

Participating Members of Lions Clubs Directors & Officers Liability Program

\$1,000,000 Limit Per Claim/Aggregate

Legal Name of Club, District or Foundation to be insured: _____

Address of Insured Entity Named Above _____

Club Representative Name and Title _____

Phone # _____ Fax # _____ Email _____

Requested Effective Date _____

Warranty Statement

1.	Does the Organization or any proposed Insured have knowledge of any Federal, State or local legal proceedings, investigations or claims against the Organization and/or any proposed Insured during the past three years? <i>If "Yes", please attached details.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
----	---	---------------------------------	--------------------------------

PERTAINING TO QUESTION 1, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

2.	Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? <i>If "Yes", please attach details.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
----	--	---------------------------------	--------------------------------

IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

3.	Are the total assets of this Organization greater than \$1,000,000 or is the annual Salary Expense greater than \$250,000? <i>If "Yes", then you may not be eligible.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
----	---	---------------------------------	--------------------------------

If you answered "Yes" to any of the above, then your organization will be reviewed on an individual basis.

By _____
SIGNATURE OF PRESIDENT/ OFFICER PRINTED NAME OF PRESIDENT/ OFFICER

Date _____

THE LIONS DIRECTORS & OFFICERS PROGRAM HAS A COMMON EXPIRATION DATE OF MAY 1.

Select One	CLUB/FOUNDATION MEMBERS	DIRECTORS AND OFFICERS LIABILITY ANNUAL PREMIUM
<input type="checkbox"/>	0-25 Members	\$400
<input type="checkbox"/>	26-50 Members	\$450
<input type="checkbox"/>	51-75 Members	\$500
<input type="checkbox"/>	76-100 Members	\$550
<input type="checkbox"/>	101+ Members	\$750
Select One	DISTRICT CLUB REPRESENTATION	DIRECTORS AND OFFICERS LIABILITY ANNUAL PREMIUM
<input type="checkbox"/>	1-40 Clubs	\$1,000
<input type="checkbox"/>	41+ Clubs	\$1,250

To add Crime Coverage, please check the respective box below

Select One	CRIME LIMIT OF INSURANCE	CRIME ANNUAL PREMIUM
<input type="checkbox"/>	\$25,000* Limit	\$175
<input type="checkbox"/>	\$50,000* Limit	\$300

**\$500 deductible*

STEPS TO OBTAIN COVERAGE:

1. Select the appropriate box in the table to the left for D&O Coverage and Crime Coverage if desired. ONLY USE THE 'DISTRICT' CHART IF YOU ARE APPLYING FOR COVERAGE FOR YOUR DISTRICT/MULTIPLE DISTRICT.
2. Email this signed and dated application to lionsclubs@dspins.com or fax to 847-934-6186
3. You will receive confirmation that your application has been received and advised of your pro-rated policy premium based on your effective date and an expiration date of May 1.
4. Return the above-mentioned confirmation along with your check payable to 'DSP Insurance Services'—coverage will not be effective before payment is received.

If you have any questions regarding this insurance policy application, please feel free to contact:
Jeannene Miller at DSP Insurance Services 847-485-2373 or Bryan Adams at DSP Insurance Services 847-485-2374