

Directors, Officers & Trustees Renewal Application



AmTrust North America
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Renewal Form for Directors, Officers & Trustees Liability Insurance

1. Current policy expiration date: _____
2. Name of insured: _____
3. Today's number of employees: FT _____ PT _____
4. In the last 12 months, has there been a significant change in:
 - a. the organization's size or scope of operations, including new programs? ☐ Yes ☐ No
 - b. the organization's tax exempt status? ☐ Yes ☐ No
 - c. the Board of Directors or Executive Director? ☐ Yes ☐ No
 - d. the corporate organization, including acquired or created subsidiaries or affiliates? ☐ Yes ☐ No
5. Any changes in:
 - a. Employment handbook? ☐ Yes ☐ No
 - b. Loans to or from director? ☐ Yes ☐ No
6. Do you anticipate any employee layoffs or multi-employee terminations?
If "Yes" to any questions, please attach description. ☐ Yes ☐ No
7. For the last fiscal year ended: _____
Total expenses: _____
Total revenue: _____
Net assets: _____

IMPORTANT

The undersigned represents to the best of his or her belief and knowledge, after reasonable inquiry and due diligence, the statements set forth in this application and any supplements thereto are true and correct.

The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the insurance company to issue a policy.

The applicant understands and agrees this application and any supplements thereto shall be incorporated into any policy that may be issued and the insurance company is relying on the truth of the statements set forth herein in making a determination to issue any policy.

DISTRICT OF COLUMBIA NOTICE:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FLORIDA NOTICE:

Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

MARYLAND NOTICE:

Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

MINNESOTA NOTICE:

Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

PENNSYLVANIA NOTICE:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OREGON NOTICE:

Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of President, Chairman or Executive Director

Title

Date

Submit Application to:

ustfnp@amtrustgroup.com

AmTrust North America

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Website: <https://amtrustfinancial.com/agents/non-profit-insurance>