



DIRECTORS AND OFFICERS LIABILITY INSURANCE

Application

(This application is for a claims-made policy relating to claims made against the insured party during the term of the policy, which includes defense expense within the limits of coverage. If issued, read your policy carefully.)

Profit Non-Profit

I. GENERAL

1. Name & Address of Organization: _____ Desired Effective Date: _____

Contact Person: _____ **REQUESTED RETRO DATE *** _____

2. Corporation Individual Partnership Other

3. What is the nature and function of the Organization? _____

4. When organized? _____ Details of Operations _____

5. Directors and Officers Liability and/or Employment Related Practices Liability Insurance carried during the past five years:

INSURER	AMOUNT OF POLICY	DEDUCTIBLE	PERIOD	PREMIUM

Please indicate Limits of Liability desired:

(Must be same as CGL limit)

\$500,000 \$1,000,000

*** If Retro Date is other than Effective Date, completed Prior Acts Application/Statement is required.**

6. If Non-Profit, does the Organization have any affiliated or subsidiary company operating for profit?
(give details) _____
7. Does the Organization have any stockholders or persons who profit from the operation except as salaried employees? (If yes, give details) _____
8. Does the Organization receive donations or contributions from the general public? Yes No
9. Are contributions generally solicited? Yes No
10. Out of the total contributions received, what is the net percentage available for charitable programs?
_____ %
11. Within the last five years, has the Organization received any inquiry, complaint or notice or hearing from any State or Federal Regulatory Authority or congressional or legislative committee?
Yes No
(If yes, give details. Use separate sheet if necessary.)
12. Has the Organization filed a Federal Income Tax return for any of the last five years? Yes No
If yes, have the returns been accepted as filed? Yes No
13. For the last five fiscal years (or if established for less than five years, as applicable) please provide the following:

YEAR	GROSS REVENUES	NET PROFIT OR LOSS

Within the scope of this proposed insurance:

14. Has any claim been made or is now pending against the organization or any person proposed for insurance in the capacity of either Director, Trustee, Officer, Employee, Committee Member, or Volunteer: Yes No
(If yes, give details) _____
15. Has any Director, Trustee, Officer, Employee, Committee Member, or Volunteer any knowledge or information of any negligent act, error, omission, breach of duty which he reasonable should expect could give rise to a claim against him or the organization. Yes No
(If yes, give details) _____

16. Has the Organization and/or its Directors, Trustees, Officers, Employees, Committee Members, and Volunteers been involved in or do they possess any knowledge of pending Federal, State or local actions or proceedings against the Organization and/or its Directors, Trustees, Officers, Employees, Committee Members, and Volunteers, except as follows: Yes No

(If yes, give details) _____

17. Are any of the Directors, Trustees, Officers, or Committee Members indebted to the Organization? Yes No

(If yes, give details) _____

(This Section is related to Employment Practices as a part of the D&O Application and will be attached to the policy as a basis for issuance of the coverage part.)

II. EMPLOYMENT PRACTICES:

A. Employees:

1. Total Number of Employees, including Directors & Officers (all locations)

Full Time: _____ Part Time: _____ Seasonal: _____ Temporary: _____
For seasonal and temporary employees, indicate total annual hours worked.

2. Total number of employees for each of the last 3 years (all locations):

Latest Year: _____ Second Year: _____ Third Year: _____

3. Annual employee turnover rate for each of the last 3 years (all locations):

Latest Year: _____% Second Year: _____% Third Year: _____%

4. How many employees have you terminated in the past three years (all locations):

Latest Year: _____ Second Year: _____ Third Year: _____

5. Percentage of employee with salaries greater than: \$100,000 _____% \$250,000 _____%

6. Number of employees by length of service: Less than 5 years: _____ More than 5 years: _____

B. Loss History:

1. List all EEOC or NLRB charges and demand letters from current or former employees or their attorney for the past five years. Include for each the applicable dates, damages incurred, legal expenses, current status and brief description of circumstances. Also indicate the valuation date and source of this data: _____

2. List all lawsuits and any negotiated settlements entered into with any current or former employee for the past five years. Include for each, the applicable dates, jurisdictions. Civil Action or Index Number, legal expenses incurred, current status, and brief description of circumstances. Also the valuation date and source of this data: _____

3. Are you aware of any circumstances which might give rise to a claim under this policy?
If yes, please provide details on separate sheet. Yes No

C. Human Resources:

1. Do you have a Human Resource or Personnel position or department? Yes No
If no, how is this function handled? _____

If yes, how many employees are there in this department? _____

2. Do you have a written manual of all your personnel policies and procedures? Yes No
If yes, do all your management and supervisory employees maintain a copy? Yes No

Do these staff members receive training in the proper implementation of your personnel policies and procedures? Yes No

Indicate the date your manual was last updated: _____

3. Do you anticipate any facility, programs, branch or office closings or layoffs within the next 24 months? Yes No
If yes, provide details on separate sheet.

4. Do you use an employment application for all your applicants for hire? Yes No
If yes, please attach a copy.

5. Do you conduct an orientation for all new employees? Yes No
Is an orientation checklist maintained for each employee? Yes No
If yes, please attach a copy.

6. Do you publish an employee handbook? Yes No
If yes, please attach a copy

Do you distribute it to all employees? Yes No

Does the employee handbook contain written company policies pertaining to Equal Employment Opportunity and Harassment? Yes No

If no, please attach a copy of your Equal Opportunity and Harassment statement.

7. Do you provide written performance evaluations for all your employees? Yes No
 If yes, how often? _____ Please attach a copy.
- Do your supervisory employees receive training in the proper method of conducting performance appraisals? Yes No
8. Do you have a written progressive disciplinary program? Yes No
 If yes, please attach a copy.
9. Do you have a written grievance program? Yes No
 If yes, please attach a copy.
10. Do you use any test for screening employment applicants or for continued employment? Yes No
 If yes, please describe: _____

11. Do you have a formal out-placement program which assists terminated or laid off employees in searching for other jobs? Yes No
 If yes, please describe on separate sheet.
12. Do you have an Employment Assistance Program (EAP)? Yes No
 If yes, please describe on separate sheet.
13. Do you seek counsel from a human resource person or attorney prior to terminating an employee? Yes No
14. Do you conduct exit interviews when an employee relationship is ended? Yes No
15. Are you currently subject to any collective bargaining agreements? Yes No
 If yes, please provide copy of agreement.
16. Do you post, in places conspicuous to all employees and applicants for employment, all required notices relating to equal employment opportunity laws? Yes No
17. Has similar insurance on behalf of the Organization been canceled or renewal thereof refused? (If yes, give details.) Yes No

D. Claims Handling:

1. List the name of the individual you have designated to handle claims:

Name	Title	Phone Number
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2. Do you have a written procedure for the prompt reporting of incident and claim information?
Yes No

Have these procedures been communicated to all your management and supervisory personnel?
Yes No

E. Attachments:

Attached and made a part of this application by reference must be copies of:

Charter of Bylaws
Latest Annual Report of CPA Audit

Additionally, the following information must accompany the application if applicable:

- Employment Application
- Employee Disciplinary Procedures
- Employee Grievance Procedures
- Employee Handbook/Manual
- New Employee Orientation Checklist
- Employee Performance Evaluation Forms
- Collective Bargaining Agreements
- EEO and Harassment Policy

If a policy is issued, a copy of this application will be attached to the policy and shall be the basis for issuance of the contract.

The undersigned declares that the statements and all information provided herein are accurate and complete. Although, signature on this form does not constitute bound coverage, the undersigned agrees that this form and said statements shall be the basis of any questions which may be submitted. The Pool as Insurer is hereby authorized to make any investigation and inquiry in connection with this application.

*As a condition of this coverage, the undersigned agrees, on behalf of the Organization, to utilize the **Personnel Assistance Lifeline (PAL)**, the Loss Prevention Program, provided by SSCIP, as outlined per Appendix A to this Application.*

Applicant's Authorized Signature (of the Chairman of the Board, Partner or Officer)	Title	Date Signed
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NOTE: Application must be signed as indicated above and dated within 30 days of binding should order be given.

Date _____

Submitted by _____

Directors & Officers Liability Insurance

PERSONNEL ASSISTANCE LIFELINE (PAL) A SSCIP SPONSORED LOSS CONTROL PROGRAM

Personnel Assistance Lifeline (PAL) is a loss control program designed to assist SSCIP members with special legal advice to avoid claims or lawsuits in employment situations. When an employment action is contemplated by you, as a SSCIP member, you can secure guidance and advice from an attorney specializing in employment law to assure that the action is defensible.

This program will be monitored by your administrator, Southwest Risk Services. When assistance is needed, you should contact Kevin Buchanan at Southwest Risk Services, who will then refer you to an employment practices attorney.

The following are services that will be provided:

- ▼ An attorney consultation with the SSCIP member regarding a contemplated personnel action for up to **one hour for each issue, at no cost to the member.** This consultation may result in a written response or opinion.
- ▼ Review of written member personnel policies or manuals up to **one hour at no cost to the member.**

If an action has already occurred and a claim or lawsuit has been filed, the administrator will handle the claim or suit as it does all others. This program is designed as a **loss control program to avoid the claim or suit**. This program does not supplant, amend or alter existing insurance agreements and the insuring documents remain controlling.

Should additional services be desired by the SSCIP member that are not covered by the program or by the Pool, the attorney would need to be retained by the member.

The administrator retains the right on behalf of SSCIP to determine if a requested service is inappropriate for this program.

NOTE: If you currently have Directors & Officers Liability Coverage or add this coverage to your SSCIP Package, the PAL program is mandatory.

For more information or to access the PAL Program, contact Kevin Buchanan at 602/996-8810

