

Federation of New York Insurance Professionals, Inc.

Conflict of Interest Policy and Affirmation

Federation of New York Insurance Professionals, Inc. (FNYIP) recognizes that it can best accomplish its mission when the members represent the diverse interests, cultures, occupations and expertise of the community.

High standards, ethical behavior, personal integrity and impartiality are inherent to the reputation and ultimate success of FNYIP. In keeping with these standards, board officers, directors and chairs must refrain from engaging in any behavior that might be construed as self-dealing or in conflict with the mission, goals and fundamental purposes of FNYIP. Examples of such include the following:

1. serving on boards of organizations that are in direct competition with FNYIP;
2. using the equipment or resources of FNYIP for outside personal gain;
3. citing participation in FNYIP to advance personal, political, or profit motivated activities;
4. disclosing to outside parties plans or other information concerning FNYIP when such information is not readily available to the general public;
5. leveraging or using involvement with FNYIP to secure favorable rates, discounts or other preferential treatment.

FNYIP recognizes that board and chair members may from time to time face actual or apparent conflict of interest situations. Therefore it is important to treat potential conflicts of interest seriously. The responsibility to avoid acts of conflict and to disclose potential conflicts fall on the members themselves.

FNYIP acknowledges that the appearance of conflict of interest does not always imply actual conflict. This policy requires, therefore, that all potential conflict of interest - including memberships in or affiliations with other nonprofit or proprietary organizations, business affiliations with possible vendor implications, elected office at any level, and involvement in any other activity that might be construed as in conflict with the mission, goals, and purpose of FNYIP - shall be presented in writing to the President. The President will present it to the full

board for review. The form will be kept by the Parliamentarian and Recording Secretary for the length of time the person is on the board. Possible remedial action may include requiring the individual to either cease or desist the activity or to relinquish his or her board or chair position.

AFFIRMATION

As a duly elected or appointed member of the Board of Federation of New York Insurance Professionals, Inc., I hereby certify that I have reviewed and kept a copy of this policy on conflict of interest for my files and

___ that, to the best of my knowledge, no circumstance exists with me or my immediate family that might be construed as a conflict of interest with my position in FNYIP.

___ that personal or immediate family circumstances currently exist that possibly might be construed as a conflict of interest. The circumstances are described below and submitted to the President for review and recommendation.

Signature: _____

Date: _____

Disclosed to full board on _____ by _____.