

## APPLICATION FOR DIRECTORS & OFFICERS LIABILITY INSURANCE

April 1, 2024 - March 31, 2025

This form may be filled out by hand or computer and mailed to us. Please do not use email.

Club Name:			Date:	
Representative's	s Name:	Title		
Phone #:		Email:		
Address:				
City:		State:	Zip Code:	
Meeting Locatio	n Name:			
Meeting Address	s:			
City:		State:	Zip Code:	
How often does	your club meet?			
☐ Monthly	☐ Weekly	Other (please specify) _		
Make checks pay	able to: GSBF and mail	l to: GSBF, P.O. Box 340694, Sacr	amento, CA 95834	
Please contact Do	odie Newman, Treasure	er with any questions at gsbonsaife	ed@gmail.com.	
-	-	rt (see below) signed by rocess your Directors a	-	utive
Check Number:			Date:	

Insurance Open Enrollment Period Deadline: April 30, 2024.



## DIRECTORS AND OFFICERS 2024 FINANCIAL REPORT

This form may be filled out by hand or computer and mailed to us. Please do not use email.

This financial information about your club is required to process your Directors & Officers Insurance application.

Club Address:				Club Name:
Phone Number: Email:           Total club assets for fiscal years         2022:         2023:				Club Address:
Total club assets for fiscal years 2022: 2023:				Club President:
	-	l:	nail:	hone Number: En
		022: 2023:	2022:_	otal club assets for fiscal years
Total club gross revenue for fiscal years 2022: 2023:		022: 2023:	2022: _	otal club gross revenue for fiscal years
Is your club incorporated?			No	s your club incorporated?
If yes, date of incorporation: Corporation number:		Corporation number:	Corp	yes, date of incorporation:
(If other than CA, indicate the state)		·	•	
This form must be signed by either the Chairman of the Board, President Executive Director of your organization.	t, o			
Signature: Date:		Date:		signature:

Please contact Dodie Newman, Treasurer with any questions at <a href="mailto:gsbonsaifed@gmail.com">gsbonsaifed@gmail.com</a>.