

APPLICATION FOR DIRECTORS & OFFICERS LIABILITY INSURANCE

April 1, 2025 - March 31, 2026

This form may be filled out by hand or computer and mailed to us.

Club Name:			Date:	
Representative's	s Name:	Title	Title:	
Phone #:		Email:		
Address:				
City:		State:	Zip Code:	
Meeting Location	on Name:			
Meeting Addres	s:			
City:		State:	Zip Code:	
How often does	your club meet?			
☐ Monthly	☐ Weekly	Other (please specify)		
Cost is \$250. Ma	ke your checks payable	to: GSBF and mail to: GSBF, P.O.	Box 340694, Sacramento, CA 95834	
Please contact D	odie Newman, Treasure	er with any questions at gsbonsaife	ed@gmail.com.	
=	=	rt (see below) signed by rocess your Directors ar	club president or executive nd Officers application.	
Check Number:			Date:	

Insurance Open Enrollment Period Deadline: April 30, 2025.



DIRECTORS AND OFFICERS 2025 FINANCIAL REPORT

This form may be filled out by hand or computer and mailed to us.

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

Club Name:		
Club Address:		
Club President:		
Phone Number: En	nail:	
Total club assets for fiscal years	2023:	2024:
Total club gross revenue for fiscal years	2023:	_ 2024:
Is your club incorporated?	No	
If yes, date of incorporation:	Corporation number:	
	(If other than CA, i	
This form must be signed by either Executive Director		
Signature:	Date:	

Please contact Dodie Newman, Treasurer with any questions at gsbonsaifed@gmail.com.