

## Directors & Officers Liability Insurance Eligibility Quick Questionnaire

### GENERAL INFORMATION

Date Form Completed:	Person Completing Form:
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How did you hear about Moody?

Business Name (incl Corp and T/A names):

Contact Person:	Title:
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Mailing Address:

Location Address:

Phone:	Fax:	Email:
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Federal ID #:	Year Business Established:	Website:
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<input type="checkbox"/> Non-Profit <input type="checkbox"/> Private Company	Entity Type (Corp, Sole Prop, LLC, etc.):
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Description of Business Operations (including typical services performed, clients served, products, etc.):

States in which you do business:	Total Revenues:	# of Employees:	# of Volunteers:
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### UNDERWRITING Q&A – Explain any YES answers in COMMENTS section below

Does this organization engage in any international operations or travel? Yes  No

Does this organization have any subsidiaries or control any other entity or organization for which coverage is requested? Yes  No

During the past five years has this organization or any person proposed for coverage been the subject of, or been involved in, any of the following:

- Any anti-trust, copyright or patent litigation? Yes  No
- Any criminal actions? Yes  No
- Any action or civil suit brought against it by a customer, client or third party alleging harassment, discrimination, or civil right violations? Yes  No
- Any other claim other than noted above? Yes  No

Does this organization have current or prior Directors & Officers Liability insurance coverage? Yes  No

If Yes: Insurance Company:	Effective/Expiration Date:	Coverage Limit:
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### COMMENTS AND ADDITIONAL INFORMATION