

DIRECTORS & OFFICERS INSURANCE FOR NON-PROFIT ORGANIZATIONS

Quote Form

Directors and Officers Liability, also known as D&O coverage, Insurance provides financial protection for the directors and officers of your company in the event they are sued in conjunction with the performance of their duties as they relate to the company.

A company may have a stand-alone D&O insurance plan:

- a. Or they may also want to include in the D&O Insurance a rider (an added benefit) to include Employment Practices
- b. and another rider that includes Fiduciary Liability to safe guard against any possible future lawsuits.

**AFTER FILLING OUT THIS APPLICATION
PLEASE MAIL, FAX, OR EMAIL SCAN TO:**

Good Neighbor Insurance
690 E. Warner Rd. Suite 117
Gilbert, AZ 85296, USA

Toll free: 866-636-9100
Phone: 480-633-9500
Fax: 480-813-9930
Email: info@gninsurance.com
Web: www.gninsurance.com
www.gninternationalpropertyinsurance.com




good neighbor insurance
international property and casualty insurance services

www.gninsurance.com

www.gninternationalpropertyinsurance.com

Applicant Information	Broker Information
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Name of Applicant: <input style="width: 90%;" type="text"/>	Brokerage Name: <input style="width: 90%;" type="text" value="Good Neighbor Insurance"/>
Address of Applicant: <input style="width: 90%;" type="text"/>	Address of Brokerage: <input style="width: 90%;" type="text" value="690 E. Warner Rd. Suite 117
Gilbert, AZ 85296, USA"/>
City: <input style="width: 20%;" type="text"/> State: <input style="width: 20%;" type="text"/>	Contact Name: <input style="width: 90%;" type="text" value="Doug Gulleeson"/>
Zip Code: <input style="width: 20%;" type="text"/> Website: <input style="width: 20%;" type="text"/>	Phone#: <input style="width: 20%;" type="text" value="480-633-9500"/> Fax#: <input style="width: 20%;" type="text" value="480-813-9930"/>
Email Address: <input style="width: 90%;" type="text"/>	Email Address: <input style="width: 90%;" type="text" value="doug@gninsurance.com"/>

Specific Information

Please indicate below which coverages are being requested

Coverage:	Limit of Liability Requested			
<input type="checkbox"/> Directors & Officers Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Employment Practices Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Fiduciary Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Crime	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Kidnap / Ransom & Extortion	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input style="width: 100px;" type="text"/>

State of Incorporation: Date established:

Nature of Applicant's Business:

Does the Applicant now have recognized tax-exempt status under the U.S. Internal Revenue Code? No Yes

Does the Applicant have any subsidiaries or control any other entity or organization for which coverage is requested? No Yes

If yes, please attach a description of the operations, ownership, and tax status of each such entity.

Does the Applicant or any subsidiary render any professional services, including but not limited to, conducting any standard setting, accrediting, credentialing, or licensing activities, for others for a fee? No Yes

If yes, please explain:

Total Revenue (most recent year end): Total Assets (most recent year end):

In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing):

Any reorganization or arrangement with creditors under federal or state law?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If yes to any of the above, please explain:

Has the Applicant or any person proposed for coverage been the subject of, or involved in, any of the following in the past five years?

Anti-trust, copyright or patent litigation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any criminal actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any litigation or other proceeding involving any allegation of discrimination?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If yes to any of the above, please explain:

Other than those identified in your response to the above question, has any claim been brought at any time during the last five years against: (i) any Applicant or (ii) any proposed insured individual in his or her capacity as a director, officer, or trustee of any entity? No Yes

If yes to any of the above, please explain:

Has the Applicant given notice to any claim, circumstance, or potential claim to any insurer under any of the coverages to which this application relates?

No Yes

If yes to any of the above, please explain:

Employee Practices Information:

Employee Count	Current Year	Previous Year
Full time employees:		
Part time employees (include leased and seasonal):		
Number of employees located in California:		
Number of volunteers:		

Does the Applicant have written procedures in place regarding:

Equal Opportunity Employment: No Yes

Anti - Discrimination: No Yes

Anti - Sexual Harassment: No Yes

If No to any of the above, please explain:

How many involuntary terminations have occurred in:

Past Year:

1 Year Previous:

In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) any public or private offering of securities?

No

Yes

If yes to any of the above, please explain:

Optional Third-party Information:

Applicant: Please complete this section only if requesting this coverage.

Does the Applicant have established written policies or procedures:

Outlining employee conduct when dealing with third parties, including non-discrimination and non-harassment statements?

No Yes

For responding to complaints of harassment, discrimination or civil rights violations from third parties?

No Yes

What percentage of the Applicant's employees and volunteers have direct contact with the general public?

%

Has the Applicant ever had any action or civil suit brought against it by a customer, client or third party alleging harassment, discrimination, or civil rights violations?

No Yes

If yes, please explain:

Fiduciary:

Does the Applicant handle any investment decisions in-house?

No Yes

If yes, please explain:

Past Activities:

Has any fiduciary been:

accused of, found guilty of, or held liable for a breach of trust?

No Yes

convicted of criminal conduct?

No Yes

Has there been any assessment of fees, fines or penalties against any of the Applicant's employee benefit plans under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority?

No Yes

If Yes to any of the above, please explain:

Crime:

Does the Applicant:

Maintain a list of authorized vendors? No Yes

Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment? No Yes

Allow the employees who reconcile the monthly bank statements to also sign checks or handle deposits? No Yes

Does the Applicant perform pre-employment reference checks for all its potential employees? No Yes

If No, please explain:

Please describe the services the Applicant provides for clients:

LOSS EXPERIENCE: List all employee theft, burglary, robbery, forgery, computer fraud or other crime losses discovered by the Applicant in the past five years. Itemize each loss separately; including date of loss, description and total amount (attach additional pages if necessary):

Kidnap / Ransom And Extortion Information:

Please complete the following information regarding the foreign travel of the Applicant's employees:

Country Visited	Number of annual trips	Average stay	Number of employees

Prior Insurance (Notice – Applicable to the liability coverage sections only)

Do you currently have			Have you in the past have		
	No	Yes		No	Yes
Directors & Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	Directors & Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>	Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>	Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	Crime	<input type="checkbox"/>	<input type="checkbox"/>
Kidnap / Ransom & Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Kidnap / Ransom & Extortion	<input type="checkbox"/>	<input type="checkbox"/>

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: 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 act, which is a crime and may subject such person to criminal and civil penalties.

Signature:

Date:

Title:

Most recent CPA prepared financial statements