

DIRECTORS AND OFFICERS LIABILITY EMPLOYMENT PRACTICES LIABILITY APPLICATION

SECTION 1 – GENERAL INFORMATION

(All applicants must complete this section)

1. Name of organization: _____
Address: _____
Phone: _____ Web address: _____
2. Federal employer identification (FEIN) #: _____
3. Date established: _____ State of incorporation: _____
Number of members: _____ Number of chapters: _____
4. Please describe the nature of the applicant's operations: _____

5. Does the applicant have a tax-exempt status under the U.S. Internal Revenue Code?
 Yes No (If no, please attach explanation.)
6. The officer of the applicant designated to receive any and all notices from the underwriter or its authorized representative concerning this insurance is:
Name: _____ Title: _____
E-mail address: _____

Please attach a statement of details for all "YES" answers to questions 7 – 11

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 7. Does the applicant publish any magazines, periodicals or newsletters? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the applicant involved in product research, product development, testing and/or certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the applicant set standards for the qualification and performance of and/or certify its members? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the applicant engage in any disciplinary actions as a result of peer review activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the applicant administer or sponsor any insurance programs for its members? | <input type="checkbox"/> | <input type="checkbox"/> |

OUTDOOR EDUCATORS INSURANCE PROGRAM



888.846.3670 | www.pfg-insurance.com

FINANCIAL INFORMATION

	CURRENT YEAR	PREVIOUS YEAR
Total assets	\$	\$
Net assets/fund balance	\$	\$
Annual revenue	\$	\$
Change in net assets	\$	\$

Please attach the most recent annual financial audit or 990 form.

SECTION 2 – DIRECTORS AND OFFICERS

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

NAME	TYPE OF BUSINESS	% APPLICANT OWNS/ CONTROLS	DATE CREATED/ ACQUIRED	FOR or NONPROFIT
Example: ABC Foundation, Inc.	Charitable Children's Foundation	100%	01/01/2000	Nonprofit

Additional entities listed by attachment

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 five years? *(If yes, please attach details.)*

	Yes	No
Antitrust, copyright or patent litigation?	<input type="checkbox"/>	<input type="checkbox"/>
Any disciplinary action by any regulatory agency or association?	<input type="checkbox"/>	<input type="checkbox"/>
Any action where a license was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
Any administrative proceeding charging violation of a federal or state law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
Any other criminal actions?	<input type="checkbox"/>	<input type="checkbox"/>

It is agreed that with respect to question #3, if such circumstances exist any claims arising from such circumstances are excluded from the proposed insurance.

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, please attach details.)* Yes No
- Mergers, acquisitions or consolidation with another entity?
- Changes in the board of directors or senior management (other than death or retirement)?
5. Does the applicant direct or request any individual to serve as director, officer, governor or trustee of any other entity? *(If yes, please attach details.)*

SECTION 3 – EMPLOYMENT PRACTICES

(Complete this section only if Employment Practices Liability coverage is desired)

1. Employment Practices Liability Insurance has been continuously in force since: _____
2. Please provide the following employee count information:

	CURRENTLY	ONE YEAR AGO	TWO YEARS AGO
U.S.-based employees/volunteers			
Full time			
Part time			
Temporary			
Leased			
Non U.S.-based employees/volunteers			
TOTAL SUM OF ABOVE			

3. How many employees have been terminated or demoted in the past 12 months?

A) Voluntary: _____ Involuntary: _____

B) Laid off: _____ Demoted: _____

4. Is any reduction of employees or change of status anticipated in the next year?

A) Voluntary: _____ Involuntary: _____

B) Layoffs: _____ Demotions: _____

5. Does the applicant have an employment handbook? Yes No
6. Does the applicant use an employment application for every potential employee?
7. Does the applicant have an “at will” provision in the employment application or handbook?
8. Has the applicant implemented an anti-sexual harassment policy?
9. Does the applicant use outside employment counsel for employment advice?

SECTION 4 – FIDUCIARY

1. Do you offer an employee savings plan? Yes No

If yes what type (401K)? _____

2. Who administers the plan internally? _____

3. Who administers the plan externally? _____

SECTION 5 – GENERAL SUMMARY

(All applicants must complete this section)

1. Has the applicant given written notice under the provisions of any prior policies providing similar insurance or claims, 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
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 As noted below:
(Provide attachment if necessary.)

3. Current coverage

COVERAGES	UNDERWRITER (INSURANCE CARRIER)	LIMIT OF LIABILITY	DEDUCTIBLE	POLICY EFFECTIVE DATES
D&O		\$	\$	
EPLI		\$	\$	
Fiduciary		\$	\$	
General Liability		\$	\$	
Professional Liability		\$	\$	

With respect to the above coverage, has any underwriter refused, canceled or non-renewed coverage?
(Not applicable in Missouri) Yes No *(If yes, please provide details.)*

4. **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.

5. False information

WARNING: 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.

6. **Signature** – The undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the underwriter. The underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. This application will be attached and become a part of the policy.

Name: _____ Title: _____
(Please print) (President, Chairman 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 its respective directors, officers or other insured persons.