

RISK MANAGEMENT SERVICES

a division of Christian Brothers Services

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EXCESS DIRECTORS AND OFFICERS LIABILITY APPLICATION

(THIS IS NOT APPLICABLE TO SCHOOL BOARD LIABILITY)

Part I — Applicant

Organization Name		Location # (if applicable)
Telephone Number	Extension	Fax Number
E-Mail		
Address		
City	State	Zip

Limit Requested: _____

Effective Date: _____

Retroactive Date is inception of this coverage in the Trust

Part II — Description

- Legal Structure: Incorporated Non-Incorporated
 - Do you have a Board of Directors? Yes No
 - Is your organization classified as 501 (c)(3) with the Internal Revenue Department? Yes No
 - Date organized: _____
 - State in which incorporated: _____
 - Purpose of organization: _____
- Scope of operations: Local State Regional National International
 - If regional, list states or areas served: _____

- Number of Boards: _____ Number of Board Members: _____
- Total number of individuals employed by the organization: _____
- Does the organization have an affiliated or subsidiary organization operating for profit? Yes No
If yes, please give full details.

6. Does the organization receive donations or contributions from the general public? Yes No
 a. If yes, are contributions generally solicited? Yes No
 b. Out of the total contributions received, what is the net percentage available for charitable purposes? ___%
7. Are any of the Directors, Trustees, Officers, or Employees indebted to the organization? Yes No
 If yes, please attach full details.
8. Does the organization:
 a. Publish magazines, periodicals, newsletters, or technical manuals? Yes No
 b. Become involved in product testing or certification? Yes No
 c. Set professional standards and/or certify its members? Yes No
9. Has the organization filed a Federal Income Tax return for any of the past three years? Yes No
 If yes, have the returns been accepted as filed? Yes No
 If no, please attach full details.

Part III — Present and Prior Insurance

1. Please give details of all Directors and Officers Liability Insurance, Non-profit Liability Insurance, or similar insurance carried for the last five years:

Insurance Company	Limit	Retention	Premium	Policy Period

2. Have any loss payments (including defense costs) been made under any prior or current Directors and Officers liability policy, non-profit organization liability insurance, or similar insurance? Yes No
3. Has any Insurer declined, canceled or non-renewed any policy or application for Directors and Officers liability insurance, non-profit organization liability insurance or similar insurance? Yes No
4. Has the organization or any Director, Trustee, Officer or Employee given written notice under the provisions of any prior or current Directors and Officers liability insurance, non-profit liability insurance or similar insurance of specific facts or circumstances which might give rise to a claim being made against any director, trustee, officer or employee? Yes No
 If yes to any of the above, please attach full details.

Part IV — Claim Information

1. Has the organization or any of its Directors, Trustees, Officers or Employees:
- a. Received any complaint or notice from any person, employee, or job applicant alleging unfair or improper treatment regarding employee hiring, remuneration, advancement or termination? Yes No
- b. Been involved in any anti-trust litigation? Yes No
- c. Received any inquiry, complaint or notice from any state or federal regulatory authority or congressional or legislative committee? Yes No
- d. Been involved in any civil or criminal actions?

2. Other than as requested in question number (1) in this section, has any claim been made against the organization, or any Director, Officer, Trustee or Employee which would have fallen within the scope of the coverage now applied for? Yes No

3. Is any person proposed for coverage cognizant of any of the following facts or circumstances:
a. Which he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage. Yes No

If yes, please attach full details.

4. Is it agreed that no coverage shall apply under the policy being applied for with respect to any claim based upon or arising out of the facts or circumstances described in the answers given to questions in Part III and Part IV? Yes No

Part V — Required Information

As part of this application, please attach the following information:

- a. **Schedule of Directors, Trustees, and Officers including outside affiliations of each.**
- b. **Charter or By-Laws.**
- c. **Last Annual Report or CPA audit.**
- d. **Articles of Incorporation.**

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands this application, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the coverage applied for, which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the Trust. The undersigned acknowledges and agrees that the submission and the Trust's receipt of such report, prior to the inception of the coverage applied for, is a condition precedent to the coverage.

Signing this application does not bind the undersigned to purchase coverage, nor does review of the application bind the Trust to provide coverage. It is agreed that this application and all attachments shall be the basis of and attached to the contract should a plan document be issued. Coverage is bound only upon submission and approval of the Christian Brothers Risk Pooling Trust and Excess Carriers.

Completed by (Please print or type)

Signature

Title

Date