

Sample Form: Conflict of Interest Disclosure—Situational

Directors, officers, employees, volunteers, or other organization representatives should complete this form to disclose real or potential conflicts of interest. This sample disclosure form should be reviewed and approved by your local attorney prior to use to ensure the document complies with applicable laws.

I have read and understand the [insert name of organization] **Conflicts of Interest Policy**, and hereby disclose the following real or perceived conflict(s) of interest:

Disclosure Statement

Include details of any real or perceived conflict(s) of interest below. If necessary, attach additional documentation.

I agree to promptly inform the Board of Directors if additional events or relevant details related to this potential conflict occur so that the Board can properly evaluate the situation.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this sample form.