

**APPLICATION FOR NON-PROFIT ORGANIZATION AND
 MANAGEMENT LIABILITY INSURANCE
 (DIRECTORS & OFFICERS INSURANCE)**

NOTICE: EXCEPT AS OTHERWISE PROVIDED IN THE POLICY, THE POLICY SHALL ONLY APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER IN ACCORD WITH THE PROVISIONS OF THE POLICY. EXCEPT AS OTHERWISE PROVIDED IN THE POLICY, THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS MAY BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THIS APPLICATION AND THE POLICY CAREFULLY.

Instructions for Completing This Application

Please read carefully. Fully answer all questions and submit all requested information. Terms appearing in **bold** in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. This Application consists of the information contained herein, all materials submitted herewith and any other information or materials included within the definition of **Application** in the policy. All such materials shall be held in confidence.

GENERAL INFORMATION

1. The full legal name of the incorporated member entity (Club or Society) of the California Federation of Mineralogical Societies, Inc., which is to be the entity named on the policy:

Principal Address: _____
 City: _____ State: _____ Zip Code: _____

2. Officer designated to receive correspondence and notices from the Broker:

| | |
|-------------------|----------------------|
| (Name of Officer) | (Title) |
| (Address) | (City) (Zip) (Phone) |
| (E-mail) | (Fax #) |

3. Please provide the following information with respect to the Applicant:

- a. Purpose or Description of Operations: _____
- b. Date of Incorporation: _____
- c. Is the Applicant exempt from Federal income tax? Yes No
- d. Has there been any dispute regarding the Applicant's tax exempt status? Yes No
- e. Website address (if applicable): _____
- f. What category of 501 (C) is your organization? *(ie: (C)3; (C)6; etc.)* 501 (C) ____ other: _____
- g. Is the Applicant applying for insurance for any entity other than the Applicant? Yes No
- h. Do you currently or have you previously had Directors & Officers insurance? Yes No
- i. Number of employees (stated in full-time equivalents): ____ Number of members: ____
- j. Does the Applicant distribute to all members written policy statements regarding:
 Anti-Discrimination? Yes No Anti-Sexual Harassment? Yes No

FINANCIAL INFORMATION

1. Please provide the following information for the past two fiscal years:

| <u>Fiscal Year-ended</u> <i>(month/day/year)</i> | <u>Total Gross Revenue</u> <i>(total \$\$ income from all sources)</i> | <u>Net Revenue</u> <i>(gross minus expenses)</i> | <u>Total Assets</u> <i>(total value owned)</i> | <u>Net Assets</u> <i>(assets minus what you owe)</i> |
|---|---|---|---|---|
| ____/____/____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| ____/____/____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

2. Based upon the Applicant's financial condition, has anyone questioned within the last three(3) years whether the Applicant will continue as a going concern? Yes No

3. Please attach IRS form 990 for the last two (2) fiscal years if either net revenue or net worth were negative.

LOSS/CLAIMS HISTORY

1. Has any insurer cancelled or refused to renew any previous insurance, whether primary or excess, within the past 3 years? Yes No
2. Within the past 3 years, has any **Claim** been made against any proposed **Insured** which would have been within the scope of coverage afforded by the proposed Policy? Yes No (If "Yes," please attach a summary description of each **Claim** and any loss payments by any **Insureds** or insurers).
3. Within the past 3 years, has any person or entity for whom this insurance is intended given notice under the provisions of any other previous or current similar primary or excess insurance policy of any facts or circumstances which may give rise to a **Claim**? Yes No (If "Yes," please attach complete details).

IT IS UNDERSTOOD AND AGREED THAT WITH RESPECT TO QUESTIONS 2 AND 3 ABOVE, IF SUCH **CLAIMS** OR NOTICE OF FACTS OR CIRCUMSTANCES EXIST, THEN THOSE **CLAIMS** AND ANY OTHER **CLAIMS** ARISING FROM SUCH **CLAIMS** OR NOTICED FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

PRIOR KNOWLEDGE

Does any person or entity for whom this insurance is intended have any knowledge or information of any actual or alleged act, error, omission, fact or circumstance which may reasonably be expected to give rise to a **Claim** within the scope of coverage afforded by the proposed Policy? Yes No (If "Yes," please attach complete details).

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

The person signing this **Application** declares that to the best of his or her knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all **Insured(s)** to facilitate the proper and accurate completion of this **Application** for the proposed Policy. Signing of this **Application** does not bind the undersigned to purchase the insurance, but it is agreed that this **Application** shall be the basis of the contract should a Policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** and the information in the materials submitted herewith or incorporated herein are true and shall be deemed material to the decision of the **Insurer** to issue the insurance.

The undersigned agrees that if after the date of this **Application** and prior to the effective date of any Policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** or the information in the materials submitted herewith or incorporated herein inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would complete, update or correct such information. Under such circumstances, any outstanding quotations may be modified or withdrawn at the sole discretion of the **Insurer**.

This **Application** and any material submitted herewith shall be maintained on file by the **Insurer**, shall be deemed attached as if physically attached to the proposed Policy and shall be considered as incorporates into and constituting a part of the proposed Policy.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**. All such notices must be submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

This **Application** must be signed by the Chairman of the Board, President or Executive Director of the Applicant.

Date: _____ Signature: _____

Print Name and Title: _____

A POLICY CANNOT BE ISSUED UNLESS THE **APPLICATION** IS PROPERLY SIGNED AND DATED