

14. Describe sources of funding: _____

15. Current number of directors: _____ Current number of officers: _____

16. Previous insurer, if any, was: _____ Premium: _____

17. Does the applicant have a written personnel policy? Yes No

II. LOSS INFORMATION

1. Has any claim been made in the last five years, or is any claim now pending against the Organization, its Directors/Trustees or Officers? Yes No

If yes, please explain: _____

2. Is any Director, Trustee or Officer of the organization aware of any fact, circumstance or situation which may give rise to a claim being made against them or the Organization itself? Yes No

If yes, please explain fully: _____

3. Has Directors and Officers insurance coverage ever been declined, canceled or non-renewed for the Organization, its Directors/Trustees or Officers? Yes No

If yes, please provide details: _____

It is understood that if coverage is issued providing Directors and Officers Liability Coverage, it is issued in reliance upon the accuracy of the information contained herein.

Signature of Applicant

Title

Date

Signature of Agent

Agency

Date