



**GENERAL INFORMATION
(ALL APPLICANTS MUST COMPLETE THIS SECTION.)**

**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE IN
EXECUTIVE RISK INDEMNITY INC.**

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, UNLESS OTHERWISE PROVIDED HEREIN, BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Application Instructions

- Whenever used in this Application, the term "**Applicant**" shall mean the Parent Corporation and all of its subsidiaries, unless stated to the contrary herein.
- **Applicants** are required to complete Application Sections 1 and 10.
- Complete those other Application Sections applicable to the Coverage Sections for which the **Applicant** is applying.
- Include all requested underwriting information and attachments.

A. REQUESTED COVERAGE

The **Applicant** has completed Sections 1 and 10 of this Application and the corresponding Application Sections for the Coverage Section(s) requested below:

Yes/ No	Coverage Section	Application Section	Requested Limit	Requested Deductible	Requested Effective Date
	Directors & Officers Liability	2			
	Employment Practices Liability	3			
	Fiduciary Liability	4			
	Miscellaneous Professional Liability	5			
	Internet Liability	6			
	Crime Non-Liability	7			
	Kidnap/Ransom and Extortion	8			
	Workplace Violence Expense	9			



B. CONTACT INFORMATION

1. Name of **Applicant**: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. State of incorporation: _____ Date established: _____
5. Website address: _____
6. Executive officer authorized to receive notices and information regarding the proposed policy:
Name: _____ Title: _____
Address (if different than above): _____

Contact's e-mail address: _____

C. NATURE OF BUSINESS

1. Nature of the **Applicant's** business: _____

2. Description of the **Applicant**:
 Privately held Limited Liability Corporation (LLC) Sole Proprietorship Partnership
 Co-op Non-profit Publicly traded (Ticker Symbol _____)* Other
 If this **Applicant** is not privately held, the **Applicant** may be ineligible for ForeFront PortfolioSM.

D. TRANSACTIONAL INFORMATION

1. In the next 12 months or during the past 18 months is the **Applicant** contemplating or has the Applicant completed or been in the process of completing:

(a) Any actual or proposed merger, acquisition or divestment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Any registration for a public offering or a private placement of securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Any layoffs, staff reductions or facility closings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Any change in outside auditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No



2. If the **Applicant** answered “Yes” to any of the above, please explain.

E. FINANCIAL INFORMATION

1. Was the most recent: (Check One) audit, review or compilation of the **Applicant’s** most recent financial statements complete and unqualified? If “No”, please attach an explanation. Yes No

Name of the Independent CPA performing such audit, review or compilation:

2. In the last 24 months, did an Independent CPA render an “ongoing concern” opinion? Yes No

F. CURRENT/PRIOR INSURANCE COVERAGE INFORMATION

1. Please complete the following information:

Coverage	Y/N	Limit	Retention	Coverage Trigger Date*	Premium	Insurer	Policy Period
D&O Liability							
Entity Liability							
Employment Practices Liability							
Third Party Liability							
Fiduciary Liability							
Miscellaneous Professional Liability							
Internet Liability							
General Liability							

*Coverage Trigger Date means the “prior & pending litigation date”, the “prior acts date” or “retroactive date” shown on the current policy declarations page (if applicable).

MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER QUESTIONS 2 AND 3.

2. Has the **Applicant** been declined, canceled or nonrenewed for any of the liability insurance mentioned above? If “Yes”, please attach an explanation. Yes No
3. Has the insurer under any other coverages listed above indicated an intent not to offer renewal terms to the **Applicant**? Yes No
4. Has the **Applicant** given notice of any claim, circumstance or potential claim to any insurer under any of the coverages above? Yes No



If "Yes", attach a full explanation of the claim, circumstance or potential claim.

G. PRIOR ACTIVITY INFORMATION

1. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five years?

	<u>Organizations</u>	<u>Persons</u>
(a) Anti-trust, copyright or patent litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Accusations, findings of guilt or liability for a breach of the Employee Retirement Income Security Act of 1974 (ERISA) or any similar law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Civil, criminal or administrative proceeding alleging violation of any federal or state securities law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Any other criminal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Any discriminatory practice violation or litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Any disciplinary action by any regulatory agency or association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Any action where a license was revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the Applicant answered "Yes" to any of the above, attach a full description of the details.

NOTICE

Please attach the following additional required underwriting information:

- The most recent audited, reviewed or compiled financial statements, whichever are available.
- If the **Applicant's** reply to any question in this Application requires additional space, attach additional pages to the applicable Application Section.

Providing information about a claim or potential claim in response to any question in any Section of this Application does not create coverage for such claim or potential claim.



DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGES REQUESTED

1. Does the **Applicant** desire:

(a) an optional proposal including Corporate Liability Coverage? Yes No

(b) an optional proposal including an Additional Limit of Liability Dedicated for Executives? Yes No

C. COMMON STOCK INFORMATION

1. Total number of shareholders: _____

2. Total number of shares outstanding: _____

3. Include the name and percentage of shares owned by shareholders directly or beneficially holding 5% or more of the common stock (if none, so indicate). _____

4. If the proposed **Applicant** is owned by another company, indicate the name and principal address of the other company: _____

5. Are there any other securities which are convertible to common stock? Yes No
If "Yes", please explain. _____



D. SECURITIES OFFERING INFORMATION

Public Offering Information

1. In the past thirty-six (36) months, has the **Applicant** completed or agreed to any registration for any public debt or equity offering of securities, whether or not such transactions were or will be completed? Yes No
2. In the next twelve (12) months, is the **Applicant** contemplating any registration for any public debt or equity offering of securities, whether or not such transactions will be completed? Yes No

Private Offering Information

3. In the past thirty-six (36) months, has the **Applicant** completed or agreed to any private placement of debt or equity of securities, whether or not such transactions were or will be completed? Yes No
4. In the next twelve (12) months, is the **Applicant** contemplating any private placement of debt or equity of securities, whether or not such transactions will be completed? Yes No

Please note: If the Applicant answered "Yes" to any of the above questions 1 through 4, as an attachment to this Application describe the essential terms of each such transaction, including the effective date, the professionals used, the amount of the offering and the current status of such transaction.

E. FINANCIAL STRENGTH

1. In the past thirty-six (36) months, has the **Applicant** been the subject of or agreed to a reorganization or arrangement with creditors under federal or state law, whether or not such reorganization or arrangement was or will be completed? Yes No
If "Yes", please describe the essential terms of such event or arrangement as an attachment to this Application.
2. In the next twelve (12) months, is the **Applicant** contemplating any reorganization or arrangement with creditors under federal or state law, whether or not such transactions will be completed? Yes No
If "Yes", please describe the essential terms of such event or arrangement as an attachment to this Application.
3. Is the **Applicant** in violation of any of its debt or loan covenants? Yes No
If "Yes", please describe the particulars of such violation.



F. DESCRIPTION OF THE APPLICANT:

Does the **Applicant**:

1. Perform any professional services for others for a fee? Yes No
If "Yes", please describe. _____
2. Act as a general partner or partnership manager? Yes No
If "Yes", please describe. _____
3. Have any direct or indirect insurance operations? Yes No
If "Yes", please describe. _____

**G. OUTSIDE DIRECTORSHIP COVERAGE FOR A FOR PROFIT ORGANIZATION OR JOINT VENTURE
(APPLICANTS: Please complete this section only if requesting this coverage.)**

1. Does the **Applicant** desire any outside directorship coverage for any for profit organization or joint venture? Yes No
2. If "Yes", complete the following:
Name of for profit organization or joint venture: _____
Nature of business: _____
Percent of ownership by Parent Corporation: _____ Domestic or Foreign: _____
Position(s) held in the for profit organization or joint venture by proposed insured person(s): _____
3. Does the for profit organization or joint venture provide indemnification to its directors and officers? Yes No
4. Complete the following information regarding the Directors and Officers Liability Insurance carried by the for profit organization or the joint venture:
Insurer: _____ Limit of Liability: _____ Policy Period: _____
5. Has the for profit organization or its directors and officers or the joint venture or its directors and officers been involved in any directors and officers litigation involving or related to the for profit organization or joint venture? If "Yes", attach details. Yes No



**Chubb Group of Insurance
Companies**
15 Mountain View Rd
Warren NJ 07059

Power SourceSM
Directors and Officers Liability
Application: Section 2

H. OPTIONAL CORPORATE LIABILITY COVERAGE
(APPLICANTS: Please complete this section only if requesting this coverage)

1. Does the **Applicant** maintain a commercial general liability policy? Yes No
2. Name of insurer (required): _____
Policy Period: _____ Limit: _____
3. Is Advertising Injury Coverage included? Yes No
4. Is Personal Injury Coverage included? Yes No

Please attach the following additional required underwriting information:

- The most recent audited, reviewed or compiled financial statements, whichever are available.
- The most recent prospectus memorandums.



EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGES REQUESTED

1. Does the **Applicant** desire an optional proposal including third party liability coverage?

Yes No

C. EMPLOYEE DATA

1. Please provide the following information regarding the **Applicant**:

	<u>Currently</u>	<u>One year ago</u>	<u>Two years ago</u>
Non U.S.	_____	_____	_____
U.S. Only:			
Full time Non - Union	_____	_____	_____
Full time - Union	_____	_____	_____
Part-time employees: (including seasonal and temporary)	_____	_____	_____
Leased employees:	_____	_____	_____
Independent Contractors:	_____	_____	_____

2. Percentage of annual employee turnover rate for:

the past year: _____% 1 year previous: _____% 2 years previous: _____%

3. Number of involuntary terminations which occurred for:

the past year: _____% 1 year previous: _____% 2 years previous: _____%

4. Percentage (%) of employees with salaries (including bonuses):

Less than \$50,000: _____%	\$100,000 - \$250,000: _____%
\$50,000 - \$100,000: _____%	Greater than \$250,000: _____%



5. Please identify the **Applicant's** locations and employees in states or countries other than the address of the **Applicant** on this Application. (If none, please state.) _____

Location	Number of Employees	Location	Number of Employees

D. HUMAN RESOURCE / POLICIES & PROCEDURES

1. Is the **Applicant** a federal contractor? Yes No
2. If "Yes", does the **Applicant** have an Affirmative Action Plan with the Office of Federal Contract Compliance Programs (OFCCP)? Yes No
3. To whom does the **Applicant** give authority to hire employees? _____
4. To whom does the **Applicant** give authority to fire employees? _____

Does the **Applicant**:

5. Utilize any form of alternative dispute resolution (ADR) or have an arbitration policy? If "Yes", please attach a description. Yes No
6. Have an employee handbook? Yes No
If "Yes", is it distributed to all employees? Yes No
7. Document the receipt of the employee handbook by each employee? Yes No
8. Have written procedures in place that are distributed to each employee, if the **Applicant** does not have an employee handbook? Yes No
9. Have written procedures in place regarding:
- (i) employment-at-will Yes No
 - (ii) EEO statement Yes No
 - (iii) progressive discipline Yes No
 - (iv) termination Yes No
 - (v) handling complaints of sexual harassment or discrimination Yes No
10. Implement a comprehensive anti-sexual harassment policy? Yes No
If "Yes", is a copy of the policy distributed to all employees? Yes No



11. Use any tests to screen applicants or employees for continued employment or promotion?
If "Yes", please provide details. Yes No
- _____
- _____
12. Anticipate any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs within the next twelve (12) months?
If "Yes", please provide details including the timing, anticipated number of layoffs, and the surrounding circumstances. Yes No
- _____
- _____
13. Have a formal out-placement program which assists former employees in obtaining alternative employment? Yes No
14. Offer enhanced severance arrangements in return for a release from future litigation? Yes No
15. Require terminations to be reviewed by in-house or outside counsel in addition to its human resources department? Yes No
16. Use outside employment counsel for employment advice? Yes No
17. Have a full time human resources manager or department?
If "No", how is this function handled? Yes No
- _____
- _____
18. Have a manual of its human resources procedures?
If "Yes", indicate the date it was last revised Yes No
- _____
19. Provide formal training for its supervisors in administering these procedures? Yes No

E. OPTIONAL THIRD PARTY LIABILITY COVERAGE
(APPLICANTS: Please complete this section only if requesting this coverage)

Does the **Applicant**:

1. Have established policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non-harassment statements?
If "Yes", please provide a copy. Yes No
2. Have established policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties?
If "Yes", please provide a copy. Yes No
3. Have employees who work at customer locations or perform a majority of their functions off-site? Yes No



**Chubb Group of Insurance
Companies**
15 Mountain View Rd
Warren NJ 07059

Power SourceSM
Employment Practices Liability
Application: Section 3

4. If "Yes", please provide the following:
- (a) approximate number of employees: _____
 - (b) services performed / provided: _____

5. Provide formal diversity or cultural sensitivity training for all of its employees? Yes No
If "Yes", please explain.

Additional Underwriting Information Required:
<ul style="list-style-type: none"> Employee handbook Employment application Most recent EEO-1 Statements Most recent third party policies and statements



FIDUCIARY LIABILITY COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGES REQUESTED

Does the **Applicant** desire:

- (a) an optional proposal including Defense Costs coverage outside the applicable Limit of Liability? Yes No
- (b) an optional proposal including Voluntary Settlement Fees Coverage? Yes No

C. PLAN INFORMATION

1. Please complete the following information regarding the **Applicant's** plan(s).

Plan Name	Type of Plan	Plan Assets Current Year	Plan Assets Prior Year	Total Current Plan Participants

Types of Plans:

- Health and Welfare Plan = HWP
- Defined Contribution Plan = DCP
- Defined Benefit Plan = DBP
- Employee Stock Ownership Plan = ESOP
- Excess Benefit Plan or Top Hat Plan = EBP
- Other - Please explain: _____



D. INVESTMENT MANAGEMENT INFORMATION

Does the **Applicant**:

1. Use an outside investment manager(s)? Yes No
If "Yes", list the name and number of years engaged for each: _____

2. Give any outside investment manager(s) discretionary control over the investing of some or all of the **Applicant's** plan assets? Yes No

3. Handle any investment decisions in-house? Yes No
If "Yes", please describe. _____

E. PLAN CHANGES

1. In the past 3 years, has the **Applicant** merged any plan(s)? Yes No
If "Yes", please explain. _____

2. In the past 3 years, has the **Applicant** terminated any plan(s)? Yes No
If "Yes", please explain and include the name of the insurer if benefits were secured by the purchase of annuities. _____

F. PLAN COMPLIANCE INFORMATION

1. Do each of the **Applicant's** plan(s) conform to the standards of eligibility, participation, vesting and other provisions of ERISA? Yes No
If "No", please explain. _____

2. Have the **Applicant's** plans been reviewed to assure that there are no violations of any plan trust agreements, prohibited transactions or party-in-interest rules? Yes No
If "No", please explain. _____

3. If the answer to No. 2 above is "Yes", did the review reveal any violations of any plan trusts, prohibited transactions or party-in-interest rules? Yes No
If "Yes", please explain. _____



4. Does the **Applicant** have any outstanding delinquent contributions to any plans? Yes No
If "Yes", please explain. _____

G. PLAN FUNDING INFORMATION

1. Has an actuary certified that the **Applicant's** plan(s) are adequately funded? Yes No
If "No", please explain. _____

2. Have any of the **Applicant's** plans experienced any event reportable to the Pension Benefit Guaranty Corporation? Yes No
If "Yes", please explain. _____

H. If the Applicant desires coverage for an Employee Stock Ownership Plan (ESOP), please complete the supplemental ESOP Application.

Please attach the following additional required underwriting information:

- Most recent Form 5500 for all plans

MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE SECTION
(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

2. Has the **Applicant** been established for less than 3 years? Yes No
If "Yes", please attach a list of all the principals and their resumes.

B. OPTIONAL COVERAGES REQUESTED

1. Does the **Applicant** desire an optional proposal including coverage for prior acts? Yes No
If "Yes", please enter the retroactive date requested: _____
2. Has the **Applicant** maintained professional liability insurance coverage continuously since this retroactive date? Yes No
If "No", please explain. _____

C. PROFESSIONAL SERVICES INFORMATION

1. Please describe the professional services offered by the **Applicant**:

Important: Only those services which are listed as professional services on the Declarations for this Coverage Section of the Policy shall be made a part of the coverage offered.
2. Is the **Applicant** engaged in any business or profession other than those described in Question 1? Yes No
If "Yes", please describe, including the estimated revenues.



3. Please indicate the total annual gross revenues derived from the professional services described in Question 1 for the past three years and the projected revenues for the year ahead:

Description of Services	Revenues for two year's prior	Revenues for one year prior	Revenues as of the current year end	Projected revenues for year ahead
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

4. If the projected revenues for the coming financial year exceed the revenues for the immediate year, please explain how this projected increase will be accomplished: _____
- _____
- _____

5. Please indicate the number of:

- a) Directors, officers and professional employees directly engaged in providing services to clients: _____
- b) All other (non-professional/clerical) employees: _____

6. Does the **Applicant** provided services to any governmental entities? Yes No

7. Do the services provided by the **Applicant** to government entities account for more than 50% of the revenues for the immediately preceding year or the projected revenues for the year ahead? Yes No
If "Yes", please explain. _____
- _____
- _____

8. Does the **Applicant** provide services to any bank, savings and loan or other financial institution, or does it plan to do so? Yes No
If "Yes", please explain. _____
- _____
- _____

D. PROFESSIONAL CREDENTIALS

1. Do any of the **Applicant's** employees hold any professional licenses or certifications? Yes No
 If "Yes", please identify below:

Names of all directors, officers and key employees	Professional Qualifications/Designations	Number of years in practice	Number of years with Applicant

2. Does the **Applicant** pay for continuing education to maintain any professional licenses or certification? Yes No

3. Please list the professional associations that the **Applicant** belongs to:

E. CLIENT MANAGEMENT

1. Please indicate the **Applicant's** five largest jobs/projects during the past three years, showing client's name, services provided and gross revenues for each:

CLIENT	SERVICE	REVENUE	YEAR



2. Does any director, officer or employee of the **Applicant** serve on the board of directors of any of the **Applicant's** clients? Yes No
If "Yes", please explain. _____
3. Does the **Applicant** have formal criteria in place for accepting new clients? Yes No
4. Does the **Applicant** have a formal conflict of interest policy? Yes No
5. Does the **Applicant** have a formal client confidentiality policy? Yes No

F. SERVICE AGREEMENTS AND QUALITY CONTROL

Does the **Applicant**:

1. Require written service agreements with all clients? Always Sometimes Never
Please attach a sample.
2. Negotiate and agree to contract fees in advance? Always Sometimes Never
3. Have its written service agreements reviewed by a law firm experienced in the **Applicant's** field? Always Sometimes Never
4. Confirm all changes to service agreements in writing? Yes No
5. Provide warranties or guarantees to its clients? Yes No
6. Describe services in a brochure or promotional material? Yes No
If "Yes", please attach a sample of brochures and promotional material.
7. Subcontract work to others? Yes No
If "Yes", please attach an explanation.
8. Have a written procedural manual for employees to follow? Yes No
9. Have a formalized training program for newly hired employees? Yes No
10. Have a formal procedure for handling client complaints? Yes No
11. Include alternative dispute resolution or mediation procedures in their service agreements, as a means of resolving complaints? Yes No
12. Conduct audits or reviews of the services performed by employees? Yes No
If "Yes", how often? Annually ____ Semi-Annually ____ Quarterly ____ Other ____

Please attach the following additional required underwriting information:

- Samples of the most recent contract and service agreements used with clients (within the last year)
- Resumes, if the **Applicant** has been in business for less than 3 years
- Most recent audited, reviewed or compiled financial statements, whichever are available



INTERNET LIABILITY COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGE REQUESTS

1. Does the **Applicant** desire an optional proposal including coverage for prior acts? Yes No
If "Yes", please enter the retroactive date requested: _____

2. Has the **Applicant** maintained internet liability insurance coverage continuously in force since the retroactive date? Yes No
If "No", please explain. _____

C. INTERNET SITE INFORMATION

1. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month

IMPORTANT: If any site for which coverage is sought is not yet on-line, please attach a complete description of the proposed site(s).

2. The **Applicant's** projected annual gross revenues from the internet site(s) for which coverage is sought: _____
(NOTE: If more than 50% of the Applicant's revenues are derived from its internet sites for which coverage is sought, the Applicant must complete a Supplemental Application to this Application.)

3. What percentage of the monthly page views on the **Applicant's** internet site(s) originates from outside the United States of America and Canada? _____%



D. OPTIONAL COVERAGE FOR OTHER COMMUNICATIONS INFORMATION

(APPLICANTS: Please complete only if requesting coverage for this coverage)

1. Does the **Applicant** desire coverage for the content of email originating from the **Applicant** or its employees? Yes No
If "Yes," please identify the domain name from which all such email originates:

2. Does the **Applicant** have written guidelines regarding appropriate use of company email? Yes No
3. Does the **Applicant** desire coverage for any other publications or communications, not identified above? Yes No
If "Yes," please attach copies or a description of such publications or communications if copies are not available.

E. RISK MANAGEMENT

1. Does the **Applicant** own a federally registered trademark in its domain name? Yes No
2. If "No", has the **Applicant** conducted a trademark search to determine whether the **Applicant's** domain name infringes a trademark held by a third party? Yes No
3. Does the **Applicant** use third party trademarks on its internet site(s) solely in order to increase the number of hits to its internet site(s)? Yes No
4. Does the **Applicant** have in-house counsel or outside counsel advising them as to the potential legal liabilities arising out of content on or transactions conducted over its internet site(s)? Yes No
Name of outside counsel (if applicable): _____
5. Does the **Applicant** have a privacy policy posted on all of its internet site(s)? Yes No
6. Does the **Applicant** have a written policy and procedure regarding the posting of content on its internet site(s)? Yes No
7. Does the **Applicant** require review and approval of content by legal counsel prior to allowing such content to be posted on its internet site(s)? Yes No
8. Does the **Applicant** have "take-down" procedures in place for removing from its internet site(s) any content that infringes or potentially infringes on copyrights held by third parties? Yes No

F. GENERAL LIABILITY INSURANCE INFORMATION

1. Does the **Applicant** maintain a commercial general liability policy? Yes No
2. Name of insurer (required): _____ Policy Period: _____
3. Is Advertising Injury Coverage included? Yes No
4. Is Personal Injury Coverage included? Yes No



CRIME COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGES REQUESTED

1. Please choose which insuring clauses, Limits of Liability and deductible amounts, the **Applicant** desires:

		Insuring Clauses	Limit of Liability	Deductible Amount		
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Employee Theft: Insuring Clause A	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Premises: Insuring Clause B	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	In Transit: Insuring Clause C	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Forgery: Insuring Clause D	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Computer Fraud: Insuring Clause E	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Funds Transfer Fraud: Insuring Clause F	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Money Order and Counterfeit Currency Fraud: Insuring Clause G	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Credit Card Fraud: Insuring Clause H	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Client Coverage: Insuring Clause I	\$ _____	\$ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Expense Coverage sublimit: Insuring Clause J	\$ _____	

2. Please select the coverage approach(es) for which the **Applicant** desires a proposal(s):

- (a) Loss Sustained Yes No
- (b) Loss Discovered Yes No



C. RISK PROFILE

1. Please complete the following information regarding the **Applicant's** risk profile:

Country Name	Number of locations	Number of employees	Revenues
U.S. & Canada			
TOTAL:			

2. Does the **Applicant** participate in any joint ventures? Yes No
If "Yes", please include the following information.

Receipt of this information by the Company does not constitute an agreement that coverage will be afforded to the joint venture(s) identified.

Name of joint venture(s): _____

Country of domicile: _____ Date established: _____

Percent of ownership by **Applicant**: _____ %

Nature of business: _____

Role of the **Applicant** in the joint venture, including status as the General Partner or Managing Partner:

D. AUDIT PROCEDURES AND INTERNAL CONTROLS

1. Does an Independent CPA provide a Management Letter to the **Applicant**? Yes No
If "Yes," please attach the most recent copy and management's response to the letter.

2. Do the **Applicant's** external audits include all of its locations? Yes No
If "No", please explain. _____

Does the **Applicant**:

3. Perform pre-employment reference checks for all its potential employees? Yes No
Please explain:



- 4. Allow the employees who reconcile the monthly bank statements to also either:
 - (a) sign checks? Yes No
 - (b) handle deposits? Yes No
 - (c) have access to check signing machines or signature plates? Yes No
- 5. Strictly comply with dual recorded authorization for all outgoing wire transfers? Yes No

E. VENDOR MANAGEMENT CONTROLS

Does the **Applicant**:

- 1. Maintain a master list of authorized vendors? Yes No
- 2. Have a procedure in place to verify the existence and ownership of new vendors prior to adding them to the authorized master vendor list? Yes No
- 3. Allow the same individual who verifies the existence of vendors to also have the authority to edit the authorized master vendor list? Yes No
- 4. Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment? Yes No

F. INVENTORY INFORMATION

- 1. Does the **Applicant** conduct perpetual inventory of stock, including raw materials/manufactured or purchased finished goods/scrap maintained? Yes No
- 2. How often does the **Applicant** perform a physical inventory count and reconcile this count against the perpetual record? Who performs these reconciliations?

- 3. Does the **Applicant** use precious metal or stone in the manufacturing or processing of goods (such as gold, silver, platinum, diamonds or similar high-value materials)? Yes No
If "Yes", please explain: _____

G. MONEY AND SECURITY CONTROLS

- 1. State the value of negotiable securities owned or held by the **Applicant**. (If none, so state): _____

- 2. Where does the **Applicant** keep its securities? _____
- 3. If the **Applicant** uses safe deposit boxes, has the bank been instructed to require that two individuals be present before entry to any box is permitted? Yes No
- 4. What is the maximum amount held at or transported from any one location:
 - a) Money \$ _____
 - b) Checks \$ _____
 - c) Negotiable securities \$ _____



H. COMPUTER CONTROLS

Does the **Applicant**:

- 1. Maintain pre-authorization controls for all programmers and operators? Yes No
- 2. Separate the duties of programmers and operators? Yes No
- 3. Reconcile the output by persons who do not prepare or process the input? Yes No
- 4. Include in its audit practices "tests" to detect unauthorized programming changes? Yes No
- 5. Utilize encryption when sensitive data is transmitted across outside lines? Yes No

I. CLIENT SERVICES

(APPLICANTS: Please complete this section only if requesting this coverage.)

- 1. Please describe the services the **Applicant** provides for clients:

- 2. Do any of the **Applicant's** clients require the **Applicant** to carry crime insurance or to be bonded? Yes No
If "Yes", please explain and specify amount: _____
- 3. Does the **Applicant** have custody or control over any of the funds, accounts or materials in process of any of its clients? Yes No
- 4. Do the **Applicant's** employees have access to any client(s) accounting, payroll or purchasing systems? Yes No
- 5. What percentage of the **Applicant's** employees perform services at the premises of one or more clients? _____%

K. LOSS EXPERIENCE

- 1. List all employee theft, burglary, robbery, forgery or other crime losses discovered by the **Applicant** in the last 3 years which would have been covered under the policy for which this **Application** is made, itemizing each loss separately:
Check if none:

Date of loss	Description of loss	Total amount of loss	Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name



KIDNAP/RANSOM AND EXTORTION COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGES REQUESTED

1. Does the **Applicant** desire an optional proposal including Emergency Political Repatriation Expense Coverage?

Yes No

C. FOREIGN TRAVEL

Please complete the following information regarding the foreign travel of the **Applicant's** employees:

Country	Number of trips/year	Average length of stay	Number of employees traveling

1. Describe the **Applicant's** security precautions taken for foreign travel: _____

D. FOREIGN LOCATIONS

Please complete the following information regarding the **Applicant's** foreign locations:

Country	Number of employees	Number of locations



1. Describe the **Applicant's** security precautions taken at foreign locations:

E. EMERGENCY POLITICAL REPATRIATION EXPENSE COVERAGE INFORMATION
(APPLICANTS: Please complete only if requesting this coverage.)

1. Describe the procedures that the **Applicant** follows to warn and evacuate its employees from foreign locations: _____

F. LOSS EXPERIENCE

1. List all kidnap/ransom or extortion threats discovered by the **Applicant** in the last 3 years which would have been covered under the policy for which this **Application** is made, itemizing each loss separately:
Check if none:

Date of loss, threat or event	Description of loss, threat or event	Total amount of loss	Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name



WORKPLACE VIOLENCE EXPENSE COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. RISK PROFILE

Please complete the following information regarding the **Applicant**:

- 1. Total number of locations: _____
- 2. Total number of employees: _____

C. WORKPLACE PRACTICES

Does the **Applicant**:

- 1. Have an Employee Assistance Program (EAP)? Yes No
- 2. Have a progressive discipline policy? Yes No
- 3. Have an employee complaint/grievance resolution procedure? Yes No
- 4. Have a customer complaint/grievance resolution procedure? Yes No
- 5. Have a written policy on workplace violence that is circulated to all employees? Yes No
- 6. Train supervisory and management employees to recognize, report and respond to potentially hostile employees or situations? Yes No
- 7. Have a process for performing background checks for potential employees?
If "Yes", please explain. _____

_____ Yes No
- 8. Have procedures in place for employees to report stalking threats?
Please explain. _____

_____ Yes No



D. OPERATIONAL CHANGES

1. In the past 12 months, has the **Applicant** been involved with any layoffs, staff reductions or facility closings? Yes No
If "Yes", please attach a detailed explanation.

2. In the next 12 months, does the **Applicant** contemplate any layoffs, staff reductions or facility closings? Yes No
If "Yes", please attach a detailed explanation.

E. PHYSICAL SECURITY

1. What security precautions does the **Applicant** have in place to limit access to its premises from hostile or volatile persons?

F. LOSS EXPERIENCE

1. List all incidents of workplace violence or stalking in the last 3 years which would have been covered under the policy for which this **Application** is made, itemizing each loss separately: Check if none:

Date of loss or event	Description of loss or event	Total amount of loss	Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name

Please attach the following additional required underwriting information:

- Copy of workplace violence policy
- Copies of employee and customer complaint/grievance procedures



GENERAL SUMMARY SECTION

(ALL APPLICANTS MUST COMPLETE THIS SECTION.)

A. PRIOR INSURANCE AND CONTINUITY WITH PRIOR COVERAGE
(APPLICANTS: Please complete this section only if requesting any of the applicable liability coverage section(s))

- Please complete the following information about the **Applicant's** current insurance. If the **Applicant** checks "Yes" to any of the below coverages and is requesting continuity of coverage in the policy for which this Application is made, please complete the continuity date requested in the last column below. If continuity of coverage is requested, attach a copy of all prior applications with any prior insurers from which continuity of coverage is sought to be maintained. The Company will rely upon the declarations and statements contained in such prior application(s) and the **Applicant** understands and agrees that those declarations and statements shall be considered to be incorporated in and form part of any policy issued by the Company based on this Application.

Coverage Type	Yes	No	Insurer	Limits	Policy Period	Continuity Date
D&O Liability Insurance						
Corporate Liability Insurance (Private Company)						
Employment Practices Liability Insurance						
Third Party Liability Insurance						
Fiduciary Liability Insurance						
Miscellaneous Professional Liability Insurance						
Internet Liability Insurance						

- Has the **Applicant** given written notice under the provisions of the policies listed above or any prior policies providing similar insurance of claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity proposed for this insurance?
If "Yes", provide details. Yes No



B. PRIOR KNOWLEDGE

(APPLICANTS: Please complete this section only if requesting any of the applicable liability coverage section(s))

If the **Applicant** said "No" in Section (A) question (1) above for any of the coverage types for which this Application is made, or if the **Applicant** requests limits of liability for any coverage types for which this Application is made that are larger than the limit(s) set forth in Section (A) question (1), the **Applicant** must complete the following statement, which applies to: (i) those coverage types for which no coverage is currently maintained; and (ii) such larger limits of liability.

It is important that the Applicant fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the **Applicant** does not currently maintain insurance, or within such larger limits of liability, except: None or

The **Applicant** understands and agrees that if any such facts or circumstances exist, whether or not disclosed, any claim or action arising from them is excluded under any policy issued by the **Company**.

C. IMPORTANT INFORMATION

The **Applicant's** submission of this Application does not obligate the **Company** to issue a policy. The **Applicant** will be advised if the Application for coverage is accepted. The Applicant authorizes the Company to make any inquiry in connection with this Application.

D. FALSE INFORMATION

Notice to Arkansas, Minnesota and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.



Notice to District of Columbia, Maine and Virginia Applicants: 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.

Notice to Florida Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

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

Notice to Louisiana and New Mexico Applicants: 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.

Notice to Maryland Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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

Notice to New York Applicants: 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.

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

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: 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.

E. MATERIAL CHANGE

If there is any material change in the answers to the questions prior to the policy inception date the **Applicant** must notify the Company in writing and any outstanding quotation may be modified or withdrawn.



F. DECLARATION AND SIGNATURE

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that such person(s) and entity(ies) understand that the Liability Coverage Sections of such insurance:

- (1) apply only to "Claims" first made or deemed made during the "Policy Period" or any Extended Reporting Period;
- (2) unless otherwise stated in any Coverage Section, provide that "Defense Costs" will reduce and may exhaust the applicable Limit(s) of Liability and the Company has no responsibility for that part of "Defense Costs" or damages that exceeds such Limit(s) of Liability; and
- (3) provide that "Defense Costs" will be applied against any applicable deductible amount.

For the purposes of this Application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth herein and in any attachments hereto or information submitted with this Application are true and complete. The signing of this Application does not bind the **Applicant** to effect insurance. The undersigned agrees that this Application and its attachments shall be the basis of the contract should a **Power SourceSM** or any other policy providing one or more of the requested coverages be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application in issuing any policy.

This Application must be signed by the Chairman of the Board or President, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title

Produced By:

Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____

Submitted By:

Agency: _____

Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____