

**NONPROFITS INSURANCE ALLIANCE (NIA)**

Alliance of Nonprofits for Insurance, RRG (ANI)

Nonprofits Insurance Alliance of California (NIAC)

National Alliance of Nonprofits for Insurance (NANI)

Alliance Member Services (AMS)

A head for insurance. A heart for nonprofits.

insurancefornonprofits.org

Application No.

Submission Date

Broker ID

# NIA Board & Executive Liability Supplemental Application

**(Directors & Officers Liability / Employment Practices Liability / Fiduciary Liability)**

Brokerage Name

Broker Contact Name

Broker ID

Broker Contact Email

## Applicant Information

Applicant Name

Applicant Address

City / State / ZIP Code

PLEASE NOTE: This application is for Board & Executive Liability coverage and can only be bound in conjunction with a Commercial General Liability policy. For complete instructions on our submission requirements, please visit the [New Submissions page of the NIA Broker Portal](#).

Coverage Requested	Please indicate requested coverage option below	Requested Effective Date	Requested Expiration Date	Requested Each Occurrence Limit / Requested Aggregate Limit
	Directors & Officers Liability Employment Practices Liability <b>and</b> Fiduciary Liability			
	Directors & Officers Liability <b>and</b> Fiduciary Liability			
	Employment Practices Liability			

1. Has Applicant filed any insurance claims and/or were any suits filed against it in the past five years?

Yes

No

If yes, please explain:



2. Does the Applicant currently have Directors & Officers/Employment Practices Liability coverage? Yes No

If yes, complete this chart:

Type of Policy	Insurance Carrier	Current Effective Date	Current Expiration Date	Current Premium	Occurrence Limit	Aggregate Limit	Deductible	Coverage retroactive date (if claims-made)
Directors & Officers Liability If none, check here								
Employment Practices Liability If none, check here								
Fiduciary Liability If none, check here								

3. Please include the following when submitting application (both are required to offer Prior Wrongful Acts coverage):
- Your current claims-made policy declarations page with retroactive date.
  - Signed No-Known Loss Letter on the Applicant's letterhead ([No Known Loss Letter Template](#))
4. Attach currently valued loss runs for the past five years (four years plus current year) as well as a completed [NIA Claims Supplemental Application](#) for each claim that has been reported under any Board & Executive Liability policy. If no coverage was in force, but an incident did occur, please complete the [NIA Claims Supplemental Application](#) to describe each incident.

If none, please check here:

5. 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 Directors & Officers or Fiduciary actions, claims, or suits? Yes No

6. In the past 5 years has any insurance carrier declined, canceled or non-renewed any D&O coverage?

If yes, please explain:



## 7. Total number of board members

8. Is the number of board members currently serving on the Applicant's board of directors in compliance with the number required by the bylaws or articles of incorporation of the organization? Yes No

If no, please explain:

9. Have more than 49% of the Applicant's board of directors received compensation within the previous 12 months for their services to the nonprofit, either as an employee or independent contractor? Yes No

If yes, please explain:

10. Are more than forty-nine percent (49%) of the members of Applicant's board of directors related (sibling, spouse, in-law, or descendent) to a person currently being compensated as described in 9. above? Yes No

If yes, please explain

11. Are more than 50% of your board members employed by the nonprofit? Yes No

If yes, please explain

12. Are board meetings held at least two (2) times per calendar year? Yes No

13. Are written board and committee meeting minutes kept? Yes No

14. Is attendance kept for every board meeting? Yes No

15. Within the past 5 years, has the board of directors or any committee experienced disputes, unresolved disagreements or documented concerns related to the performance, conduct or succession of key personnel (e.g. Executive Director, CEO, CFO, HR staff or other senior leadership)? Yes No

If yes, please explain:

16. Is a procedure in place for replacing board members who do not regularly attend board meetings? Yes No

17. Does the board have an audit committee that is independent of management (i.e., paid employees who do not serve on this committee)? Yes No

18. Has the board adopted a conflict of interest policy for management and board members? Yes No



19. Please provide the following financial information for the Applicant's organization. (New organizations can provide estimates.)

990 Line Item	Financial Information	Most Current Fiscal Year Ending	Previous Fiscal Year Ending
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 = Total Assets - Total Liabilities)

**If current year reported above indicates a negative fund balance, please provide an explanation that includes steps the Applicant is taking to avoid a negative fund balance in the future and submit the most recent 990 tax form or audited financials including notes.**

20. Does the 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 Directors & Officers or Fiduciary actions, claims, or suits?

**If yes**, a completed [NIA Claims Supplemental Application](#) is required for each incident.

21. Has the Applicant made any loans to, or received loans from, key employees or board members in the past three (3) years? Yes No

**If yes**, please provide the following loan details:

From whom

To whom

Reason

Amount

Interest %

Terms (months)

22. For the most recent fiscal year, has the Applicant reported any related party transactions in their financial statement? Yes No

**If yes**, please explain:

23. Has your organization faced any regulatory investigations or enforcement actions in the past 5 years? Yes No

If so, please provide details.



Please answer the following questions if Employment Practices Liability Insurance (EPLI) coverage is requested:

24. Do you have employees? Yes      No
- a. **If no**, do you want a quote for NIA's policy which excludes Employment Practices Liability? Yes      No
- b. **If yes**, complete the following:
- Full-time exempt (salaried)
- Full-time non-exempt (hourly)
- Part-time, temporary or seasonal
- c. Are any full-time exempt (salaried), full-time non-exempt (hourly), part-time, temporary, or seasonal employees located in a foreign country? Yes      No
- If yes**, please describe
- d. Total number of employees located outside the U.S.:
- e. Please provide a breakdown of employees located in the following states:
- CA              IL              FL              NJ              NY              TX              WA
- f. How many full-time exempt (salaried), full-time non-exempt (hourly), part-time, temporary, or seasonal employees are represented by a union?
25. How many employees have voluntarily left the organization in the past 12 months?
26. How many employees have involuntarily left the organization or been laid off in the past 12 months?
27. Is the Applicant's most recent annual turnover rate greater than 15%? Yes      No
- If yes**, please explain:
28. Have you closed, downsized, laid off, reduced staff, merged with or acquired any entity in the past 18 months or do you anticipate doing so in the next 12 months? Yes      No
- If yes**, please explain:
29. Does the Applicant have a personnel handbook? Yes      No
- If yes**, answer the following:
- When was the personnel handbook last updated by a labor law professional?



30. Please indicate whether the 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
e. Legally mandated Leaves of Absence	Yes	No
f. Americans with Disability Act (ADA) Accommodations	Yes	No
g. Other Accommodation	Yes	No

31. Is there an employee who is trained in providing reasonable accommodations for employees and applicants with disabilities? Yes No

32. Is there an employee who is trained in conducting investigations into allegations of sexual harassment? Yes No

33. Is there a process used for termination of employees that includes consulting with Human Resources or an outside counsel/consultant to evaluate legal risk before termination? Yes No

34. How many employees have the full-time responsibility of handling human resources issues for the organization (including the administration of employee benefits programs)?

35. Does the 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 [NIA Claims Supplemental Application](#) is required for each incident.



---

## Additional Remarks

---

**The following language applies to ANI applicants for Liability coverages only:**

**Notice:**

**This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.**

**The following language applies to NIAC applicants for Liability coverages only:**

**Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.**

**Important Notice: NIA's policy may not afford coverage to any claim, incident, suit, complaint, or situation the Applicant knew of prior to the effective date of the proposed policy. It is important that all such incidents that may give rise to a claim be reported to the current insurer.**



## NONPROFIT APPLICANT APPROVAL

**Please read this carefully.**

**By entering my name and job title**, I confirm that this signature will be the electronic representation of my signature for all purposes, just the same as a manual signature when I or my agent use them on documents including **legally binding** contracts.

**I certify that the broker listed on page 9 has binding authority to fill out and submit this application on behalf of the Applicant, that all information supplied by the Applicant and provided in this application is truthful, and that NIA will rely on the information provided and referenced in this application to make all decisions related to the application and any associated underwriting decisions.**

---

**Nonprofit Applicant's Organization Name**

---

**Nonprofit Applicant Representative's Name - Electronic Signature (Type Your Name Here)**

---

**Nonprofit Applicant Representative's Title**

---

**Date**





## BROKER SIGNATURE

Please read the following and confirm agreement below:

Information submitted in this application will be reviewed by an underwriter to determine coverage that can be offered. Failure to provide a quotation with coverages different from those requested shall impose no liability on any of the companies of Nonprofits Insurance Alliance (AMS, NIAC, ANI, AMSIS) or SRCS Elite or QBE Insurance Corporation (QBE).

**I acknowledge that I have the authority to bind the Applicant, that all information provided in this application is truthful, and that NIA will rely on the information provided and referenced in this application to make all decisions related to the application and any associated underwriting decisions.**

**I further certify that I am electronically signing the application as if I were physically signing it. The insurer may rely upon my electronic signature as if the application were physically executed and, if requested, I will supply a physical signature.**

---

**Broker's Signature**

---

**Broker Agency Name**

---

**Print or Type Broker's Name**

---

**Broker's Title**

---

**Date**