



Union General Insurance Services, Inc. ; 800-427-8447; ug@uniongeneral.com

SWIM CLUBS, SWIM SCHOOLS AND SWIM & WATER POLO TEAMS DIRECTORS AND OFFICERS APPLICATION

For Not-For-Profit Entities Application

Notice: The policy for which this application is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate coverage period.

Applicant Information

Name of organization: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Organization contact person: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Web site: _____

Desired Defective Date: _____

1. Is the organization a not-for-profit entity? Yes No
2. Tax ID# _____
3. What is the nature/purpose of the operation and what are the principal services which are conducted? _____

4. Has any Director/Trustee of Officer been charged or convicted of any criminal act in the past five years, or is any Director/Trustee or Officer presently the subject of a pending criminal proceeding? Yes No
If yes, please provide details: _____

5. Are any certificates of insurance obtained from all sub-contracted operations and those renting the premises for any temporary activity? Yes No
NA
6. What liability limits are required of sub-contractors & renters? _____
7. What is the current annual operating budget of the organization? _____
8. What is the current account balance of the organization? _____
9. Is there an annual audit of the accounts by an outside audit firm or CPA? Yes No
10. Describe sources of funding: _____

11. Current number of directors: _____ Current number of officers: _____
12. Previous insurer, if any: _____ Premium: _____
13. Total organization's assets \$_____ (example: sports equipment, concession stand equipment)
14. Total organization's liabilities (example: loans) \$_____

Past Activities

1. No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include loss payment and defense costs):
 If so, explain. _____

If none, check here

2. No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope of the proposed insurance, except as follows: _____

If none, check here

3. Does your organization currently have D&O coverage in force? Yes No
 If yes, please provide the following:
 Carrier: _____ Limit: _____
 Premium: \$ _____ Retention: _____ Exp date: _____

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.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE IQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance of the subject thereof may void any policy issued.**

(As part of our underwriting procedures a routine inquiry may be made to obtain application information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

 Applicant Signature Title Date

 Producer Signature Date

 Producer Name and Address