



Firm _____

Community Services Defense Coverage Application **S-12**

Available in most states.

Complete a separate application for each 501(c)(3) non-profit organization, as defined by the United States Internal Revenue Code.

If you would like your quotation to include defense only coverage for any member of the Firm who acts in the capacity of a director or officer of a 501(c)(3) non-profit organization, as defined by the United States Internal Revenue Code, please complete the following information and return it with your professional liability application. *Positions held as a director or officer of an entity related to the health care profession or political organizations are not eligible.* In order to qualify for coverage, the individual or Firm cannot accept fees from the organization for services as a director or officer.

Limit: \$50,000 per occurrence defense only

Deductible: \$0

Coverage: Defense coverage for individual Firm members who hold a position of director or officer. **Note: coverage for professional services for any engagement with the Firm may be excluded.** Please discuss this with your CAMICO representative.

Prior Acts: Available with proof of previous coverage.

When a claim is tendered, the CPA will have the right to select his or her own counsel and CAMICO claims personnel will act as advisors. The insured is responsible for his expense and defense and CAMICO will reimburse the insured up to \$50,000.

1. a. Name of 501(c)(3) non-profit organization: _____

b. Entity's activities: _____

2. Does the entity have Director's and Officer's liability coverage? Yes No

3. Does the Firm provide any professional services to the entity? Yes No

If "Yes", describe. _____

4. a. Have any claims been made against a director or officer of the entity in the past five (5) years? Yes No

If "Yes", please describe. _____

b. Have any claims been made against a firm member while acting in the capacity of a director or officer of a 501(c)(3) non-profit organization? Yes No

If "Yes", please provide details, including any amount paid. _____

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

Signature _____ Date _____