



Non Profit Directors & Officers Indication Sheet

Name of Applicant: _____

Address: _____

Date Established: _____

Purpose of Organization: _____

Total Annual Revenues: _____

Do they have a positive fund Balance? Yes No

Total Employees: Full-Time _____

Part-Time _____

Has the applicant had any claims within the last 5 years? Yes No

Is the applicant aware of any known circumstance, which may result in a claim? Yes No

Signature

Date