

**2026 – 2027 MANAGEMENT LIABILITY PROGRAM NEW ENTRANT ENROLLMENT FORM
SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.****Primary Insurer:** Great American Insurance Group**Effective Date:** May 18, 2026 – June 1, 2027**Premium:** \$312 Per Club, \$519 Per Region (Year over Year increase is due to longer policy period)**Policy Details:****Limit:** \$1,000,000 D&O/EPL Shared limit per participating chapter**Aggregate Limit:** \$5,000,000**Retention:** \$1,000 Per Claim

Policy includes Directors and Officers Liability and Employment Practices Liability.
The policy is addressed to SIA headquarters however there is no coverage for the headquarters.

CLUB / REGION NAME: _____**MAILING ADDRESS:** _____**CLUB EMAIL ADDRESS:** _____**WARRANTY STATEMENT**

1. Does the Organization or any proposed Insured have knowledge of any Federal, State or Local Legal Proceedings, Investigations or Claims against the Organization and/or any proposed Insured during the past three years? YES / NO
2. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? YES / NO
3. Are total assets of this Organization greater than \$1,000,000 or is the annual salary expense greater than \$250,000? YES / NO

PRINT NAME: _____ TITLE: _____

SIGN NAME: _____ DATE: _____

Please email enrollment form to all of the following: Jolie_Small@AJG.com; lorna_Channer@ajg.com; Joanna_Mueller@ajg.com

Enrollment will be handled on a monthly basis. Coverage is retroactive to policy inception date.

Remit payment using link: www.ajg.com/ezpay - INVOICE NUMBER MUST BE SUBMITTED.

*New enrollees will receive an invoice number after submitting the enrollment form in order to complete payment.

Enrollment form does not need to be completed for active participants.