

# DIRECTORS & OFFICERS INSURANCE FOR 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

  
**good neighbor insurance**  
international property and casualty insurance services

[www.gninsurance.com](http://www.gninsurance.com)

[www.gninternationalpropertyinsurance.com](http://www.gninternationalpropertyinsurance.com)

Toll free: 866-636-9100  
Phone: 480-633-9500  
Fax: 480-813-9930  
Email: [info@gninsurance.com](mailto:info@gninsurance.com)  
Web: [www.gninsurance.com](http://www.gninsurance.com)  
[www.gninternationalpropertyinsurance.com](http://www.gninternationalpropertyinsurance.com)

### Applicant Information

Name of Applicant:   
Address of Applicant:   
City:  State:   
Zip Code:   
Email Address:

### Broker Information

Brokerage Name:   
Address of Brokerage:   
Contact Name:   
Phone#:  Fax#:   
Email Address:

### Primary Contact Person Information

Name:   
Title:   
Address:   
Email Address:

### Individual Responsible for Human Resource

Name:   
Title:   
E-mail Address:   
Telephone:

### 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 type="text"/>

If you want coverage enhancements/riders for additional premium, please check the following check boxes

<input type="checkbox"/> Workplace Violence Expense	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Miscellaneous Professional Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Internet Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input 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 type="text"/>
<input type="checkbox"/> Employment Practices	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Kidnap & Ransom Coverage	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,00,000	<input type="checkbox"/> Other <input type="text"/>

State of Incorporation:  Date established:

Nature of Applicant's Business:

Does the applicant have any subsidiaries for which coverage is requested? ☐ No ☐ Yes If yes, explain:

Total Employees (current year):  Annual Revenues (current year):

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? ☐ No ☐ Yes  
Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? ☐ No ☐ Yes

If yes to any of the above, please explain:

Has the Applicant given notice of any claim, circumstances 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:

### Directors And Officers Liability Information:

Total Assets (for the current year):

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:

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

Anti-trust, copyright or patent litigation?

☐ No

☐ Yes

Civil, criminal or administrative proceeding alleging violation of any federal or state securities law?

☐ No

☐ Yes

Any other criminal actions?

☐ No

☐ 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 5 years against (i) any Applicant or (ii) any proposed insured individual in his or her capacity as director or officer of any entity?

☐ No

☐ Yes

If yes to any of the above, please explain:

Please complete the following information:

Names of Director or Officer Shareholders	Voting Shares Owned	Shareholders (include individual and corp. names) who are both non-directors and non-officers owning 5% or more of voting shares	Voting Shares Owned
	%		%
	%		%

### Current Insurance Information

If the applicant is applying for any Liability Coverage Sections please complete the chart that follows:

☐ Indicate those coverages currently purchased; and

☐ Attach a copy of all applications submitted to the current insurer or any prior insurers

**IMPORTANT:** The Company will rely upon the declarations and statements contained in any prior applications(s) and the applicant understands and agrees that those declarations and statements will be incorporated into any portfolio policy issued by the company

Liability Coverage Sections	The applicant currently purchases this coverage		Current limit of liability	Current Insurer
	No	Yes		
Directors & Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Corporate (Entity) Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Fiduciary Liability	<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:

☐ Please attach a copy of current financial statements and bylaws

☐ Insurance carriers may request additional information