

Executive Liability / Director's & Officer's Liability Questionnaire

Organization's Name: _____

UBI #: _____

Address: _____

Total Assets: _____

Annual Salary / Wage Expenses: _____

Insurance Agent / Broker: _____

Please describe the nature of your operations: _____

Does the Organization have any for profit subsidiaries? Yes No

Is the Organization or any of its Subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment, or sale of a portion of its business or has a similar transaction been considered or completed within the last twelve months? Yes No

Does the Organization or any proposed Insured perform or are they involved in any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Collective Bargaining or Labor Advocacy | <input type="checkbox"/> Mental Health / Rehab Counseling |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Teacher / Educator |
| <input type="checkbox"/> Legal or Arbitration Services | <input type="checkbox"/> Broadcasting / Publishing |
| <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Insurance or Investment Advisor | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Foster Care / Adoption | <input type="checkbox"/> Other Professional Service |
| <input type="checkbox"/> Services Involving Children | |

Does the Organization take any disciplinary action or recommend disciplinary action, as a result of credentials certification, accreditation, licensing, peer review, or standard setting activities? Yes No

Has the Organization been in operation for fewer than twelve months? Yes No

Does the Organization currently have Directors' & Officers' and Employment Practices Liability Insurance? Yes No

Provide the number of employees (including officers): _____



Clear Risk Solutions will work to provide you with a complimentary quote for no commission upon completion of this questionnaire.

Provide the number of employees and officers whose employment has been involuntarily terminated in the last twelve months and the number of employees and officers whose employment is expected to be involuntary terminated over the next twelve months through layoffs, facility closings, individual involuntary employee terminations or similar circumstances. Please provide additional details, including the reason(s) for the involuntary terminations.

In the last twelve months, have there been any changes in the Executive Director or President position for reasons other than death, retirement at the normal retirement age, or term limitations?

Yes

No

Have there been during the last five years, or are there now pending, any civil, criminal, administrative, or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against the Organization, its Subsidiaries, or any person proposed for this insurance in their capacity as either Director, Officer, Trustee, employee, volunteer, or staff member of the Organization or its Subsidiaries?

Yes

No

Is the undersigned or any proposed Insured aware of any fact, circumstance, or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future claim?

Yes

No

Signature: _____ Date: _____

Printed Name and Position: _____

Please contact Vanessa Brown at ybrown@chooseclear.com with any questions or to submit the completed form.



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