



Nonprofit Directors Supplemental Application

1. Please provide the following information for each nonprofit entity for which coverage is requested.
Add on a separate sheet if additional space is needed

Name of firm member	Position Held at nonprofit entity	Name of nonprofit entity	Entity's products, services or activities	Entity's revenue for last fiscal year

2. Does the firm provide any professional services to any of the entities for which coverage is requested? Yes No

If yes, describe the services and steps the firm has taken to minimize the potential conflict of interest:

3. Within the past five years has the nonprofit entity had any claims and/ or negotiated settlements concerning Directors & Officers (D&O) related issues? Yes No

If yes, please complete a claims supplement for each claim.

4. Have any claims been made or are you aware of any facts, incidents, or circumstances which may result in a claim against any firm member applying for coverage while acting in the capacity of a director or officer? Yes No

If yes, please complete a claims supplement for each claim.

5. Does the nonprofit entity currently carry D&O Insurance? Yes No
If yes, please provide a copy of the current declarations page or endorsement.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent _____

License Number _____

Address _____
