

Non-Profit Entity Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

I. INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

Provide the following information for each 501(c)(3) Not-for-Profit Entity for which coverage is requested.

1. a. Name of individual **Firm** member: _____
 b. Position held by **Firm** member: _____

2. a. Name of Not-for-Profit entity: _____
 b. Entity's revenue for last fiscal year: \$ _____

3. Does the **Firm** provide any professional services to this entity? Yes No
 If yes, describe the services: _____

4. After inquiry of all owners, partners and officers of the **Firm**, or any **Predecessor Firm**, **Affiliated Firm**, or any of the **Firm's** current or former professional staff: Within the past 5 years, has the **Firm**, or any **Predecessor Firm**, **Affiliated Firm**, or any of the **Firm's** current or former professional staff had any claims and/or negotiated settlements concerning D&O related issues? Yes No

 If yes, complete the *Claim/Incident Supplement*.

5. Does the Not-for-Profit entity currently carry D&O insurance? Yes No
 If yes, please provide the following:
 a. Name of entity's D&O insurance carrier: _____
 b. Policy Limits: \$ _____

- Are additional sheets attached? Yes No

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date **Signature / Title**

(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
 Please submit this "Questionnaire" including appropriate documentation to your agent.