



4001 Miller Road, Wilmington, DE 19802-1999 Toll-Free: 1-800-365-0816 Fax: 302-764-9125

**Not-For-Profit Directors and Officers Insurance—
With Employment Practices Liability**

Premium Indications for all States (Except CA, DC, FL, IL, MI, NJ, PR, & TX)

1. Clients with **10 or less** employees: Refer to the chart below to get your premium indication**.
2. Clients with **11 or more** employees: Complete the short questionnaire (below the chart). Then fax it to **302-764-9125** or email it to **lisa.manolescu@rockwoodinsurance.com**.

The chart below provides premium indications for \$1,000,000 of liability limits and apply to most* 501(c)3 non-medical charitable institutions and social organizations. *Some estimated premiums may vary depending upon the nature of the organization.

All Other States Non-Profit Organizations	Deductible		Premium	+	T. R. I. A.	+	Admin. Fee	=	Total Due
	Select	Option							
with a Staff of 10 or Less Employees and Assets of \$1,000,000 or Less for \$1,000,000 Liability Limits	<input type="checkbox"/>	\$1,000	\$920.00	+	\$28.00	+	\$25.00	=	\$973.00
	<input type="checkbox"/>	\$2,500	\$840.00	+	\$25.00	+	\$25.00	=	\$890.00

Premium Indication Questionnaire For All Other States Only, 11 or More Employees** *Completing the questionnaire below will provide you with a premium indication for all other states only. It's a quick way to give your client a non-binding indication. Please mail or Fax this form to Rockwood Programs, Inc., 4001 Miller Road, Wilmington, DE 19802-1999 (Fax 302-764-9125).*

Note: This questionnaire is to be completed for the **entire applicant entity** which includes the prospective named Insured and any subsidiaries.

GENERAL INFORMATION

- 1 Name of Applicant Entity _____ Tax ID No. _____
- 2 Street Address _____ City _____ State _____ Zip _____
- 3 Phone (____) _____ Fax (____) _____ Website _____
- 4 Primary Contact Name _____ E-mail _____
- 5 What is the Applicant Entity's tax exempt status under the U.S. Internal Revenue Service Code? _____
- 6 What is the nature of the Applicant Entity's Operation? _____

OPERATIONS

- 7 During the last 3 years, has the Applicant Entity or any Prospective Named Insureds received any demands for monetary or non-monetary relief, been involved in or had any knowledge of any civil or criminal action, administrative, or arbitration hearings?
 Yes No *If "Yes", provide details on a separate sheet.*
- 8 Is the Applicant Entity or any of the Directors, Trustees, and Officers proposed for this insurance aware of any fact, circumstance, or situation involving any Prospective Named Insureds that he or she has reason to believe may result in a claim?
 Yes No *If "Yes", provide details on a separate sheet.*
- 9 Does the Applicant Entity have any for-profit subsidiaries? Yes No
- 10 What are the Applicant Entity's current TOTAL assets as of the most recent year-end? \$ _____

11a) No. of Employees

	FULL TIME	PART TIME	SEASONAL/TEMPORARY	VOLUNTEERS
Current Year				
Last Year				

11b) Insured Entity's annual employee turnover rate for the last 12 months? _____

12 Enter the Applicant Entity's Fund Balance as of the most recent year-end \$ _____

**The estimated premium provided is not binding. A complete application and other underwriting information will be required to issue an actual premium quotation.

Producer's Name _____ Producer's E-mail Address _____
 Agency Name _____ Street Address _____
 City _____ State _____ Zip _____ Phone (____) _____ Fax (____) _____