



KALIFF INSURANCE  
ESTABLISHED 1917

## DIRECTORS AND OFFICERS — APPLICATION

1. Name of Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Purpose of Organization: \_\_\_\_\_
4. Are there subsidiaries?  Yes  No If yes, provide names(s), date established, nature of operation, profit or nonprofit, purpose, bylaws and Financial statements for each subsidiary: \_\_\_\_\_  
\_\_\_\_\_
- If yes, is coverage requested for them?  Yes  No

### INSURANCE COVERAGE INFORMATION

5. a) Directors and Officers Liability Insurance carried:  
Insurer \_\_\_\_\_  
Limits of Liability \_\_\_\_\_  
Premium \_\_\_\_\_  
Deductible \_\_\_\_\_  
Policy Period \_\_\_\_\_
- b) Directors & Officers Liability Insurance has been continuously in force since: \_\_\_\_\_
6. Does the Organization currently carry General Liability Insurance?  Yes  No
7. Has any Policy for Directors and Officers Liability Insurance ever been canceled or non-renewed?  Yes  No If yes, please advise details: \_\_\_\_\_  
\_\_\_\_\_
8. The individual of the Organization designated to receive any and all notices from the Insurer or their authorized representative(s) concerning this insurance is:  
Name \_\_\_\_\_ Title \_\_\_\_\_
9. Number of members: \_\_\_\_\_ Number of Chapters \_\_\_\_\_

### ORGANIZATION OPERATION DETAILS

Please Attach a Statement of Details to All "Yes" Answers to Questions #10-14

10. Is the Organization involved in product research, development, testing and/or certification?  
 Yes  No
11. Does the Organization engage in any disciplinary actions as a result of peer review activities?  
 Yes  No
12. Does the Organization administer or sponsor any insurance programs?  Yes  No
13. Is the Organization involved in any accreditation or standard setting activities?  Yes  No



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**DIRECTORS AND OFFICERS — APPLICATION (continued)**

14. Is the Organization involved in any labor/union negotiations or collective bargaining activities?

Yes  No

15. Total Number of: Full time Employees? \_\_\_\_\_ Part time Employees? \_\_\_\_\_

16. Does the organization have a written Anti-Sexual Harassment Policy?  Yes  No

17. Has there been any reduction of employees in the past 12 months or is a reduction anticipated in the next 12 months?  Yes  No

**CLAIM INFORMATION**

18. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer or the Organization?  Yes  No

19. Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers?  Yes  No

Annual Revenues (past 12 months) \$ \_\_\_\_\_

Projected Annual Revenues (next 12 months) \$ \_\_\_\_\_

Fund Balance (Total Assets/Total Liabilities) \$ \_\_\_\_\_

Is fund balance Positive or Negative? \_\_\_\_\_

**RENEWAL STATEMENT—APPLICABLE TO RENEWAL POLICIES ONLY**

It is agreed that this Renewal Application is a supplement to the Applications(s) attached to the current Policy and said Applications, together with this Renewal Application, constitute the completed Application which shall be the basis of the contract should a Policy be issued and will be attached to and become part of the Policy.

**REQUIRED INFORMATION**

- A. Completed Application signed and dated by either the President or Chairman of the Board.
- B. Latest Audited Financial Statement. (If financial statement is not audited, attach non-audited 12 month financial statement or a 990 Tax Form).
- C. Purpose statement form Bylaws or summary of operations/brochure.



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**DIRECTORS AND OFFICERS — APPLICATION (continued)**

**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 THEN COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The undersigned declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned further declares that any occurrence of event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will be immediately be reported in writing to the Insurer and the Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements, and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

**ADDITIONAL INFORMATION:**

**I attest that the information provided above is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date