

**DIRECTORS & OFFICERS**  
**Supplemental Application**  
**New Business**

Applicant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Purchase of this coverage entitles the Applicant to free employment risk management services such as free advice prior to taking any action that may result in a claim and personnel handbook assistance by our Labor and Employment Risk Manager.

**I. GENERAL INFORMATION**

1. Does Applicant have any subsidiaries or control any other entity or organization for which coverage is desired? **If yes, please complete ANI-RRG #10.**  Yes  No

**II. BOARD PRACTICES**

2. Total number of Board Members \_\_\_\_\_ **If less than 5, please stop. Applicant will not qualify for coverage.**
3. Are more than 50% of your board members related (by blood or marriage) or employed by the nonprofit?  Yes  No **If yes, please use ANI-RRG #5-A to explain.**
4. Is the number of Board Members currently serving on the board in compliance with the number required by the Bylaws or Articles of Incorporation of the organization?  
 Yes  No
5. How often are board meetings held?  Monthly  Quarterly  Other \_\_\_\_\_  
(please specify)
- a) Are written minutes of board and committee meetings kept?  Yes  No
- b) Is attendance kept for every board meeting?  Yes  No
- c) Is a procedure in place for replacing board members who do not attend board meetings regularly?  Yes  No
- d) Is an orientation given to new board members?  Yes  No
- e) Does the board have an Audit Committee?  Yes  No
- If yes, is the Audit Committee independent of management?**  Yes  No  
(i.e., paid managers do not serve on this committee)
- f) Is there any compensation to board members?  Yes  No
- If yes, please use ANI-RRG #5-A to explain.**
- g) Has the board adopted a conflict of interest policy?  Yes  No
6. Does the board approve the compensation of the Executive Director or CEO?  
 Yes  No
- If yes, is compensation comparable to salaries in the marketplace?  
 Yes  No
7. Has the organization made any loans to or received loans from key employees or board members?  Yes  No **If yes, please use ANI-RRG #5-A to explain.**

8. Does the Board of Directors conduct an annual written review of the performance of the Executive Director/Chief Executive Officer?  Yes  No
9. Has the Board of Directors of Applicant discussed the unsatisfactory performance of the Executive Director or other key management personnel during the past 12 months?  Yes  No **If yes, please use ANI-RRG #5-A to explain.**
10. How long has the current Executive Director been employed in the position? \_\_\_\_\_ yrs.

### III. EMPLOYMENT PRACTICES

11. Current number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Check here if none and go to question #18
12. Does the applicant use an employment application that includes an at-will provision?  Yes  No
13. Does the Applicant have an employment handbook?  Yes  No  
**If yes, date last updated: \_\_\_\_\_ (Please attach copy)**
14. Are written employment performance reviews of all employees conducted at least annually?  Yes  No
15. How many employees have been terminated or demoted in the past 12 months? Check here if none:  Voluntary: \_\_\_\_\_ Involuntary: \_\_\_\_\_ Laid off: \_\_\_\_\_ Demoted: \_\_\_\_\_
16. Is any reduction of employees or change of status anticipated in the next 12 months?  Yes  No **If yes, please use ANI-RRG #5-A to explain.**
17. Does the Applicant have a Whistleblower Policy in place?  Yes  No  
 If yes, does the Whistleblower Policy state that the Applicant will neither retaliate nor take any adverse employment action against an employee who, in good faith, reports a concern?  Yes  No

### IV. CLAIMS AND INSURANCE INFORMATION

18. Has the Applicant been involved in any grievance or other administrative proceeding before any agencies in the last five (5) years?  Yes  No **If yes, please use ANI-RRG #5-A to explain.**
19. Does Applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim, including any employment-related actions, claims or suits? **If yes, please use ANI-RRG #5-A to explain.**  Yes  No
20. In the past five (5) years has any insurance carrier declined, canceled or non-renewed any D&O coverage? **If yes, please use ANI-RRG #5-A to explain.**  Yes  No
21. Directors & Officers and/or EPL insurance information for prior five (5) years:  
**Check here if NO D&O policy is currently in force  and skip to question #25.**
- | Insurance Carrier | Policy # | Policy Period | Limit | Deductible | Premium |
|-------------------|----------|---------------|-------|------------|---------|
|                   |          |               |       |            |         |
|                   |          |               |       |            |         |
|                   |          |               |       |            |         |
|                   |          |               |       |            |         |

22. Attach currently valued loss runs for the past five (5) years as well as a description and current status of any claims which have been reported under any Directors & Officers and/or EPL policy in the last five (5) years. **If none, check here:**
- 
23. Is expiring D&O and/or EPL policy a claims-made policy?  Yes  No  
If yes, what is the retro date? \_\_\_\_\_
- 
24. Does the expiring policy provide both D&O **and** EPL coverages?  Yes  No
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25. If a Directors & Officers and/or EPL policy was not in force during all of the past five (5) years, **please use ANI-RRG #5-A** to describe and give current status of any claims which could have been reported on a Directors & Officers and/or EPL policy similar to the proposed on this application. **If none, check here:**

**REQUIRED INFORMATION THAT MUST BE SUBMITTED WITH APPLICATION**

- **MOST RECENT AUDITED FINANCIAL STATEMENT OR CURRENT 990 TAX FORM (IF ORGANIZATION IS LESS THAN 1 YEAR OLD OR HAS LESS THAN \$25,000 IN ANNUAL RECEIPTS, SUBMIT CURRENT BUDGET)**
- **COPY OF CURRENT PERSONNEL MANUAL**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the coverage, he/she (undersigned) will immediately notify Alliance of Nonprofits for Insurance, Risk Retention Group (ANI-RRG) of such changes, and ANI-RRG may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the coverage.

Signing of this application does not bind ANI-RRG to issue nor the Applicant to buy the coverage, but it is agreed that this form shall be the basis of the contract should a policy be issued and it will be attached to and be made a part of the policy.

All written statements and materials furnished to ANI-RRG in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

**Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.**

**\*\*\*MUST BE SIGNED BY AN OFFICER OF THE BOARD\*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signature of Board Member)

Print Name & Title: \_\_\_\_\_

Insurance Broker/Producer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_