





### **ANI #5**

## Directors and Officers Liability and Employment Practices Liability Supplemental Application

Аp	pplicant Name:						
	oard Chair: Board Chair I	Email:					
Qι	Prop.	Effective Date:					
Lir	imits Requested:						
with	ease Note: This application is for Directors and Officers Liability has General Liability policy. For complete instructions on our sups://secure.insurancefornonprofits.org/Brokers-New-Submission	ubmission requirements, please visit					
	r the remainder of this application, "applicant" refers individu verage is desired, as well as each person who is an officer, di						
DIR	RECTORS AND OFFICERS LIABILITY AND EMPLOYMENT	PRACTICES LIABILITY (D&O and EPLI)					
Воа	pard Management						
1. 1	Indicate total number of board members:						
ı	If fewer than three (3), please contact your underwriter to disc	uss an exception to this requirement.					
(	Is the number of board members currently serving on Applicant's board of directors in  Yes  No compliance with the number required by the Bylaws or Articles of Incorporation of the organization?						
I	If no, please explain:						
1	B. Have more than forty-nine percent (49%) of the members of Applicant's board of directors  Yes No received compensation within the previous twelve (12) months for their services to the nonprofit, either as an employee or independent contractor?						
ı	If yes, please explain:						
1	Are more than forty-nine percent (49%) of the members of Applicant's board of directors \( \subseteq \text{Yes} \subseteq \text{No} \) related (sibling, spouse, in-law, or descendent) to a person currently being compensated as described in 3. above?						
ı	If yes, please explain:						
5. a	a. Are board meetings held at least two (2) times per calenda	ar year? ☐ Yes ☐ No					
ŀ	b. Are written minutes of board and committee meetings kep						
(	c. Is attendance kept for every board meeting?	☐ Yes ☐ No					
6. I	Does the board approve compensation of the following:						
á	a. Executive Director or CEO:	☐ Not applicable ☐ Yes ☐ No					
,	h CEO Treasurer or Financial Manager	□ Not applicable □ Ves □ No					

**Board Management (Continued)** 

Is compensation of the positions listed above comparable to salaries in the marketplace?

☐ Yes ☐ No

7.	Has the board of directors of Applicant discussed the unsatisfactory performance of the Executive Director or other key management personnel during the past twelve (12) months?										
	If ye	yes, please explain:									
8.		a procedure in place for replacing board members who do not attend board meetings   Yes  No pularly?									
9.		oes the board have an Audit Committee that is independent of management (i.e., paid 🗌 Yes 🗌 No									
		mployees who do not serve on this committee)?									
10.	Has	Has the board adopted a Conflict of Interest Policy? ☐ Yes ☐ No									
Financial Information											
11.		. Please provide the following financial information for the Applicant. Check here if new organization and provide estimates below:									
		990 LINE ITEM	FINANCIAL INFORMATION	MOST CURRENT FISCAL YEAR YE	PREVIOUS FISCAL YEAR YE						
		Line 12	Annual Revenue	\$	\$						
		Line 18	Annual Expenses	\$	\$						
		Line 19	Net Revenue	\$	\$						
		Line 20	Total Assets	\$	\$						
		Line 21	Total Liabilities	\$	\$						
		Line 22	Fund Balance*	\$	\$						
	*	*(Fund Balance = To	tal Assets – Total Liabilities								
	i	If current year reported above indicates a negative fund balance, please provide an explanation that includes steps Applicant is taking to avoid in the future and submit the most recent 990 tax form or audited financials including notes.									
12.	a.	Has Applicant made any loans to, or received loans from, key employees or board members in the past three (3) years?									
	b.	If yes, please provid	e loan details:								
		From:		To:							
		Reason:									
		Amount:	Interest:	Terms:							
13.		or the most recent fiscal year, has Applicant reported any Related Party Transactions in leir financial statement?									
14.	a.	Does Applicant have an annual independent audit performed? ☐ Yes ☐ No									
	b.	If yes, please provide a copy of Applicant's audited financials, including notes, with the submission of this application.									

#### **Employment Practices** 15. a. Does Applicant have employees? ☐ Yes ☐ No If no: An Applicant that has no employees is eligible for our Flat-Fee D&O policy which excludes Employment Practices Liability coverage. If Applicant is interested in our Flat-Fee policy, check here: b. If yes, please indicate number of current employees: Full Time Exempt (Salaried) Full Time Non-Exempt (Hourly) Part Time, Temporary or Seasonal Of the employees listed in item b above, are any employees represented by a union? \( \subseteq \text{Yes} \subseteq \text{No} \) If yes, how many? **Employment Practices (continued)** a. How many employees have left the organization in the past twelve (12) months? If none, check here: 16. Voluntary Involuntary/Laid Off b. If Applicant's most recent annual turnover rate is greater than fifteen percent (15%), please explain: 17. Is any significant reduction of employees or change of employee status anticipated in the next twelve (12) months? ☐ Yes ☐ No If yes, please explain: 18. Indicate date Personnel Handbook was last updated by a Labor Law Professional: If Applicant does not have a Personnel Handbook in place, check here: 19. Please indicate whether Applicant has the following written policies or procedures in place: a. Employment At-Will: ☐ Yes ☐ No b. Sexual Harassment Complaints: ☐ Yes ☐ No c. Anti-Retaliation (including employee whistleblower protection): ☐ Yes ☐ No d. Sexual Harassment Prevention Training: ☐ Yes ☐ No 20. Have any of Applicant's employees received training regarding Applicant's obligation concerning accommodation of disabled employees or applicants? ☐ Yes ☐ No Is there an employee who is trained in conduction of investigations into allegations of 21.

# 22. How many employees have the full-time responsibility of handling Human Resources issues for Applicant's organization (including the administration of employee benefits programs) Please provide the following for each: Name Title # of Years in Position

a. Does this employee have formal training or certification in Human Resources?

☐ Yes ☐ No

☐ Yes ☐ No

#### Claims and Insurance Information

sexual harassment?

Important Notice: Our policy will not afford coverage to any claim, incident, suit, complaint or situation the Applicant knew of prior to the effective date of our proposed policy. It is important that any and all such incidents that may give rise to a claim be reported to the current insurer.											
23.	Provide currently valued loss runs for the past five (5) years as well as a completed #11, Claims Supplemental Application, for each claim that has been reported under any Directors and Officers, Fiduciary Liability, and /or Employment Practices Liability policy. If no coverage was in force, but an incident did occur please provide a completed #11, Claims Supplemental Application to describe each incident. If none, check here:										
24.	Has Applicant been involved in any grievance or other administrative proceeding before any agencies in the last five (5) years? ☐ Yes ☐ No										
	If yes, please explain:							_			
Claims and Insurance Information (continued)											
25. Does Applicant have knowledge, information or access to information of any act, error, omission or incident which might give rise to a claim or suit, including any employment-related actions, claims or suits? ☐ Yes ☐ No If yes, a completed Supplemental Claims Application #11 is required for each incident.											
	In the past (5) years has any insurance carrier declined, canceled or non-renewed any D&O Coverage?  ☐ Yes ☐ No If yes, please explain:										
	Provide the following information	regarding Applicant	's curren	t insurance po	olicies. If	none, so ir	ndicate.				
	Type of Policy:	Insurance Carrier	Term	Retro Date*	Limit	Premium	Deductible	_			
	Directors & Officers:  If none, check here: □										
	Employment Practices Liability: If none, check here:										
	Fiduciary Liability (other than ERISA): If none, check here:										
*Сору	of the current declaration page sho	wing the retro and/or	continuity	date is require	d to offer	Prior Wrong	ful Acts Cove	rage			
SIGN	ATURES										
Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT. In DC, LA, ME, TN and VA, insurance benefits may also be denied). The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.											
all of	ICE: This policy is issued by your the insurance laws and regular able for your risk retention gro	ntions of your State									
	Applicant's Signature	Date	Prod	Producer's Signature			Date				
_	Print or type applicant's name/Tit	tle									