



Insurance Application

Directors & Officers

REQUIRED GENERAL INFORMATION (IF APPLICABLE)

Please complete all requested information to receive your insurance quote. Incomplete information will not be considered for quotes.

(1) Organizations Name: _____

(2) Primary Contact Person: _____

(3) Telephone Number: _____

(4) Email Address: _____

(5) Mailing Address, City, State and Zip: _____

(6) League Website: _____

REQUIRED INFORMATION

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COVERAGE:	LIMIT(S):
• Each Occurrence	\$1,000,000
• Retention	\$1,000
• Aggregate Limit	\$1,000,000
• Employers Practice Liability	\$1,000,000
• Cyber Liability	\$100,000

ESP INSURANCE BROKERAGE LLC – 306 MAIN ST., WORCESTER, MA 01608
Joe Micciche 617-398-5562 joe.micciche@espspecialty.com | Chris Price 617-398-5557 chris.price@espspecialty.com

FAX NUMBER – 617-588-2385

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1.	Please provide the total value of all assets for your organizations:	\$	
2.	Please indicate if any changes have been made to your Board of Directors or Executive Team (not including death or retirement) in the past 24 months:	YES	NO
		If YES, please describe:	
3.	Does your organization provide Employment Practices Liability Insurance (EPLI) if so please provide your annual payroll expenditure (s):	YES	NO
		If YES how much?	
4.	Has your organization given any waiver notice under the provisions of prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying of this insurance?	YES	NO
		If YES, please describe:	
5.	Is the applicant aware of any facts or circumstance which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages	YES	NO
		If YES, please describe:	

COVERAGES	LIMITS	COST	CHECK YES OR NO BELOW
Directors & Officers	\$1,000,000	\$500.00	
Employers Practice Liability (EPL) (optional)	\$1,000,000	\$100.00	EXCLUDED IN CA & NY
Cyber Liability (optional)	\$100,000	\$75.00	EXCLUDED IN CA & NY

PRINT NAME AND TITLE

INSURED SIGNATURE

DATE

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