

Directors and Officers Liability Insurance Application



ARTIST

OPERATIONS (CONTINUED)

Any notification of claim, circumstance, or potential claim to any insurer under any of the coverage that this application relates? Yes No

If yes, please describe below:

Have you ever been declined, canceled, or nonrenewed for any of the coverage to which this application relates?

Yes No

If yes, please describe below:

APPLICANT'S STATEMENTS AND DECLARATIONS

The applicant declares to the best of his or her knowledge the information contained in the above application to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Agree

Signature of Executive Director:

Date:

To submit: 1. submit with Adobe Acrobat Reader, or 2. complete form, save and email to Artists@locktonaffinity.com