



# SUBSIDIARY 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 subsidiary was created: \_\_\_\_\_
2. Is the subsidiary separately incorporated?  Yes  No
3. Is the subsidiary a non profit?  Yes  No
4. Is the subsidiary wholly owned (at least 51%) by the Named Insured?  Yes  No
5. Does the subsidiary operate under the Insured's bylaws?  Yes  No  
Does it operate under the same board of directors?  Yes  No
6. Are the subsidiary's finances included in the Named Insured's financial statements?  Yes  No  
If no, please provide a copy of the subsidiary's annual financial statement.
7. Provide the subsidiary's latest annual revenue: \_\_\_\_\_
8. Provide a description of the purpose of the subsidiary, the services provided, who the beneficiary of the services is (members or outside clients) and the subsidiary's website 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 subsidiary 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 subsidiary 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 subsidiaries 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