

AAW Chapter

Officer and Director Liability Insurance Application

Name of AAW Chapter _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____ Email _____

Does your organization have 501(c) 3 tax exempt status? _____

Do you currently have a D&O policy in place? _____

If so, carrier name and expiration date _____

During the last five years, has your organization or any of its Directors, Trustees or Officers or those proposed to be included on this insurance received any demands for monetary or nonmonetary relief, been involved in or had any knowledge of any civil or criminal action, administrative or arbitration hearings? _____ If yes, provide details. _____

Are any of your organization's Directors, Trustees or Officers or those proposed to be included on this insurance aware of any fact, circumstance or situation involving them that he or she has reason to believe may result in a claim? _____ If yes, provide details. _____

What are the total assets of your organization as of the most recent year-end? _____

Does your organization have a positive fund balance? _____

How many full-time employees, including independent contractors, does your organization have? _____

How many part-time employees does your organization have? _____

Is your organization currently a member of the American Association of Woodturners? _____



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