

# Directors & Officer's Questionnaire

**Insured:**

**Effective:**

1) **Requested Limits:**

Directors and Officers/Employment Practices/Fiduciary Liability (Combined Single Limit)  
 Employment Practices Liability


**Requested Retention:**

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2) **Employee Information:**

Total Number of Employees:  
 Number of Employees subject to union membership (show "n/a" if not applicable):


Number of locations by state and number of employees for each:

State:	# of Employees:	# of Locations:

3) **Incorporation Information:**

State of Incorporation:  
 Year of Incorporation:


4) **Ownership Information (if non-profit, show "n/a"):**

Ownership Structure (Corporation, Coop, LLC, etc.)  
 Number of Shares Outstanding:  
 Total Number of Shares


Please list Shareholders owning more than 5 % of the stock:

Shareholder Name	Percent Owned:

5) Please list description and date of any Mergers, Acquisitions or layoffs within the past 3 years. If none, show "n/a":

Description:	Date:

6) **Financial Information:**

For Period Ending (show date):	
Total Assets:	
Total Equity:	
Total Revenue:	
Operating Income:	

Does the applicant participate in the NTCA Employee Benefits Plan?

If "no", please provide the type(s) of benefit plans you provide and asset values below:

Type of Benefit Plan:	Asset Values:

Total Pension/401(k) Assets & Contributions:	
Total number of Pension/401(k) Participants:	

7) **Claims Information**

Regardless of whether insured or not, have any claims, litigation, or proceedings that would fall within the scope of this insurance occurred in the past three (3) years?

If "yes", please provide all details on a separate attachment.

8) <b>Current Insurance Carrier:</b>	<b>Current Premium:</b>

9) **Additional Comments/Information/Details (if necessary):**