provide specific details.

#### PRIOR INSURANCE

12) Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

#### ADDITIONAL INFORMATION

In addition to a completed directors and officers liability application and any questions on the application that required additional information, please include the following material with your submission:

- Current 12 month audited financial statement including notes or current IRS 990 form for each entity or subsidiary that is to be included. For newly created organizations, we'll require a budget.
- Copy of by-laws or articles of incorporation for each entity or subsidiary that is to be included.
- Brochure detailing the services provided.
- Current list of board of directors and officers.
- Additional material is required, if any of the following questions were answered yes: 6, 8, 9, 10 and 11

A complete directors and officers liability submission should be sent to:

Signature: \_\_\_\_\_  
(Chairperson, Executive Director or President)

Date: \_\_\_\_\_

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