

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

Applicant Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Proposed Effective Date: \_\_\_\_\_

**I. GENERAL INFORMATION**

1. Is Applicant a nonprofit organization under the U.S. Internal Revenue Code 501(c)(3)?  Yes  No  
**If no, please stop. Applicant will not qualify for coverage.**

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2. Has the Applicant's federal income tax-exempt status been terminated, suspended or challenged, or is such action now threatened?  Yes  No **If yes, please use NIAC #5-A to explain.**

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

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4. Does the Applicant perform any of the following services? Please answer "yes" or "no" to each and **explain fully any "yes" answers on NIAC #5-A.**

- a) Engage in or sponsor product or service research, standards development, experimentation or performance testing?  Yes  No
- b) Negotiate labor contracts or provide arbitration services?  Yes  No
- c) Conduct professional ethics or peer review activities?  Yes  No
- d) Certify, endorse or license products or services?  Yes  No
- e) Promote, sponsor or provide any form of insurance to organizations or individuals?  Yes  No
- f) Sponsor or operate a political action committee?  Yes  No
- g) Provide a referral service, legal aid service or computer service to its members or to the public?  
 Yes  No
- h) Provide administrative or management services for any other entity(ies)?  Yes  No

**II. BOARD PRACTICES**

5. Total number of Board Members \_\_\_\_\_ **(Attach current list of all Board Members including name and employment affiliation) If less than 5, please stop. Applicant will not qualify for coverage.**

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6. 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

7. 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?**  
(i.e., paid managers do not serve on this committee)  Yes  No

f) Is there any compensation to board members?  Yes  No

**If yes, please use NIAC #5-A to explain.**

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8. Does the organization compensate via salary or by contract any individual in excess of \$150,000?  
 Yes  No If yes, is the compensation in compliance with all regulations applicable to 501(c)(3) nonprofits?  Yes  No

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9. Has the organization made any loans to or received loans from key employees or board members?  Yes  
 No **If yes, please use NIAC #5-A to explain.**

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10. Does the Board of Directors conduct an annual written review of the performance of the Executive Director/Chief Executive Officer?  Yes  No

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11. 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 NIAC #5-A to explain.**

**III. EMPLOYMENT PRACTICES**

12. Current number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Check here if none and go to question #20

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13. Does the Applicant use an employment application for all hires?  Yes  No

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14. Does the Applicant have an employment handbook?  Yes  No  
**If yes, date last updated: \_\_\_\_\_ (Please attach copy)**

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15. Does the Applicant have an "At Will" provision:  
a) In their employment application?  Yes  No  
b) In their employment handbook?  Yes  No

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16. Are written employment performance reviews of all employees conducted at least annually?  Yes  No

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17. How long has the current Executive Director been employed in the position? \_\_\_\_\_ yrs.

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18. How many employees have been terminated or demoted in the past 12 months?  
Check here if none:  Voluntary: \_\_\_\_\_ Involuntary: \_\_\_\_\_ Laid off: \_\_\_\_\_ Demoted: \_\_\_\_\_

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19. Is any reduction of employees or change of status anticipated in the next 12 months?  Yes  No  
**If yes, please use NIAC #5-A to explain.**

**IV. CLAIMS AND INSURANCE INFORMATION**

20. 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 five (5) years?  
**If yes, please use NIAC #5-A to explain.**

	Yes	No		Yes	No
National Labor Relations Board	<input type="checkbox"/>	<input type="checkbox"/>	Federal Labor Standards Act	<input type="checkbox"/>	<input type="checkbox"/>
Fair Labor Standards Enforcement Act	<input type="checkbox"/>	<input type="checkbox"/>	U.S. Department of Labor	<input type="checkbox"/>	<input type="checkbox"/>
Americans with Disabilities Act	<input type="checkbox"/>	<input type="checkbox"/>	Civil Rights Act of 1991	<input type="checkbox"/>	<input type="checkbox"/>
Age Discrimination in Employment Act	<input type="checkbox"/>	<input type="checkbox"/>	Civil Rights Act of 1964	<input type="checkbox"/>	<input type="checkbox"/>
Equal Employment Opportunity Commission	<input type="checkbox"/>	<input type="checkbox"/>	Other Federal/State/Local Agencies	<input type="checkbox"/>	<input type="checkbox"/>

21. 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 NIAC #5-A to explain.**  Yes  No
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22. In the past five (5) years has any insurance carrier declined, canceled or non-renewed any D&O coverage? **If yes, please use NIAC #5-A to explain.**  Yes  No
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23. 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 #27.**
- | Insurance Carrier | Policy # | Policy Period | Limit | Deductible | Premium |
|-------------------|----------|---------------|-------|------------|---------|
|                   |          |               |       |            |         |
|                   |          |               |       |            |         |
|                   |          |               |       |            |         |
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24. 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:**
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25. Is expiring D&O and/or EPL policy a claims-made policy?  Yes  No  
 If yes, what is the retro date? \_\_\_\_\_
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26. Does the expiring policy provide both D&O and EPL coverages?  Yes  No
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27. If a Directors & Officers and/or EPL policy was not in force during all of the past five (5) years, **please use NIAC #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**

- **ARTICLES OF INCORPORATION**
- **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**
- **SCHEDULE OF DIRECTORS & OFFICERS INCLUDING THEIR OUTSIDE EMPLOYMENT AFFILIATIONS (OCCUPATIONS)**

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 Nonprofits' Insurance Alliance of California (NIAC) of such changes, and NIAC may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the coverage.

Signing of this application does not bind NIAC 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 NIAC in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

**\*\*\*SIGNATURE REQUIRED IN ORDER TO PROCESS\*\*\***

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

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

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

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

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