



U.S. SPECIALTY INSURANCE COMPANY

NATIONAL CLUB ASSOCIATION ENDORSED DIRECTORS & OFFICERS LIABILITY INSURANCE APPLICATION

(THIS IS AN APPLICATION FOR CLAIMS MADE INSURANCE)

WEB

NOTICE: THIS INSURANCE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Club _____ Date Organized _____

Address _____ City _____ State _____ Zip _____

2. Insurance Contact: Name _____ Title _____ E-mail _____

3. a. Provide the number of Directors/Trustees _____ Officers _____ and Employees _____ proposed for this insurance.

b. Provide the following information for the Club's current fiscal year:

Total Assets \$ _____ Total Annual Revenue \$ _____
Fund Balance \$ _____ Total Annual Expenses \$ _____

4. Provide the following information on all Subsidiaries (including Subsidiaries of Subsidiaries): If NONE, so indicate. _____

- a. Name e. Operated for-profit or non-profit?
b. Date of acquisition f. Net worth or Fund Balance
c. Percentage of ownership g. Total assets
d. Nature of Operation h. Net income

5. a. Does the Club now have a tax-exempt status under the U. S. Internal Revenue Code? [] NO [] YES

b. Has there been or is there now pending any dispute as to the Organization's tax-exempt status? [] NO [] YES If YES, please provide details _____

6. Has the Club or any Subsidiary contemplated or been involved in any bankruptcy proceedings during the past five years or within the next 12 months? [] NO [] YES If YES, please provide details: _____

7. Has the Club or its Subsidiaries or any other person(s) proposed for this insurance been involved in the last five years, or have knowledge of : (If YES, please provide details)

a. Any complaint or notice from any person, employee, or job applicant alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, sexual harassment or termination? [] NO [] YES
Details _____

b. Any Anti-Trust, Copyright or Patent Litigation? [] NO [] YES
Details _____

c. Any inquiry, complaint or notice from any State or Federal Regulatory Authority, agency, or body, or Congressional or Legislative Committee? [] NO [] YES
Details _____

d. Any program or accommodation for those employees covered by the Americans with Disabilities Act, or any remediation effort with respect to any physical facilities? [] NO [] YES
Details _____

e. Any other pending or prior civil or criminal actions/litigation? [] NO [] YES
Details _____

IT IS AGREED THAT IF ANY SUCH COMPLAINT, NOTICE, INQUIRY, ACTION OR LITIGATION EXISTS, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

8. After inquiry, is any person(s) proposed for this insurance aware of any fact, circumstance or situation involving the Club its Subsidiaries or the Directors/Trustees, Officers, Employees, Volunteers or Committee Members of the Club or its Subsidiaries which might result in a future Claim? NO YES
Details_____

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIMS OR ACTION SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

9. Is there Directors & Officers Insurance currently in force? NO YES If YES, indicate:
Carrier_____ Expiration_____ Limit_____ Deductible_____
a. Has any insurance been cancelled or non-renewed?* NO YES If YES, please provide details_____

(*Not applicable to Missouri Applicants)
b. Has any claim been made or has notice of potential claims been given to such carrier? NO YES
If YES, provide complete details_____

THE UNDERSIGNED, ON BEHALF OF ALL OF THE PROPOSED INSURED, DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

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.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT IF INSURANCE IS BOUND AND WILL BE ATTACHED TO AND BECOME A PART OF THE INSURANCE CONTRACT.

PLEASE ENCLOSE THE FOLLOWING:
(a) Copy of By-Laws
(b) Schedule of Directors and Officers
(c) Latest CPA audited financial statements for the Named Organization and Subsidiaries with Auditor's Management Letter

Signed_____ (must be signed by Chairman of the Board, President or Executive Director)
Title_____
Date_____

Submitted by_____ BROKER
Date_____

THIS APPLICATION MUST BE SUBMITTED TO:

**Aon Association Services,
A Division of Affinity Insurance Services**
1120 20th Street NW
Suite 600
Washington DC 20036
Phone: 800.432.7465
Fax: 800.701.1982
Email: info@natlclub-ins.com

Aon Association Services, a Division of Affinity Insurance Services, Inc. in CA, MN & OK a Division of AIS Affinity Insurance Agency, Inc., in NY & NH a Division of AIS Affinity Insurance Agency and in MT dba Aon Association Services. CA License #0795465