

Please complete the following application. If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "O" in the space provided.

NOTICE: IF ISSUED, THIS SHALL BE A CLAIMS MADE POLICY AND, EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY SHALL APPLY ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD (IF APPLICABLE) AND REPORTED IN WRITING TO THE INSURER AS REQUIRED BY THE TERMS OF THE POLICY. COVERED DEFENSE COSTS SHALL REDUCE, AND MAY EXHAUST, THE LIMIT OF LIABILITY AND SUBLIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS. THE INSURER HAS NO DUTY TO DEFEND ANY INSURED UNDER THIS POLICY. PLEASE READ AND REVIEW THE APPLICATION CAREFULLY.

I. APPLICANT

Whenever used in this Application, the term "Applicant" shall mean the organization identified in response to question 1 of section I of this Application.

1. Applicant: _____
2. Address: _____

(STREET)

(CITY)
(STATE)
(ZIP)
3. State of incorporation: _____
4. Description of the Applicant's business: _____
5. Applicant's primary website: _____

II. GENERAL INFORMATION

6. Years of operation: _____
7. Type of business structure:

Corporation
 General partnership
 Limited liability company
 Sole proprietorship

Other (please specify): _____
8. Number of locations:

Domestic (within the United States of America, including its territories and possessions): _____ Foreign: _____
9. Number of employees at the Applicant and its subsidiaries:

Full time: _____ Part time: _____ Independent contractor: _____
10. Provide the following financial information for the Applicant and its subsidiaries, for the most recent audited financials (or interim financials, if audited are not available):

Based on financial statements dated (year/month): _____ <div style="text-align: center; font-size: small;">(YYYY/MM)</div>	
Total assets	Total revenues
Current assets	<input type="radio"/> Net income or <input type="radio"/> Net loss
Total liabilities	Long-term debt maturing within next 18 months
Current liabilities	Cash flow from operations

EMPLOYMENT PRACTICES LIABILITY

11. Is the Applicant or any of its subsidiaries currently in violation of any debt covenant, has the Applicant or any of its subsidiaries been in violation of any debt covenant in the past 12 months, or does the Applicant or any of its subsidiaries anticipate being in violation of any debt covenant in the next 12 months? Yes No

If yes, please provide details: _____

12. Has the Applicant or any of its subsidiaries changed auditor in the past 24 months? Yes No

If yes, please provide details: _____

13. Has any auditor issued an adverse going concern opinion, or a qualified opinion for the Applicant or any of its subsidiaries in the past 24 months? Yes No

If yes, please provide details: _____

14. Has any auditor stated there are material weaknesses in the Applicant's or any of its subsidiaries' system of internal controls? Yes No

If yes, please provide details: _____

15. Has the Applicant or any of its subsidiaries in the past 24 months completed, or is any such entity in the process of or contemplating in the next 12 months, any of the following activities:

- a. A declaration of bankruptcy? Yes No
- b. A reorganization or arrangement with creditors under federal or state law? Yes No
- c. A branch, location, facility, office or subsidiary closing, or layoffs? Yes No
- d. An actual or proposed merger, acquisition, consolidation or divestiture? Yes No
- e. A registration for a public offering or private placement of securities? Yes No

If yes to any of the above, please provide details:

16. Please complete the table below for all direct and indirect subsidiaries for which the Applicant requests coverage.

Subsidiary name	Description of operations	Percentage of ownership	Date acquired or created
		%	
		%	
		%	
		%	

Please note that coverage for any entity of which the Applicant owns 50% or less of its voting shares is not automatically included. The policy, if issued, will determine coverage for any such entity.

III. EMPLOYMENT PRACTICES LIABILITY INFORMATION

17. Please provide the following information for the Applicant and its subsidiaries:

a. Total number of employees:

Full-time: _____ Part-time: _____ Independent contractor: _____

United States of America		Full time		Part time		Independent contractor
		Non-union	Union	Non-union	Union	
	California					
	Florida; Illinois; New York; Texas; Washington, D.C.					
	Elsewhere in the USA					
Foreign						

b. Estimated annual remuneration* of all employees, including officers, owners or partners: _____

*Note: Remuneration includes salary, commissions, bonuses and other incentives and does not include dividends or security-based distributions.

What percentage of employees have salaries (including bonuses):

Less than \$50,000	\$50,000 to \$100,000	\$100,001 to \$250,000	Greater than \$250,000
%	%	%	%

c. Employee turnover:

Most recent 12 months _____% Prior 12 months _____%

18. Has the Applicant or any of its subsidiaries in the past 24 months completed, or does any such entity contemplate completing during the next 12 months, any layoffs, staff reductions or facility closing? Yes No

If yes, please answer the following:

a. How many employees were, or will be, affected? _____

b. Did the Applicant or subsidiary consult with outside counsel, or will they consult with outside counsel, during the process? Yes No

c. Were, or will, severance packages be offered to affected employees? Yes No

d. Were, or are, the affected employees required to sign a release in exchange for the severance package? Yes No

e. Does the Applicant have a formal out-placement program or procedures to assist affected employees finding new employment? Yes No

19. Does the Applicant have a human resources department (or similar department or office that handles the human resources function)? Yes No

20. Does the Applicant have a human resources manual (or equivalent) that is distributed to all employees? Yes No

21. Are all employees required to acknowledge receipt of such human resources manual (or equivalent)? Yes No

22. Does the human resources manual (or equivalent) address compliance with the following:

a. The American with Disabilities Act of 1990, as amended? Yes No

b. The Family and Medical Leave Act of 1993, as amended? Yes No

c. The 1991 Civil Rights Act, as amended? Yes No

23. Does the Applicant have written guidelines, policies or procedures to address the following human resource issues:
- a. Hiring and/or interviewing? Yes No
 - b. Employment “at will”? Yes No
 - c. Employee performance appraisals and/or reviews? Yes No
 - d. Employee discharge and termination? Yes No
 - e. Reporting, investigating and resolving employee complaints or grievances? Yes No
 - f. Workplace discrimination? Yes No
 - g. Sexual and other workplace harassment? Yes No
 - h. Retaliation? Yes No
 - i. Workplace diversity? Yes No
24. Has legal counsel reviewed the human resources manual and guidelines, policies or procedures within the past 24 months? Yes No
25. Does the Applicant conduct employee training on workplace discrimination, sexual and other workplace harassment, and workplace diversity? Yes No
26. During the past 3 years, has the Applicant or any entity or any individual proposed for coverage, been the subject of, or involved in, any:
- a. Administrative proceeding or investigation before the Equal Employment Opportunity Commission (EEOC) or other state or local government agency? Yes No
 - b. Discriminatory practice, unlawful harassment or any other employment or labor-related violation? Yes No
 - c. Employment-related civil suit or claim? Yes No
 - d. Action or civil suit brought against them by a client, customer or third party? Yes No

If yes, please provide details of each matter in response to question 26 of this Application.

Please submit the following additional information for employment practices liability:

1. The Applicant’s most recent audited financial statements (or interim financial statements, if audited are not available);
2. If the Applicant has more than 500 employees, the human resources manual (or equivalent).

IV. ADDITIONAL INFORMATION

27. Please provide the current insurance information for the Applicant (if the Applicant currently has such insurance):

	Limit	Retention	Premium	Prior & pending or retroactive date	Insurance carrier
Directors and officers liability					
Employment practices liability					
Fiduciary liability					

28. MISSOURI RESIDENTS - DO NOT ANSWER: Has the insurer of any of the above coverages notified the Applicant that it is cancelling or non-renewing such coverage(s)? Yes No

If yes, please provide details: _____

V. CLAIMS AND LOSS HISTORY

29. During the past 3 years, has the Applicant or any individual or entity proposed for coverage under this insurance submitted any claim or loss, or given notice of any fact, circumstance, situation, transaction, event, act, error or omission, which the Applicant, any such individual or any such entity has reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that may fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement? Yes No

If yes, please provide details, including (if applicable) date of loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open) and claim status (open/closed):

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 29 IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 29 IS EXCLUDED FROM THE PROPOSED INSURANCE.

Complete question 30 below if the Applicant is requesting coverage that the Applicant does not currently purchase or is requesting limits of liability that are higher than the Applicant currently purchases.

30. With respect to any liability coverage that the Applicant does not currently purchase or any requested limits of liability that are higher than the Applicant currently purchases, is the Applicant or any individual or entity proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Applicant, any such individual or any such entity has reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that may fall within the scope of the proposed insurance? Yes No

If yes, please provide details:

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 30 IS EXCLUDED FROM THE PROPOSED INSURANCE.

FRAUD STATEMENTS / SIGNATURE

The following is part of the Application:

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in ME

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER