



Mid America Specialty Markets
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Columbia, MO 65203
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Not-For-Profit Organization Directors, Officers & Trustees Liability Insurance Application

Agency Name: _____ Agency #: _____
Customer #: _____ Policy #: _____

A. GENERAL INFORMATION

1. Named Insured: _____
2. Street address: _____ City: _____ State: _____ ZIP: _____
3. Entity type: _____
4. Contact name: _____ Title _____ Telephone _____
Fax _____ E-Mail _____
5. Total Assets: \$ _____
6. Year of incorporation _____
7. State chartered in: _____ Additional location states _____
8. Yes No Has the proposed coverage ever been purchased before?
Current Directors & Officers Policy (D&O) _____
Carrier _____ Effective Date _____
Limit _____ Deductible _____
Premium _____ Retro Date _____
Claims Made? Yes No
9. Yes* No (NOT APPLICABLE IN MISSOURI) Has any policy or coverage ever been declined, cancelled or non-renewed?
*If yes, please explain: _____
10. Proposed effective date: _____ Expiration date: _____
11. D&O Each Claim Limit requested: _____
12. Defense Costs Inside or Outside the Policy limits? _____
13. Yes No Will you also be quoting requesting EPLI coverage for this applicant?
14. Describe the nature of the operation: _____
15. Yes No* Does applicant now have tax-exempt status under the U.S. Internal Revenue Code?
If yes, has there been any dispute as to the applicant's tax-exempt status? Yes No
*If no, has the applicant: Not yet applied Applied & not yet approved Applied & been denied
16. Type of non-profit organization under U.S. Federal Tax Code: _____
17. Yes No Does applicant have any subsidiaries or control of any other entity or organization?
If yes, please describe: _____
18. Yes No Does applicant or any subsidiary render any professional services:
If yes, please describe: _____
19. Yes No Does another entity own or control the applicant?
If yes, please describe: _____
20. Enter the total number of: Directors _____
21. Length of their elected terms: _____
22. Yes No Are terms staggered?
23. How are officers/directors selected? (member vote, appointment) _____
24. Total number of members? _____
25. Yes No Does applicant's bylaws contain a Dissolution Clause?
26. Yes No Does any director/officer profit from the applicant's operations except as an employee?
If yes, please explain: _____
27. Yes No Are any directors or officers indebted to the organization?
If yes, please explain: _____
28. Yes No Has the applicant or any subsidiary during the last 5 years been the subject of antitrust investigation or the subject of any claim or allegation of violation of any laws relating to antitrust, restraint of trade or unfair competition?
If yes, please explain: _____

29. How does applicant obtain funding? _____
30. Yes No Is applicant involved in product research, development, testing or certification?
If yes, please explain: _____
31. Yes No Is applicant engaged in publishing magazines, periodicals, newsletters, journals or manuals?
If yes, please attach copy. _____
32. Yes No Does applicant administer insurance programs for your members?
If yes, please explain: _____
33. Yes No Is applicant involved in accreditation activities?
If yes, please explain: _____
34. Yes No Is the organization engage in any peer review or credentialing activities?
If yes, please explain: _____
35. Yes No Does the organization grant or administer any loans?
If yes, please explain: _____
36. Yes No Have any loan agreements been violated in the last 3 years?
If yes, please explain: _____

B. LOSS HISTORY

1. Yes No Are you aware of any circumstances which may give rise to claim?
If yes, please explain: _____
2. Yes No Have there been any lawsuits, grievances or demands made within the last three years?
If yes, please explain: _____
If yes to #2, what remedial measures have been taken to prevent further lawsuits, grievances or demand? Please describe : _____

C. OTHER MATERIAL FACTS - MUST BE COMPLETED

PLEASE DECLARE ANY MATERIAL FACTS ON A SEPARATE SHEET. A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ASSESSMENT OF THIS RISK, THE PREMIUM CHARGED AND TERMS AND CONDITIONS IMPOSED BY THE UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT WOULD BE CONSIDERED MATERIAL YOU SHOULD DECLARE IT.

NONE **Describe below**

D. NOTICE

1. Please provide applicant's Articles of Incorporation, bylaws, and financial information for the applicant's current fiscal year by attaching the applicant's current financial statements. (If revenue amount or total assets exceed \$5,000,000, please attach CPA-audited most recent year-end financial statements.)
2. Prior to binding coverage, the underwriter, in its sole discretion, may request any or all of the following:
- Complete copies of the applicant's last CPA-audited financial statements with notes. If these are not consolidated, the Underwriter may request financial statements on each unconsolidated entity.
 - The names and occupations of the applicants board of directors and trustees.
 - Copies of brochures and publications produced by the applicant.
 - Verification of bank balances, Accounts Receivable and Payable.
 - Most recent IRS Form 990.

The Applicant agrees after full investigation and inquiry that the statements set forth herein are true and include all material information. The Applicant on behalf of the Proposed Insured/s further declares that if the information supplied on this application changes between the date of this application and the inception date of the Policy, he/she will immediately notify us of such change. Signing the application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made part of the Policy should the Policy be issued.

Fraud Warning

Please refer to Acord 63 for state specific fraud warnings.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

_____	_____	_____
Applicant's Authorized Signature	Title	Date
_____	_____	_____
Agent Name (please print or type)	Agent Signature	Date

Home Office Use Only:		
Customer Number:	Policy Number:	Policy Period:

**FRAUD STATEMENTS**

AGENCY		CARRIER West Bend Mutual Insurance Company	NAIC CODE 15350
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)