

**BOLLINGER INC.
101 JFK PARKWAY
SHORT HILLS, NJ 07078**

NON-PROFIT DIRECTORS AND OFFICERS LIABILITY INSURANCE

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

PART I – GENERAL INFORMATION

1. Name: _____
Address: _____

Telephone: _____
3. Purpose: _____
4. Date Organized: _____ Date of Incorporation: _____
5. Does the Organization have any subsidiaries, or control any other entity or organizations? (CIRCLE)
Yes No
6. Are the financial affairs of the Organization audited annually by a Certified Public Accountant? Yes No
7. Does the Organization have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
8. How often does the board meet? _____ Is there an attendance requirement? Yes No
9. The Officer of the Organization designated to receive any and all notices from the Insurer or their authorized Representative(s) concerning this insurance is: _____
Name Title

PART II – FINANCIAL INFORMATION

	CURRENT YEAR	PREVIOUS YEAR
TOTAL ASSETS:	\$ _____	\$ _____
FUND BALANCE:	\$ _____	\$ _____
ANNUAL REVENUE:	\$ _____	\$ _____
ANNUAL EXPENSES:	\$ _____	\$ _____

PART III – ACTIVITIES OF THE ORGANIZATION

10. Number of Members: _____ Number of Chapters: _____ (CIRCLE)
Yes No
11. Does the Organization publish any magazines, periodicals or newsletters? Yes No
- Please Attach a Statement of Details for All “YES” Answers to Questions #12—15** Yes No
12. Is the Association involved in product research, product development, testing and/or certification? Yes No
13. Does the Association set standards for the qualification and performance and/or certify its members? Yes No
14. Does the Organization engage in any disciplinary actions as a result of peer review activities? Yes No
15. Does the Association administer or sponsor any insurance programs for its members? Yes No

PART IV – INSURANCE COVERAGE DIRECTORS & OFFICERS LIABILITY COVERAGE

16a.

	INSURER	LIMIT	DEDUCTIBLE	TERM
Expiring				
Previous				
Earliest				

- 16b. Directors and Officer Liability Insurance has been continuously in force since: _____
17. Does the Applicant carry General Liability Insurance? ρ Yes ρ No
 If YES – Carrier Name _____ Expiration Date: _____

PART V –EMPLOYER DETAILS

18. Current number of employees: Full Time: _____ Part Time: _____
 Number of tenured faculty (if applicable): _____
19. Do you use an employment application for all your applicants for hire? (CIRCLE)
Yes No
20. Do you have an employment handbook? Yes No
21. Do you have an “At Will” provision in the employment application? Yes No
 a. _____ in the employment handbook? Yes No
22. How many employees have been terminated or demoted in the past 12 months? _____
 Voluntary: _____ Involuntary: _____ Laid Off: _____ Demoted: _____
23. Is any reduction of employees or change of status anticipated in the next year:
 Voluntary: _____ Involuntary: _____ Laid Off: _____ Demotions: _____

PART VI – CLAIM INFORMATION

Any question answered YES, must be explained on a supplemental form.

24. Has the Applicant been involved in any grievance or other administrative proceeding before any of the following agencies and/or under any of the following acts in the last 5 years: (CIRCLE)

National Labor Relations Board	<u>Yes</u>	<u>No</u>	Federal Labor Standards Act	<u>Yes</u>	<u>No</u>
Fair Labor Standards Enforcement Act	<u>Yes</u>	<u>No</u>	U. S. Department of Labor	<u>Yes</u>	<u>No</u>
Americans With Disabilities Act	<u>Yes</u>	<u>No</u>	Civil Rights Act of 1991	<u>Yes</u>	<u>No</u>
Age Discrimination In Employment Act	<u>Yes</u>	<u>No</u>	Civil Rights Act of 1964	<u>Yes</u>	<u>No</u>
Equal Employment Opportunity Commission	<u>Yes</u>	<u>No</u>	Other Federal/State/Local Agency	<u>Yes</u>	<u>No</u>

25. Within the last 5 years, has any claim been made, or is now pending, against the Organization, or any person proposed for insurance in the capacity of either Director, Trustee, Officer or Employee? (CIRCLE)

Yes No IF YES, a supplemental form must be completed, and will form a part of this application.

26. Is any person proposed for this insurance cognizant of any fact, circumstance or situation which may result in a claim against the Organization or any of its Directors, Trustees, Officers or Employees?

Yes No IF YES, a supplemental form must be completed, and will form a part of this application.

PART VII -- REQUIRED INFORMATION

- A. Completed application signed by the Chairman of the Board, President or Executive Director.
- B. Bylaws and/or Articles of Incorporation.
- C. Latest Annual Report of CPA Audit of each organization including subsidiaries to be covered by this insurance.
- D. Schedule of Directors and Officers.
- E. Supplemental for if questions 24, 25 or 26 are answered "yes".

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 taking 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 Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The insurer is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this proposal. The signing of this proposal does not bind the Undersigned to purchase the insurance, nor does the review of this proposal bind the insurance company to issue a policy. It is agreed that this proposal shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

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.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Name: _____
(Please Print)

Title: _____
(President, Chairman or Executive Director)

Date: _____

Signature: _____

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 Organization, its subsidiaries and their respective Directors, Officers or other insured Persons.

SUPPLEMENTAL CLAIM APPLICATION

When anyone of the claims questions is answered yes, please advise the following information:

Claimant Name: _____ Date of Claim _____

Alleged Wrongful Act: _____

Details and background of the claim: _____

Was the claim filed with insurance carrier: Yes _____ No _____ Carrier Name: _____

Demand Amount: \$ _____ Amount of Loss Reserves: \$ _____

Amount of defense costs paid to date: \$ _____

Settlement amount paid: \$ _____

What is the status of the claim? _____

What remedial measures have been taken to prevent recurrence of a similar claim? _____

Date: _____

Signature: _____

Title: _____