

## ANI #5

### *Directors and Officers Liability and Employment Practices Liability Supplemental Application*

Applicant Name: \_\_\_\_\_  
 Board Chair: \_\_\_\_\_ Board Chair Email: \_\_\_\_\_  
 Quote Need by Date: \_\_\_\_\_ Prop. Effective Date: \_\_\_\_\_  
 Limits Requested: \_\_\_\_\_

Please Note: This application is for Directors and Officers Liability coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit <https://secure.insurancefornonprofits.org/Brokers-New-Submissions.cfm>

**For the remainder of this application, "applicant" refers individually and collectively to the entity(ies) for which coverage is desired, as well as each person who is an officer, director, owner, partner or employee of these entity(ies)**

**DIRECTORS AND OFFICERS LIABILITY AND EMPLOYMENT PRACTICES LIABILITY (D&O and EPLI)**

**Board Management**

1. Indicate total number of board members: \_\_\_\_\_  
 If fewer than three (3), please contact your underwriter to discuss an exception to this requirement.
2. Is the number of board members currently serving on Applicant's board of directors in  Yes  No compliance with the number required by the Bylaws or Articles of Incorporation of the organization?  
 If no, please explain: \_\_\_\_\_
3. Have more than forty-nine percent (49%) of the members of Applicant's board of directors  Yes  No received compensation within the previous twelve (12) months for their services to the nonprofit, either as an employee or independent contractor?  
 If yes, please explain: \_\_\_\_\_
4. Are more than forty-nine percent (49%) of the members of Applicant's board of directors  Yes  No related (sibling, spouse, in-law, or descendent) to a person currently being compensated as described in 3. above?  
 If yes, please explain: \_\_\_\_\_
5.
  - a. Are board meetings held at least two (2) times per calendar year?  Yes  No
  - b. Are written minutes of board and committee meetings kept?  Yes  No
  - c. Is attendance kept for every board meeting?  Yes  No
6. Does the board approve compensation of the following:
  - a. Executive Director or CEO:  Not applicable  Yes  No
  - b. CFO, Treasurer or Financial Manager:  Not applicable  Yes  No
  - c. Is compensation of the positions listed above comparable to salaries in the marketplace?  Yes  No

**Board Management (Continued)**

7. Has the board of directors of Applicant discussed the unsatisfactory performance of the Executive Director or other key management personnel during the past twelve (12) months?  Yes  No  
 If yes, please explain: \_\_\_\_\_
8. Is a procedure in place for replacing board members who do not attend board meetings regularly?  Yes  No
9. Does the board have an Audit Committee that is independent of management (i.e., paid employees who do not serve on this committee)?  Yes  No
10. Has the board adopted a Conflict of Interest Policy?  Yes  No

**Financial Information**

11. a. Please provide the following financial information for the Applicant. Check here if new organization and provide estimates below:

990 LINE ITEM	FINANCIAL INFORMATION	MOST CURRENT FISCAL YEAR YE	PREVIOUS FISCAL YEAR YE
Line 12	Annual Revenue	\$	\$
Line 18	Annual Expenses	\$	\$
Line 19	Net Revenue	\$	\$
Line 20	Total Assets	\$	\$
Line 21	Total Liabilities	\$	\$
Line 22	Fund Balance*	\$	\$

\*(Fund Balance = Total Assets – Total Liabilities)

- b. If current year reported above indicates a negative fund balance, please provide an explanation that includes steps Applicant is taking to avoid in the future and submit the most recent 990 tax form or audited financials including notes.  
 \_\_\_\_\_
12. a. Has Applicant made any loans to, or received loans from, key employees or board members in the past three (3) years?  Yes  No
- b. If yes, please provide loan details:  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Interest: \_\_\_\_\_ Terms: \_\_\_\_\_
13. For the most recent fiscal year, has Applicant reported any Related Party Transactions in their financial statement?  Yes  No
14. a. Does Applicant have an annual independent audit performed?  Yes  No
- b. If yes, please provide a copy of Applicant's audited financials, including notes, with the submission of this application.

**Employment Practices**

15. a. Does Applicant have employees?  Yes  No

If no: An Applicant that has no employees is eligible for our Flat-Fee D&O policy which excludes Employment Practices Liability coverage. If Applicant is interested in our Flat-Fee policy, check here:

b. If yes, please indicate number of current employees:

Full Time Exempt (Salaried)	Full Time Non-Exempt (Hourly)	Part Time, Temporary or Seasonal

c. Of the employees listed in item b above, are any employees represented by a union?  Yes  No  
If yes, how many?

**Employment Practices (continued)**

16. a. How many employees have left the organization in the past twelve (12) months? If none, check here:

Voluntary	Involuntary/Laid Off

b. If Applicant's most recent annual turnover rate is greater than fifteen percent (15%), please explain:

\_\_\_\_\_

17. Is any significant reduction of employees or change of employee status anticipated in the next twelve (12) months?  Yes  No

If yes, please explain: \_\_\_\_\_

18. Indicate date Personnel Handbook was last updated by a Labor Law Professional: \_\_\_\_\_

If Applicant does not have a Personnel Handbook in place, check here:

19. Please indicate whether Applicant has the following written policies or procedures in place:

- a. Employment At-Will:  Yes  No
- b. Sexual Harassment Complaints:  Yes  No
- c. Anti-Retaliation (including employee whistleblower protection):  Yes  No
- d. Sexual Harassment Prevention Training:  Yes  No

20. Have any of Applicant's employees received training regarding Applicant's obligation concerning accommodation of disabled employees or applicants?  Yes  No

21. Is there an employee who is trained in conduction of investigations into allegations of sexual harassment?  Yes  No

22. How many employees have the full-time responsibility of handling Human Resources issues for Applicant's organization (including the administration of employee benefits programs) Please provide the following for each:

Name	Title	# of Years in Position

a. Does this employee have formal training or certification in Human Resources?  Yes  No

**Claims and Insurance Information**

