



1. Name of Association: _____

2. Address: _____

City _____ State _____ Zip _____

3. Name of Executive Director: _____

4. The Executive Director, Secretary, or acting Manager of the Association works **full-time** **part-time** for the Association.

5. Date Association established:

6. Gross Income of Association during past 12 months: _____

7. Number of Salaried Officers and/or Directors: _____

8. Number of Non-Salaried Officers and/or Directors:

9. (a) Number of Technical Staff: _____

(b) Total number of Employees: _____

(c) Employee Terminations last three years: voluntary involuntary

(d) Please provide details (date(s), reason(s), and voluntary or involuntary) for all employee terminations in the last 12 months:

10. Are you a Not-For-Profit Organization?	Yes	No
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11. (a) Does the Association have an interest in any "For Profit" entities? **Yes** **No**

(b) If **Yes**, please identify name and indicate gross income of each entity.

Please attach description of what entity does.

Name

Gross Income

12. (a) What is the Association's scope?

(b) Please describe the Associations role and services:

(c) Number of Association Members:

13. (a) Does the Association act as an Insurance Broker, Insurance Agent, Insurance Consultant or

Third Party Administrator?

Yes No

(b) If yes, is it or any of its employees licensed?

Yes No

(c) If yes, does the Association or its employees carry Professional Liability or
Errors & Omissions Coverage?

Yes No

14. (a) Is the Association directly involved in the marketing and/or promotion of any
specific product or services to Association Members or other entities which will
produce royalty income or fees for the Association?

Yes No

(b) Is the Association involved with sponsorship of any specific product or services? **Yes No**

(c) If **Yes** to (a) or (b), please describe:

15. (a) Does the Association publish any websites, newsletters, magazines, periodicals or bulletins? **Yes** **No**
- (b) If yes, please describe publication and format (electronic, hard copy, etc.) and attach a sample of each.
16. (a) Does the Association publish technical manuals? **Yes** **No**
- (b) If **Yes**, please describe the nature and format of this manual and the process for updating:
17. How many State or National Conventions will you organize each year?
- (State) (National)
18. Does the Association do any of the following?
If **Yes**, please provide full details on a separate sheet of paper.
- (a) Participate in any activities establishing standards, certification, or licensing? **Yes** **No**
- (b) Provide Administrative or Management services for any other entities? **Yes** **No**
- (c) Conduct any type of peer review? **Yes** **No**
- (d) Provide legal support, internal policy, recruiting services, computer software, or referral services to Association members or the general public? **Yes** **No**
- (e) Conduct any type of collective bargaining, labor, or union negotiations? **Yes** **No**
- (f) Sponsor political action committees? **Yes** **No**

19. (a) Does the Association maintain primary personal injury coverage? **Yes** **No**

(b) If **Yes**, what limits? \$ Claim/\$ Aggregate

(c) Are the following coverages afforded?:

1) False Arrest, Detention or Imprisonment, or Malicious Prosecution? **Yes** **No**

2) Libel, Slander, Defamation or Violation of Right of Privacy? **Yes** **No**

3) Wrongful Entry or Eviction or Other Evasion or Right of Privacy Occupancy? **Yes** **No**

20. (a) During the last five (5) years, has any claim been made, or is any claim against the Association, its Directors, Trustees, Officers or Employees? **Yes** **No**

(b) If **Yes**:

Date:	
Type of Claim:	
Amount paid, if any:	

21. (a) Is the Association or the Directors aware of any circumstances that may result in a claim being made against the Association or any of its past or present Directors, Trustees, Officers, or Employees? (New Business Applicants must answer) **Yes** **No**

(b) If **Yes**, please describe:

Application for Errors & Omissions Coverage

This Application must be signed and dated by an Officer of the Association, and no earlier than 60 days before the proposed effective date.

Warranty

The Undersigned declare that to the best of their knowledge the statements set forth herein and any documents and information submitted in connection herewith are true, accurate and complete and that every effort has been made to obtain sufficient information from each and every person proposed for this coverage in order to verify the truthfulness, accuracy, and completeness of the representations made in the Application. The Undersigned further declare that they have not suppressed, omitted, or misstated any material facts. The Undersigned agree that if the information supplied on or in connection with this Application changes between the date of this Application and the effective date of the coverage, the Undersigned will immediately notify Brokers' Risk, and Brokers' Risk, in its sole discretion, may withdraw or modify any outstanding quotations or authorization or agreement to bind coverage. The signing of this Application does not bind the applicant to purchase the coverage. **However, it is agreed that this Application and any documents or information submitted herewith shall be the basis of the contract should a Policy be issued and are to be considered as incorporated in and constituting part of the Policy.**

Signed by: _____
(Must be signed by an Officer of the Association)

Title: _____

Date: _____

All data in this Application is considered highly confidential and is only for Underwriters' use. Signing this Application does not bind the Underwriters to provide this Insurance, but it is agreed that this Application shall be made a part of the Policy and shall be the basis of the contract should a Policy be issued.

Please attach the following Documents for the Application:

- ☐ Constitution
- ☐ Bylaws
- ☐ Most recent Annual Audited Financial Statements
- ☐ Sample Publications (magazines, newsletter, handbooks, policies, brochures)
- ☐ Sponsorship, Royalty and Service Contracts (for products and services)
- ☐ Articles of Incorporation for Subsidiaries
- ☐ If necessary, attach descriptions needing more room
- ☐ Sample Employee Handbook