

Fox Point Programs, Inc. has a program specifically designed to respond to the unique liability exposures of Directors and Officers of Nonprofit Organizations. This program provides comprehensive D&O liability coverage including protection against employment-related allegations. The application process is simple and is backed by a dedicated staff to service your policy.

The policy has a **\$1,000,000 limit of liability** and two deductible options, **\$1,000** or **\$2,500**. The program is available to most non-medical organizations. The premium will vary based on total assets, number of employees, and activities of the nonprofit. Premiums start at \$800.

For a same day Quote please provide the following:

GENERAL INFORMATION NOTE: This form is to be completed with respect to the entire **Applicant Entity**. **Applicant Entity** as used herein is defined to include the **Prospective Named Insured** and any **Subsidiaries**.

- 1 Name of Applicant Entity _____ Tax ID No. _____
- 2 Street Address _____
City _____ State ____ Zip _____
- 3 Tel (____) _____ Fax (____) _____ Website _____
- 4 Primary Contact Name _____ E-Mail _____
- 5 Does the Applicant Entity have 501(c)3 tax exempt status? Yes No
- 6 What services does the Applicant Entity provide? _____

OPERATIONS

- 1 During the last 5 years, has the Applicant Entity or any Prospective Named Insureds received any demands for monetary or non-monetary relief, been involved in or had any knowledge of any civil or criminal action, administrative or arbitration hearings? Yes No *If "Yes" please provide details (use separate sheet, if needed).*
- 2 Is the Applicant Entity or any of the Directors, Trustees and Officers proposed for this insurance aware of any fact, circumstance, or situation involving any Prospective Named Insureds that he or she has reason to believe may result in a claim? Yes No *If "Yes" provide details (use separate sheet, if needed).*
- 3 Does the Applicant Entity have any subsidiaries? Yes No *If "Yes" provide details (use separate sheet, if needed).*
- 4 The Applicant Entity's current assets as of the most recent year-end: . . . \$ _____
- 5 No. of Employees of Applicant Entity? No. of
Full Time: _____ Part Time: _____ Volunteers: _____
- 6 Applicant Entity's Fund Balance as of the most recent year-end: . . . \$ _____
- 7 Annual Salary/Wage Expense . . . \$ _____
- 8 Does the Applicant have current D&O coverage? Yes No *If "Yes" provide:* Limits \$ _____ / _____ Deductible \$ _____
Carrier _____ Policy Expiration Date _____ Retro-active Date _____

Date _____ Applicant's Authorized Signature _____

The contract for insurance is not valid until the proposal is accepted and the premium is paid. Fax, mail or e-mail this application to **Fox Point Programs**, 250 Philadelphia Pike, 2nd Floor, Wilmington, DE 19809-3125. Ph: 800-499-7242, Fax: 302-765-2088, or e-mail us at **sales@foxpointprg.com**. Visit our website at **www.foxpointprg.com**.