

ASAE-Sponsored Directors' & Officers' (D&O) Liability Insurance Application

The ASAE-Sponsored D&O coverage provided here is written on a claims made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during this policy period.

Insurance Contact: _____

Association: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone:(_____) _____ Fax:(_____) _____ Email: _____



I wish to receive periodic email updates regarding the ASAE-Sponsored Programs.

Nature of Operations: 1. 501(c)3 or 501(c)6 Date of Incorporation ____/____/____

2. Trade Association or Professional Association

Other: _____ (Please complete or forward your association's mission statement.)

OPERATIONS

3. Does the association have a negative fund balance? Yes No
(If YES, please forward your association's most recent 12 month financial audit or IRS 990 tax form.)
4. Please indicate the association's Total Gross Annual Revenue* (most current FYE): \$ _____
(If greater than \$1,000,000, please forward your association's most recent 12 month financial audit or IRS 990 tax form.)*
5. Expiration Date of current D&O policy (if applicable): ____/____/____ Current Premium: \$ _____ Current Limits: _____
6. Is coverage requested to include any Subsidiary? Yes No Or Affiliate?..... Yes No
7. Is the association involved in any standard setting, accreditation, certification or peer review activities?..... Yes No
(If YES, please attach details.)
8. Is the association involved in any labor negotiations or collective bargaining? *(If YES, please attach details.)* Yes No
9. Does the association sell or administer any insurance product (other than those designed solely for the association's employees)? *(If YES, please attach details.)* Yes No

EMPLOYMENT INFORMATION

10. Total number of employees: _____
11. How many employees have been terminated in the last year? _____ voluntarily _____ involuntarily
12. Does the applicant association have formal written procedures for hiring and firing employees?..... Yes No

CLAIMS HISTORY

13. Within the last three years, has the applicant association, its directors, officers and/or any other proposed INSURED person received any complaint, suit, inquiry or notice of hearing from any state or federal legislative committee, regulatory body, or any other party?..... Yes No

PRIOR KNOWLEDGE

14. Is any potential INSURED aware of any circumstance(s) or action(s) which could result in a future claim against any potential INSURED? Yes No
 If YES, please provide a detailed explanation: _____

(IT IS UNDERSTOOD AND AGREED THAT THERE WILL BE NO COVERAGE FOR ANY CLAIM WHICH IS RELATED TO OR ARISES OUT OF THE MATTER WHICH IS SET FORTH OR SHOULD HAVE BEEN SET FORTH IN THE ANSWER TO QUESTION #14)

DECLARATION AND SIGNATURE

PLEASE SIGN AND DATE THIS APPLICATION. Fax it or enclose it in the envelope provided and mail. Once your application and any requested supporting information has been reviewed and approved, you will receive a quotation. Any person who, knowingly and with intent defrauds any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, circumstances concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the Association or its directors, officers or other Insured Persons to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form part of the policy. The insurance company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Signed _____ Date ____ / ____ / ____

Print Name: _____ Title: _____

(Executive Director, President or Chairperson of the Board)

Apply Online
www.asae-aon.com

Act Promptly! FAX Application Questions? Call Toll-Free
1-800-701-1982 1-800-453-5191 ext 561

Aon Association Services, 1120 20th Street NW, Suite 600, Washington, D.C. 20036-3419
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