



ADDITION OF INSURED QUESTIONNAIRE

Insured:

Policy Number:

Policy Effective:

Policy Expiration:

Effective date of acquisition or date established:

- 1. Name/address of newly acquired/established entity:

- 2. For-profit entity (*many not be eligible*) Non Profit (*may qualify for automatic coverage*)

- 3. Does the insured own directly, or control the right to appoint, elect or designate more than 50% of the new entity's Directors or Trustees? Yes No (*may not be eligible*)

- 4. Nature of operations/purpose/mission:

5. Business affiliation to the insured:

6. Financials:

Revenues	\$	Net Income	\$
Total Assets:	\$	Fund Balance	\$

7. Employees: Yes No
If yes, will the parent company and new entity share employees?

Yes – Please do not include these employees below No – Please provide the employee count below.

Full Time		Part Time	
Volunteers		Independent Contractors	

8. Coverage requested:

Coverage for Directors and Officers only

Coverage for D&Os and Entity

Must be signed by the President, Chairman, or Executive Director of the Insured

Signature:	Date:
Print Name:	Title: