



# Application for Directors & Officers Liability Coverage

This is a supplemental questionnaire to the General Liability application.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND/OR YOUR ATTORNEY.

## General Information

First Named Insured:	
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Mailing Address:		
	<i>Street Address</i>	<i>Apartment/Unit #</i>

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Contact Person:			
Web Address:			
Email Address:			
Phone:		Fax:	
Years in Business:			
Effective Date:		Federal Tax ID:	
Description of Operations:			
Estimated Assets:			
Estimated Payroll:			

<p>Contact for questions/completed applications:</p> <p>Meghan Coleman          410-547-3183  <a href="mailto:info@artsinsuranceprogram.com">info@artsinsuranceprogram.com</a></p>
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