

Insurance Technologies and Programs

P.O. Box 458, Wichita, KS 67201 - For Overnight Payments: 9860 E. 21st Street North, Wichita, KS 67206
Toll Free: (866) 585-4590 Fax: (316) 858-1994
Submit application to applications@itpinsurance.com

Directors & Officers Liability Application

The term Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

1. Applicant Information:

Name of Applicant: _____

Street Address: _____

City, State, ZIP Code: _____

Website Address: _____

Year Applicant's business was established: _____

Description of Applicant's operations: _____

2. Does the applicant now have tax exempt status under the United States Internal Revenue Code? Yes No

3. Is there now, or has there been, any dispute as to the applicant's tax exempt status? Yes No

If Yes, Please attach an explanation.

II. ORGANIZATION INFORMATION

1. Does the Applicant have any subsidiaries or control any other entity or organization for which coverage is requested? Yes No

If Yes, please attach a description of operations, ownership, and tax status for each such entity.

2. In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:

a. Any actual or proposed merger, acquisition, or divestiture? Yes No

b. Any creation of a new organization, subsidiary, or division? Yes No

c. Any reorganization or arrangement with creditors under federal or state law? Yes No

d. Any branch location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes No

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances

3. Does the Applicant perform any of the following services:

If Yes, please attach an explanation.

a. Engage in or sponsor product or service research, standards development, experimentation, safety or performance testing? Yes No

b. Negotiate labor contracts or provide arbitration services? Yes No

c. Conduct professional ethics, peer review, or accreditation activities? Yes No

d. Certify, endorse, or license members or members' products/services? Yes No

e. Promote, sponsor, or provide any form of insurance to its members or non-members? Yes No

f. Sponsor or operate a political action committee? Yes No

g. Provide a referral service, legal aid service, or computer service to its members or non-members? Yes No

h. Promote or sponsor any type of group travel, convention, parade, or other similar event, or assume liability in connection therewith? Yes No

i. Provide administrative or management services for any other entity(ies)? Yes No

j. Publishing, other than a newsletter? Yes No

4. Is the Applicant managed or administered by any third party under contract or agreement? Yes No

If Yes, please attach an explanation.

5. Does the Applicant currently carry General Liability Insurance? Yes No

6. If applicable, indicate the following: _____ Number of Members _____ Number of Chapters

III. FINANCIAL INFORMATION

1. Is the Applicant currently (or has it been in the past 24 months) in violation of, or has it received an amendment to any debt covenant? Yes No

If Yes, please attach an explanation

A) Annual Salary/Wages/Expense _____

B) Total Assets _____

****Attach the most recent financial statement or 990 tax form.****

IV. EMPLOYMENT PRACTICES LIABILITY SECTION FOR ALL APPLICANTS

1. Total number of employees: _____

2. Total number of employees outside the U.S.? _____

3. Total number of locations: _____

4. Complete the following chart providing the number of Full Time and Part Time employees, Volunteers and natural person Independent Contractors:

As of Date of Application		Previous 12 Month		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors

**Full and part time including leased, seasonal, and temporary employees*

5. Complete the following chart providing the maximum number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

Leased	Temporary	Seasonal	Union

6. Within the past 24 months how many officers have been involuntarily terminated or laid off?
-

7. Prior to employee terminations does the Applicant consult with:

- a. Human Resources personnel? Yes No
 b. An attorney with experience in employment law? Yes No

8. Complete the following chart for guidelines, policies and procedures related to the following:

Guidelines, Policies, Procedures	Formal Written Policy	Employees Sign and Acknowledge Receipt
Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual and Other Workplace Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equal Employment Opportunity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
FMLA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Employees and Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retaliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reporting, Investigating and Resolving Employee Complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment At Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Performance Appraisals/Reviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Are the Applicant's employment practices guidelines, policies, and procedures periodically reviewed by an attorney with experience in employment law? Yes No
10. Does the Applicant conduct training for employees on issues of discrimination and sexual and other workplace harassment? Yes No
11. Does the Applicant have an employee handbook that is distributed to all employees? Yes No
12. Are employees required to acknowledge, by signature, receipt of such employee handbook?
 Yes No

V. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

Liability Coverage	(A) Requested Limit	(B) Current Coverage	(C) Expiring Limit	(D) Expiring Retention
<i>Non-Profit Organization Directors and Officers</i>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
<i>Employment Practices</i>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

1. As of the date the Applicant first purchased the Liability Coverage, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the Liability Coverage for which the Applicant is applying? Yes No *If Yes, please attach an explanation.*

2. If the Requested Limit in Column (A) exceeds the Expiring Limit in Column (C), please answer the following question:

Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the Applicant is applying? Yes No

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the Applicant had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

VI. LOSS INFORMATION

1. Has any person or entity proposed for this insurance been a party to any claim which would have fallen within the scope of this coverage including but not limited to employment-related claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past 3 years, whether or not insured? Yes No

If Yes, please complete the table below:

Date of Such Claim	Nature of Claim	Defense	Damages	Covered by Insurance?	Corrective Procedures Implemented	Current Status
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

VII. FRAUD WARNINGS

Attention: Insureds in Arkansas, D.C., Louisiana, Maryland, New Mexico, and Rhode Island

Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds 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.

Attention: Insureds in Florida

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.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania

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. (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.)

Attention: Insureds 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 include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VIII. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, EXECUTIVE DIRECTOR OR OTHER OFFICER OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature of Applicant's Authorized Representative
(President, CEO, Executive Director)

Name (Printed)

Title

Producer Name (printed)_____

Producer Signature_____

Agency Name_____

Phone Number_____