



1. Name of applicant: _____
 Address: _____
 Telephone: _____ Fax No. _____
2. Limit of liability desired: \$250,000 \$500,000 \$1,000,000
3. Deductible desired: \$1,000 \$2,500 \$5,000 Other \$ _____
4. a) The Association is a: Trade Association Professional Association Other _____
 b) Is the Association currently a member of the American Society of Association Executives? Yes No
5. Briefly describe the functions, purpose and general operations of the Association: _____

6. a) Are you a not-for-profit Organization? Yes No
 b) Are you incorporated? Yes No
 c) Does Organization now have a tax-exempt status under the U.S. Internal Revenue Service Code? Yes No
 d) Has there been, or is there now pending, any dispute as to the Organization's tax-exempt status? Yes No
 (If yes, please attach details.)
7. a) Number of members: _____
 b) Number of salaried directors and officers: _____
 c) Number of non-salaried directors and officers: _____
 d) Number of salaried staff members: _____ Nonsalaried: _____
 e) Number of technical staff (excluding clerical): _____
8. The secretary or acting manager of the Association works: full-time part-time for the Association.
9. Does any person (s) proposed for this insurance profit from the operation of the Organization except as salaried employee(s)? Yes No
10. a) Year organized: _____ Has it operated continuously from this date? Yes No
 (If no, please explain on separate sheet.)
 b) Geographical scope (state, national, etc.): _____
11. How many state or national conventions will you have each year? _____
12. Briefly describe minimum membership qualifications: _____
13. Does the Association have any for-profit entities? Yes No
 (If yes, please identify name and indicate gross income for each entity. Please attach full details.)
14. List any other subsidiaries and affiliates: _____
15. Indicate gross revenues: a) Last year: \$ _____ b) This year: \$ _____
16. Of the total funds received for the current and previous years, what percentage(s) were used for:

	Fund Raising	Administration	Services
PREVIOUS	_____ %	_____ %	_____ %
CURRENT	_____ %	_____ %	_____ %
17. a) Does the Association publish any magazines, periodicals or newsletters? Yes No
 (If yes, please attach a sample of each.)
 b) Does the Association publish a technical manual? Yes No
 (If yes, please describe: _____)
18. Please answer each of the following and attach details of any YES answer(s):
 - a) Does the applicant provide a referral service, legal aid service or computer service to its members or to the public? Yes No
 - b) Does applicant promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any parades or other similar events, or assume any liability in connection therewith?..... Yes No
 - c) Does applicant promote, sponsor or provide any form of insurance to its members or non-members? Yes No
 - d) Is applicant engaged in any form of research, development, experimentation or testing? Yes No

- e) Does applicant act as, or participate in, a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? Yes No
 - f) Does applicant take any disciplinary action as a result of peer review group activities? Yes No
 - g) Does applicant develop standards used to evaluate the quality of goods manufactured products or services rendered? Yes No
 - h) Does applicant participate in any activities establishing standards, certification, licensing or specifications? Yes No
 - i) Does applicant conduct any type of lobbying, labor or union negotiations? Yes No
 - j) Is applicant directly involved in the promotion of any specific product to Association members which will produce a profit for the Association? Yes No
19. Does the applicant maintain primary personal injury coverage? If yes, what limit? \$ _____ Yes No

ARE THE FOLLOWING COVERAGES AFFORDED:

- a) False Arrest, Detention or Imprisonment, or Malicious Prosecution? Yes No
 - b) Libel, Slander, Defamation or Violation of Right of Privacy? Yes No
 - c) Wrongful Entry or Eviction or Other Invasion of Right of Private Occupancy? Yes No
20. Does the applicant maintain Directors and Officers liability coverage? Yes No
21. Has any similar association professional liability coverage ever been declined or canceled? Yes No
- (If yes, please attach explanation.)**

22. Previous Directors and Officers Liability insurance:

Insurer: _____ Limit: _____
 Self-Insured Retention: _____ Expiration Date: _____
 Premium (Annual/3-Year): _____ How long in force: _____

23. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against her/him? Yes No
- (If yes, please attach full particulars.)**
24. Attach list and status(es) of all Association professional liability claims made against any proposed insured during the past ten years. Include the date the claim was made, the type of claim and amount paid (if any) for defense and/or judgments. *IF NONE, PLEASE CHECK HERE:* NONE
25. Within the last five years, has the Organization received any inquiry, complaint, notice of hearing from any state or federal authority or congressional or legislative committee? Yes No
- (If yes, please give details.)**
26. Does the Organization/Association participate in or own any captive insurance operations? Yes No
- IF YES, PLEASE COMPLETE ATTACHMENT A.*
27. Does the Organization/Association sponsor any pension, retirement, profit sharing or savings plans(s) or employee benefit program(s) for the benefit of the Organization's employees as established under the Employee Retirement Income Security Act of 1974? Yes No
- IF YES, PLEASE COMPLETE ATTACHMENT B.*
28. Does the Organization/Association act as an insurance broker, insurance agent or insurance consultant? *IF YES, PLEASE COMPLETE ATTACHMENT C.* Yes No

Please attach a copy of each of the following items. These items will be attached and made part of the application.

1. A copy of the Organization's/Association's by-laws and constitution.
2. A copy of the Organization's/Association's articles of incorporation/charter.
3. Complete copies of the Organization's/Association's last three audits/examinations showing assets/liabilities, revenues/expenditures, fund balance and notes to the financials. If audited financials are not available, please send copies of the last three IRS 990 reports.
4. A list of names, present positions and affiliations of Directors/Trustees and Officers.
5. A copy of the membership brochure.
6. Copy of any brochure(s)/publication(s) produced by the Organization/Association.

SIGNATURE _____
 (Chairperson of the Board or Chief Executive Officer)

CAPACITY _____

DATE _____



Forrest T. Jones & Company, Inc.

PO Box 418131 • 3130 Broadway
Kansas City, MO 64141-9131
(800) 821-7303 • Kansas City (816) 756-1060

ASSOCIATION PROFESSIONAL LIABILITY APPLICATION

ATTACHMENT A

Does the Organization/Association participate in or own any captive insurance operations?..... Yes No

If yes, please answer the following:

A. Name and address of captive:

B. How long has captive been in business:_____

C. Does the captive use an outside administrator?..... Yes No

D. What types of insurance program(s) is (are) provided by the captive?

E. Does the captive write insurance for any individuals or organizations/associations other than its own member? Yes No
(If yes, please give details.)

F. Give total assets of the captive: \$_____

G. Please attach one copy of each of the following documents:

- 1. Most recent balance sheet
- 2. Most recent income sheet

SIGNATURE X _____

TITLE _____

DATE _____



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ASSOCIATION PROFESSIONAL LIABILITY APPLICATION

ATTACHMENT B

Does the Organization/Association sponsor any pension, retirement, profit sharing or savings plan(s), or employee benefit program(s) for the benefit of the Organization's/Association's employees as established under the Employee Retirement Income Security Act of 1974?? Yes No

If yes, please answer the following:

A. List below all plan(s) and name(s) of Trustee(s). This list should include pension plan(s), retirement plan(s), profit sharing and savings plan(s). Note: please provide a copy of all plans listed.

Name of Plan(s)	Name of Trustee(s)/Administrator(s)
_____	_____
_____	_____
_____	_____

B. List all other Employee Welfare Benefit Plan(s).

Name of Plan(s)	Name of Trustee(s)/Administrator(s)	Insurance Carrier(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Are any of the Organization's employee welfare benefit plan(s) self-insured? Yes No

D. Are any plan(s) listed in **A** or **B** (above) multi-employer plan(s) (union plans)? Yes No

E. Is primary discretion over investment of assets of any plan(s) listed in **A** (above) vested in director(s), officer(s) or employee(s) of the Organization/Association? Yes No

F. Do any of the plan(s) have holdings in other corporations or partnerships which are greater than 10 percent of the outstanding ownership? Yes No

G. Does the plan(s) employ the services of:

Any professional investment advisory firm(s)? Yes No

Any professional actuarial firm(s)? Yes No

Date of last actuarial assessment: _____

Did assessment contain qualifications? Yes No

(If yes, please provide a copy.)

H. Does the Organization/Association or any person(s) proposed for this insurance administer or act as a fiduciary of any pension plan(s) for the benefit of any of its members? Yes No

I. Does the captive write insurance for any individuals or organizations/associations other than its own members? Yes No

If yes, please attach the following documents for plan(s) listed in **A** (above):

1. Latest 5500 Form completed.
2. Latest financial statement(s) of plan(s)
3. List of plan assets including detail of investments. (If plan(s) are insured or in pooled funds and the investment information does not exist, please give total yearly contributions from the date the plan(s) was/were established to the present. \$ _____)

SIGNATURE **X** _____

TITLE _____

DATE _____



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ASSOCIATION PROFESSIONAL LIABILITY APPLICATION

ATTACHMENT C

Does the Organization/Association act as an insurance broker, insurance agent or insurance consultant? ... Yes No

If yes, please answer the following:

A. Are there any individuals in the Organization/Association licensed (where necessary) or doing business as:

- 1. Insurance broker?..... Yes No
- 2. Insurance agent? Yes No
- 3. General insurance agent? Yes No
- 4. Managing general agent? Yes No
- 5. Underwriter for a pool of companies? Yes No

B. During the Organization's/Association's last financial year, what was:

- 1. Total premium income? \$ _____
- 2. Total commission or brokerage? \$ _____
- 3. Insurance consulting fees? \$ _____

C. Please indicate total number of:

- 1. Partners (including the signatory to the proposal form).

- 2. All staff (including clerks, stenographers, telephone operators, etc.).

- 3. Solicitors and office brokers (remunerated on a commission basis).

D. State classes of business handled with the percentage each represents of the Organization's/Association's total premium income. (if the Organization/Association has a specialty, please identify and provide full details.)

- 1. Personal Lines..... Yes No _____%
- 2. Fire and Inland Marine Yes No _____%
- 3. Auto Yes No _____%
- 4. Casualty Yes No _____%
- 5. Ocean Marine Yes No _____%
- 6. Aviation Yes No _____%
- 7. Life, Welfare and Pensions Yes No _____%
- 8. Other Yes No _____%
- 9. Specialty Yes No _____%

SIGNATURE **X** _____

TITLE _____

DATE _____

