DIRECTORS & OFFICERS INSURANCE FORM

MEMBER ORGANIZATION NAME _____

NAME OF 1ST CONTACT _____ PHONE _____

EMAIL _____

NAME OF 2ND CONTACT _____ PHONE _____

EMAIL _____

PLEASE PROVIDE A CURRENT LIST OF DIRECTORS AND OFFICERS INCLUDING BOARD MEMBERS AND STAFF THAT YOU WOULD LIKE COVERED UNDER *DIRECTORS AND OFFICERS INSURANCE POLICY*.

NAME	TITLE