



U.S. SPECIALTY INSURANCE COMPANY

NATIONAL CLUB ASSOCIATION ENDORSED DIRECTORS & OFFICERS LIABILITY INSURANCE RENEWAL APPLICATION

(THIS IS AN APPLICATION FOR CLAIMS MADE INSURANCE)

WEB

Expiring Policy Number: _____ Expiration Date: _____

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. Amount of Insurance desired on renewal: _____

4. Are there any changes in the information previously submitted for the Named Club, including any change in tax qualification, nature of business, funding methods, or other aspect of operation of the Named Club.
[] NO [] YES If YES, please provide details _____

5. 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 \$ _____

6. Are there any pending claims against the Insured? [] NO [] YES If YES, please provide details: _____

THE UNDERSIGNED, ON BEHALF OF THE PROPOSED INSURED, DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT THIS RENEWAL APPLICATION IS SUPPLEMENTAL TO THE ORIGINAL APPLICATION SUBMITTED TO THE COMPANY AND TOGETHER WITH THAT APPLICATION SHALL BE THE BASIS OF THE RENEWAL CONTRACT.

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.

PLEASE ENCLOSE THE FOLLOWING:
(a) Schedule of Directors and Officers
(b) Latest CPA audited financial statements for the Named Organization and Subsidiaries

Signed _____
(must be signed by Chairman of the Board, President or Executive Director)
Title _____
Date _____

Submitted by _____ Date _____
BROKER

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@natclub-ins.com