



**Farmers Market Program
Directors' and Officers' (D&O) Liability Insurance
Quote Matrix / Order Form**

Insurer: The Hartford

Please review attached highlight sheet for an overview of the coverage offering. Feel free to request a specimen copy for the form for exact terms and conditions.

Please circle your choice of limit option corresponding to the row which your organization's gross annual revenues fall in to:

Annual Gross Revenue	Limit	Deductible	Total Owed (Premium + \$20 admin charge)
\$0 to \$50,000	\$500,000	\$1,000	\$382
	\$1,000,000	\$1,000	\$446
\$50,000 to \$100,000	\$500,000	\$1,000	\$563
	\$1,000,000	\$1,000	\$659
Above \$100,000	\$500,000	\$1,000	TBD upon completion of application
	\$1,000,000	\$1,000	TBD upon completion of application

PLEASE NOTE: The Premium rates listed above are subject to completion of the attached application form which must be returned with this order form. If either question number 11 or number 12 come back as answered "yes" the premiums above should be considered null and void – full underwriting will be required and your organization will be issued a separate quote based on the information received.

Please bind coverage effective _____ with limit and deductible as indicated above.

Signature

Title

Name

Date

Directors' and Officers' Liability Insurance Application

The Nonprofit D&O Liability coverage provided here is written on a claims made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during this policy period.

Insurance Contact: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ Date of Incorporation: ____ / ____ / ____

Email: _____ I wish to receive periodic email updates regarding the nonprofit program.

Nature of operations: 501(c)3 or 501(c)6 Other: _____

(Please complete or forward your organization's mission statement.)

OPERATIONS

1. Does your organization have a negative fund balance? Yes No
(If YES, please forward your organization's most recent 12 month financial audit or IRS 990 tax form.)
2. Please indicate your organization's Total Gross Annual Revenue* (most current FYE): \$ _____
(* If greater than \$1,000,000, please forward your organization's most recent 12 month financial audit or IRS 990 tax form.)
3. Expiration Date of current D&O policy (if applicable): ____ / ____ / ____ Current Premium: _____ Current Limits: _____
4. Is coverage requested to include any Subsidiary? Yes No Or Affiliate? ... Yes No
5. Is your organization involved in any standard setting, accreditation, certification or peer review activities? Yes No
(If YES, please attach details.)
6. Is your organization involved in any labor negotiations or collective bargaining? (If YES, please attach details.) Yes No
7. Does your organization sell or administer any insurance product (other than those designed solely for the organization's employees)? (If YES, please attach details.) Yes No

EMPLOYMENT INFORMATION

8. Total number of employees: _____
9. How many employees have been terminated in the last year? _____ voluntarily _____ involuntarily
10. Does the applicant have formal written procedures for hiring and firing employees? Yes No

CLAIMS HISTORY

11. Within the last three years, has the applicant, its directors, officers and/or any other proposed INSURED person received any complaint, suit, inquiry or notice of hearing from any state or federal legislative committee, regulatory body, or any other party? ... Yes No

PRIOR KNOWLEDGE

12. Is any potential INSURED aware of any circumstance(s) or action(s) which could result in a future claim against any potential INSURED? Yes No
If YES, please provide a detailed explanation: _____

(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 #12)

DECLARATION AND SIGNATURE

PLEASE SIGN AND DATE THIS APPLICATION. Fax it or enclose it in the envelope provided and mail. Once your application and any requested supporting information has been reviewed and approved, you will receive a quotation. Any person who, knowingly and with intent defrauds any insurance company or other person, files an 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 that to the best of his or her knowledge and belief the statements 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.

Signed _____ Date ____ / ____ / ____

Print Name: _____ Title: _____

(Executive Director, President or Chairperson of the Board)

www.np.npo-ins.com

Act Promptly! FAX Application 1-202-857-0143 Questions? Call Toll-Free 1-800-432-7465

Underwritten by:



Aon/Huntington Block Insurance, 1120 20th Street NW, Suite 600, Washington, D.C. 20036-3419
Aon/Huntington Block Insurance, a Division of Affinity Insurance Services, Inc., in CA, MN & OK a Division of AIS Affinity Insurance Agency, Inc., and in NH & NY a Division of AIS Affinity Insurance Agency. CA License #0795465
Underwritten by The Hartford's Twin City Fire Insurance Company in Arizona, California, Florida, Louisiana and New Hampshire and by the Trumbull Insurance Company in all other states.

Administered by:



HUNTINGTON T. BLOCK

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