

PATRIOT INSURANCE AGENCY, INC.
DBA: Arizona Patriot Insurance Agency, Inc. in CA, NC, ND, NY
P.O. Box 17026
St. Petersburg, FL 33733
Toll Free Number: 800 859-2724
Fax: 520 842-2978
Email: wecare@patriot-insurance.com
Website: www.patriot-insurance.com

DIRECTIONS FOR NON-PROFIT D&O QUOTATION

Please find enclosed the application regarding Directors' and Officers coverage to be completed. Please follow these easy steps to expedite your request for a quotation:

1. Make sure that all questions are answered completely and as accurately as possible. Missing information will delay your quotation.
2. Make certain you sign the application. (Signing does NOT obligate you to purchase the coverage.)
3. Complete list of Directors.
4. Copy of the By-Laws.
5. Copy of the Hiring/Firing procedures.
6. Last year's financial statement for corporation or IRS Tax 990 Forms.
7. Should you have prior coverage, please provide current loss runs (claims history report from carrier).

Upon receipt of the above information, a quotation is generally available within fifteen (15) business days.

Should we be of further assistance, please contact our Underwriting Department at 800.859.2724. Thank you.

Please mail all the above information:

Patriot Insurance Agency, Inc.
PO Box 17026
St. Petersburg, FL 33733

Thank you for allowing us to service your insurance needs and we look forward to working with you in the near future.

Patriot Insurance Agency, Inc.

Toll Free: 800 859-2724

DIRECTOR'S AND OFFICER'S LIABILITY INSURANCE APPLICATION

Name of Applicant:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email		
Website address:		
Employers Identification Number:		
1. Date of Incorporation:	Non Profit 501c3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Description of Operations: <i>(Provide a copy of your brochure/mission statement)</i>		
FINANCIAL INFORMATION:		
	Recent Fiscal Year	Prior Fiscal Year
3. Total Gross Revenue (grants, donations, etc.:) (if greater than \$500,000 forward recent 12 month financial audit)	\$	\$
4. Fund Balance, Net Assets (If negative, include explanation)	\$	\$
5. Does the Applicant have a current Directors and Officers policy <u>OR</u> have they had one previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT INFORMATION		
6. Total number of employees?		
7. How many employees have been <u>involuntarily</u> terminated in the last year?		
8. How many employees have <u>voluntarily</u> left in the last year?		
9. Does the applicant have formal written procedures for hiring and firing employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Claims History: Within the last three years, has the applicant, its directors, officers and/or any other proposed INSURED person been involved in any complaint, suit, inquiry, or notice of hearing from any state or federal legislative committee, or any other party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRIOR KNOWLEDGE		
11. Does the applicant or any person in his or her capacity as a director, officer, trustee, or any person responsible for insurance, complaints or claim reporting have knowledge of any act, error, omission, fact, incident, situation, unresolved dispute or any other circumstance that is or could be the basis for a claim? <input type="checkbox"/> Yes* <input type="checkbox"/> No If YES, please complete details on a sheet. <i>(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 #10.</i>		
DECLARATION AND SIGNATURE		
PLEASE SIGN AND DATE THE APPLICATION. Any person who, knowingly and with intent defrauds any insurance company or other person, files and 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 to the best of his or her knowledge and belief the statement set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the Organization 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. <u>Revocable Proxy.</u> The undersigned hereby appoints Ron Renzi and Erika Hill of the Board of Directors of The International Association of Community Service Organizations (the "Association"), and each of them, as proxy, with full power of substitution, to cast all votes that the undersigned Member is entitled to cast at any meeting of the Association and to act with respect to all votes that the undersigned would be entitled to cast until the earlier of the time that this proxy is revoked or three years from the date that this instrument is executed and delivered to the Association.		
Signed X	Date:	/ /
Print Name:	Title:	