

01200001

# ASAE-Sponsored Directors' & Officers' (D&O) Liability Insurance Application

The ASAE-Sponsored D&O coverage provided here is written on a claims made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during this policy period.

84D-03B

Nature of Operations:

- 1.  501(c)3  501(c)6
  - Date of Incorporation \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 2.  Trade Association or  Professional Association
  - Other: \_\_\_\_\_
- (Please complete or forward your association's mission statement.)*



Insurance Contact: \_\_\_\_\_

Association: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Fax:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

I wish to receive periodic email updates regarding the ASAE-Sponsored Programs.

## OPERATIONS

- 3. Does the association have a negative fund balance? .....  Yes  No  
*(If YES, please forward your association's most recent 12 month financial audit or IRS 990 tax form.)*
- 4. Please indicate the association's Total Gross Annual Revenue\* (most current FYE): \$ \_\_\_\_\_  
*(\* If greater than \$1,000,000, please forward your association's most recent 12 month financial audit or IRS 990 tax form.)*
- 5. Expiration Date of current D&O policy (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Premium: \$ \_\_\_\_\_ Current Limits: \$ \_\_\_\_\_
- 6. Is coverage requested to include any Subsidiary? .....  Yes  No Or Affiliate?...  Yes  No
- 7. Is the association involved in any standard setting, accreditation, certification or peer review activities?.....  Yes  No  
*(If YES, please attach details.)*
- 8. Is the association involved in any labor negotiations or collective bargaining? *(If YES, please attach details.)* .....  Yes  No
- 9. Does the association sell or administer any insurance product (other than those designed solely for the association's employees)? *(If YES, please attach details.)* .....  Yes  No

## EMPLOYMENT INFORMATION

- 10. Total number of employees: \_\_\_\_\_
- 11. How many employees have been terminated in the last year? \_\_\_\_\_ voluntarily \_\_\_\_\_ involuntarily
- 12. Does the applicant association have formal written procedures for hiring and firing employees?.....  Yes  No

## CLAIMS HISTORY

- 13. Within the last three years, has the applicant association, its directors, officers and/or any other proposed INSURED person received any complaint, suit, inquiry or notice of hearing from any state or federal legislative committee, regulatory body, or any other party?.....  Yes  No

## PRIOR KNOWLEDGE

- 14. Is any potential INSURED aware of any circumstance(s) or action(s) which could result in a future claim against any potential INSURED?.....  Yes  No  
*If YES, please provide a detailed explanation: \_\_\_\_\_*

(IT IS UNDERSTOOD AND AGREED THAT THERE WILL BE NO COVERAGE FOR ANY CLAIM WHICH IS RELATED TO OR ARISES OUT OF THE MATTER WHICH IS SET FORTH OR SHOULD HAVE BEEN SET FORTH IN THE ANSWER TO QUESTION #14 )

## DECLARATION AND SIGNATURE

PLEASE SIGN AND DATE THIS APPLICATION. Fax it or enclose it in the envelope provided and mail. Once your application and any requested supporting information has been reviewed and approved, you will receive a quotation. Any person who, knowingly and with intent defrauds any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, circumstances concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the Association or its directors, officers or other Insured Persons to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form part of the policy. The insurance company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Signed  \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Executive Director, President or Chairperson of the Board)*

Apply Online  
[www.asae-aon.com](http://www.asae-aon.com)

Act Promptly! FAX Application Questions? Call Toll-Free  
**1-202-857-0143 1-800-453-5191 ext 561**

Aon Association Services, 1120 20th Street NW, Suite 600, Washington, D.C. 20036-3419  
Aon Association Services, a Division of Affinity Insurance Services, Inc., in CA, MN & OK a Division of  
AIS Affinity Insurance Agency, Inc., and in NH & NY a Division of AIS Affinity Insurance Agency. CA License #0795465  
Underwritten by The Hartford's Twin City Fire Insurance Company in Arizona, California, Florida, Louisiana  
and New Hampshire and by the Trumbull Insurance Company in all other states.

