



AFFILIATE ORGANIZATION SUPPLEMENT AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES

NOTE: This supplement becomes a part of the application and will be attached to the policy if coverage is bound.

Parent Organization: _____

Subsidiary Name and Address: _____

1. Date the Affiliate was created: _____
2. Is the Affiliate a separately incorporated 501(C)(3) nonprofit organization? Yes No
3. What percentage of the Affiliate's funding is derived from the above referenced parent's organization? _____ %
4. Does the above referenced parent organization control, or otherwise have the ability to direct the financial or managerial decision of the Affiliate, whether through operation or law, contract or agreement, stock ownership or membership, charter, articles of incorporation or by-law provisions? Yes No
5. Does the Affiliate operate under the same board of directors? Yes No
6. Are the Affiliate's finances included in the Parent's financial statements? Yes No
If no, please provide a copy of the subsidiary's annual financial statement.
7. Provide the Affiliate's latest annual revenue: _____
8. Provide a description of the purpose of the Affiliate, the services provided, who the beneficiary of the services are (members or outside clients) and the website address if separate from the parent. _____

If services provided are by contract or written agreement, attach a specimen copy of documents used to establish the scope of services to be provided and define responsibilities by each party.

CLAIM EXPERIENCE:

9. A. Have any claims, suits or proceedings been made during the past five years against any Affiliate or against any of their past or present officers, directors, trustees, employees, volunteers or members of duly constituted committees? Yes No
If yes, complete a Supplemental Claim Information form for each.

The policy for which the applicant is applying, if issued, will not insure any claims, suits or proceedings made before the inception date of the coverage or any subsequent claims, suits or proceedings arising therefrom.

- B. Is the applicant Affiliate aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against any of the persons or entities described in 9.A. above? Yes No
If yes, please explain: _____

The policy for which the applicant is applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission know to any Insured before the inception date of the policy.

10. Have any affiliates or their employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No
If yes, please provide details: _____

Applicant's Signature

Applicant's Title

Date