



**SHAND MORAHAN
& COMPANY, INC.**

Shand Morahan Plaza, Evanston, Illinois 60201
(847) 866-2800 (847) 866-0866 (Fax)
Underwriting Manager - A Markel Company

**APPLICATION FOR
NON-PROFIT ORGANIZATION
DIRECTORS AND OFFICERS
LIABILITY INSURANCE**

(Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. This application must be signed and dated and not completed earlier than 60 days before proposed effective date.
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

Attached and made part of this Application by reference is one copy of each of the following:

- (a) The Organization's past two Annual Financial Reports and any subsequent interim financial statement.
- (b) Current provisions of the Constitution and/or By-Law Statement. If not included in these documents, also attach a copy of the Organization's executive indemnification provisions.
- (c) List of names, present position title and outside affiliations of all Directors/Trustees and Officers.
- (d) Copies of additional Organization materials where requested herein.

1. APPLICANT INFORMATION	
a. Name of Organization:	
b. Principal address: (Please attach a list of address(es) of the Organization's additional location(s).)	Business Phone: ()
d. Coverage requested:	
(i) Limit of Liability Desired: _____ \$500,000 _____ \$1,000,000. LIMITS OF LIABILITY INCLUDE COST OF LEGAL DEFENSE.	
(ii) Proposed Effective Date: _____ / _____ / _____	
2. APPLICANT OPERATIONS	
a. Is the Organization a Non-Profit Corporation? If no, please explain: [] Yes [] No	f. Total number of employees:
b. Is the Organization exempt from federal income taxes by the Internal Revenue Service? [] Yes [] No	g. Does the Organization employ an Executive Director or equivalent? [] Yes [] No
c. Has the Organization's status as a Non-Profit Corporation been challenged? If yes, please explain: [] Yes [] No	h. Please describe the nature/purpose of the operation including principal services and attach related brochures, publications, committee descriptions and other printed material:
d. Organizations' State of Incorporation/Charter: _____ Year Granted: _____	i. Where does the Organization derive its primary and secondary sources of income?
e. Has the Organization's Incorporation/Charter been continuous since the year that it was granted? If no, please explain: [] Yes [] No	j. Does any Director, Trustee or Officer profit from the Organization's operations outside of the scope of a salaried employee? If yes, please explain: [] Yes [] No