



PRIVATE COMPANY MANAGEMENT LIABILITY NEW BUSINESS APPLICATION

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THE PRIVATE COMPANY MANAGEMENT LIABILITY POLICY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO “CLAIMS” FIRST MADE DURING THE “POLICY PERIOD,” OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY “DEFENSE EXPENSES,” AND “DEFENSE EXPENSES” WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE UNDERWRITER BE LIABLE FOR “DEFENSE EXPENSES” OR OTHER “LOSS” IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Application Instructions:

Whenever used in this Application, the term “Applicant” shall mean the Named Applicant and all other organizations applying for coverage. Any other capitalized term not defined in this Application shall have the same meaning as in the proposed Policy.

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 “0” in the space provided. If the Applicant is applying for coverage for a healthcare or education entity, the applicable Supplemental Application must be completed.

I. GENERAL INFORMATION

1. Named Applicant Information:

a.	Named Applicant:		
b.	Address:		
c.	City:	State:	Zip Code:
d.	Nature of Operations:		
e.	Web Address:	SIC Code:	NAICS Code:
f.	HR Contact:	Phone:	Email:

2. Coverage Requested:

Please indicate below which coverages are being requested.

Coverage Requested	Limit of Liability Requested	Retention Requested
<input type="checkbox"/> Directors & Officers	\$	\$
<input type="checkbox"/> Employment Practices	\$	\$
<input type="checkbox"/> Fiduciary	\$	\$
<input type="checkbox"/> Crime	\$	\$
<input type="checkbox"/> Employed Lawyers	\$	\$
<input type="checkbox"/> Cyber	\$	\$
<input type="checkbox"/> Misc. Professional	\$	\$

3. The Applicant is:

- Corporation Partnership Limited Liability Company Other (please describe):

4. Financial Information:

Based on Financial Statements Dated:	Recent FYE (Month/Year) (____/____)	Prior Year (Month/Year) (____/____)
Current Assets	\$	\$
Total Assets	\$	\$
Current Liabilities	\$	\$
Total Liabilities	\$	\$
Total Revenues	\$	\$
Net Income (or Loss)	\$	\$
Cash Flow From Operations	\$	\$

5. Is the Applicant currently (or during the past 12 months has been) in breach, violation or waiver of any debt covenants? If "Yes", please attach full details. Yes No

6. What percentage of revenues/funding does the Applicant receive from government sources?

- None Less than 50% Greater than or equal to 50%

7. Please list all direct and indirect subsidiaries and affiliates for which the Applicant requests coverage. If included as an attachment herein, check here .

Name	Nature of Business	Percent of Ownership	Date Acquire or Created	Tax Status

8. Is the Applicant involved in any joint ventures, general partnerships or limited partnerships? Yes No

9. In the past 18 months (or in the next 12 months), has the Applicant experienced (or is it contemplating) any of the following:

- a. Public or private securities offering? Yes No
- b. Reorganization or bankruptcy filing? Yes No
- c. Mergers, acquisition or divestitures? Yes No
- d. Changes to its Board of Directors or to its Key Executives? Yes No
- e. Employee layoffs or branch/location/office closings or consolidations? Yes No

II. DIRECTORS AND OFFICERS LIABILITY INFORMATION

10. Complete if the Applicant has stock or other equivalent ownership instrument:

- a. Total number of common shareholders: _____
- b. Total number of common shares outstanding: _____
- c. Total number of common shares owned by officers: _____
- d. Total number of shares owned by directors who are not officers: _____
- e. If any shareholder owns 5% or more shares, complete the following information: _____

Shareholder	Ownership Percentage	Board Representation?
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 11. Is any of the Applicant’s stock held by an Employee Stock Ownership Plan? Yes No
 If “Yes”, what is the percentage: _____ Is it leveraged? Yes No
- 12. Are any of the Applicant’s securities publicly traded or the subject of a “shelf registration”? Yes No
- 13. In the past five (5) years has the Applicant or any person proposed for coverage been the subject of or been involved in any of the following:
 - a. Anti-trust, copyright or patent litigation? Yes No
 - b. Civil, criminal or administrative proceeding alleging violation of federal or state securities laws? Yes No
 - c. Any other criminal actions? Yes No
 If “Yes” to any of the above, please attach full details.
- 14. Other than those identified in response to Question 14, during the past five (5) years, has the Applicant or any person proposed for coverage in his or her capacity as a director, officer, trustee or member of any duly constituted committee of any entity been named as a party in any civil action or administrative, alternative dispute resolution or investigative proceeding? If “Yes”, please attach full details. Yes No

III. EMPLOYMENT PRACTICES LIABILITY INFORMATION

15. Employee Information:

- a. Enter the TOTAL number of Employees Companywide: _____
- b. Enter the TOTAL number of Employees in Foreign Countries: _____

c. Enter TOTAL number of Employees below according to Employment Category and State Location of Employees:

Employment Category	Location of Employees				
	CA	NJ	AK, AL, CO, CT, FL, GA, HI, IA, IL, KS, LA, MA, MI, MN, MO, NE, NV, MY, OR, PA, TX, WA, WY, and DC	All Other States	Total
US Union (Full-Time, Part-Time, Seasonal)					
US Non-Union Full-Time					
US Non-Union Independent Contractors and Leased Employees					
US Non-Union Part-Time, Seasonal, Temporary and Volunteers					

16. Does the Applicant have written procedures regarding:

- a. Equal Opportunity Employment? Yes No
- b. Anti-Discrimination/Harassment? Yes No
- c. Compliance with ADA? Yes No
- d. Pregnancy Leave/FMLA? Yes No
- e. Employee Discipline? Yes No
- f. Internet/Social Media use? Yes No
- g. Terminations and layoffs? Yes No
- h. Performance Reviews/Appraisals? Yes No
- i. Consumer and third party complaints? Yes No
- j. Diversity and inclusion? Yes No

17. Are the above policies distributed via handbook and signed and returned by each employee? Yes No

18. Does the Applicant provide formal anti-harassment and anti-discrimination Training for all of its employees? Yes No

19. US Salary Ranges for Employees:

Employee Salary Ranges	% in Range Current Year	% in Range Prior Year
Up to \$50,000	%	%
\$50,000 - \$125,000	%	%
Over \$125,000	%	%

20. Has the Applicant been involved in an EEOC, NLRB or similar administrative proceeding or any employment or labor related litigation during the past three (3) years? If "Yes", please attach full details. Yes No

IV. FIDUCIARY LIABILITY INFORMATION

21. Please list the employee benefit plan(s) for which coverage is requested:

Plan Names (do not include Health & Welfare Plans)	Plan Assets (market value)	Type of Plan*	Funding % (DB only)	Number of Participants
	\$		%	
	\$		%	
	\$		%	

*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)

- 22. In the past two (2) years, has the Applicant merged or terminated any plans(s)? If “Yes”, attach details including date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance. Yes No
- 23. Are any plans NOT in compliance with plan agreements or ERISA? If “Yes”, please attach details. Yes No
- 24. Is any plan a cash balance or pension equity plan, or is any conversion to such plan being contemplated? If “Yes”, please attach full description. Yes No
- 25. Does the Applicant perform regular audits as to the reasonableness of the fees charged to or paid by the Applicant’s benefit plans? If “No”, please attach a full description. Yes No

V. CRIME COVERAGE INFORMATION

- 26. Total number of locations of Applicant _____
 - a. List Domestic Locations: _____
 - b. List Foreign Locations _____
- 27. How many Employees handle, have access to or maintain records of money, securities or other property including, but not limited to, directors, officers, trustees and any person handling or having access to employee welfare or benefit plan assets: _____
- 28. Are international and domestic purchasing, inventory and payables procedures and Controls consistent? If “No”, please attach details. Yes No
- 29. Does the Applicant have a procedure where all checks need to be countersigned? If “Yes”, above what amount? _____ Yes No
- 30. Does the Applicant utilize a Positive Pay System? Yes No
- 31. Does the applicant have a process that requires all expense reimbursements to require original receipts and management approval at the next management level before releasing? Yes No
- 32. Does the Applicant have an anti-fraud hotline reporting mechanism in place for employees to communicate suspicious activity? Yes No
- 33. Are systems designed to prevent one employee from controlling a transaction from beginning to end? Yes No
- 34. How often and by whom are physical inventory counts conducted? _____

35. Are inventory records computerized? Yes No
36. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them? Yes No
37. Does the Applicant have a system to detect fictitious vendors? Yes No
38. Does the Applicant conduct background screening on its employment applicants? Yes No
39. Does the Applicant have a process to detect fictitious employees in its payroll system? Yes No
40. Before an employee completes a wire transfer are back account information verified and a verbal confirmation made via phone call to the recipient? Yes No
41. Does the Applicant's email server use authentication to detect Spoofed email from a fraudulent domain? Yes No
42. Does the Applicant perform funds transfers to companies outside the United States? If "Yes", please list countries: Yes No
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43. Does the Applicant accept funds transfer instructions from clients over the telephone? Yes No
44. Does the Applicant perform ongoing anti-fraud training to all employees of the organization including but not limited to detection of social engineering, phishing and other scams? Yes No

VI. EMPLOYED LAWYERS LIABILITY INFORMATION

45. Total number of:
- a. Employed Lawyers: _____
 - b. Paralegals and legal assistants: _____
 - c. Contract/Leased attorneys: _____
 - d. Law students: _____
46. Average number of years of experience for all Employed Lawyers: _____
47. Describe the work done by Employed Lawyers: _____
48. Describe the type of pro bono and moonlighting legal services performed by Employed Lawyers: _____
49. Does any Employed Lawyer provide personal legal services to any director, officer, or employee of the Applicant in such director's, officer's or employee's individual capacity? If "Yes", please indicate type of services and time devoted: _____ Yes No
50. Does the Applicant utilize outside counsel for legal resources? If "Yes", please attach details. Yes No
51. Has any Employed Lawyer ever been the subject of a reprimand, sanction, fine or Discipline by, or been refused admission to, a bar association, court, administrative or Regulatory agency? Yes No

VII. MISCELLANEOUS PROFESSIONAL LIABILITY INFORMATION

52. Average number of years in Practice for all Principals/Partners/Officers/Professional Employees _____
53. Is a written contract required for each client? If yes, please attached a sample. Yes No
54. Does the Applicant require evidence of E&O insurance for all sub-contractors, if used? Yes No
55. Describe the Applicant's 5 largest projects during the past three (3) years:

Client Name	Professional Services Description	Annual Revenue
		\$
		\$
		\$
		\$
		\$

56. Does the Applicant have a written contract or agreement for every project? If "Yes", please attach a sample copy. Yes No
57. Provide the percentage of the Applicant's revenue where a written contract is not secured: _____
58. Please check below if the Applicant's contracts contain any of the following:
- a. hold harmless or indemnification clauses in your favor? Yes No
 - b. hold harmless or indemnification clause in your client's favor? Yes No
 - c. guarantees or warranties? Yes No
 - d. specific description of the services you will provide? Yes No
 - e. payment terms? Yes No
 - f. ownership of materials/products developed terms? Yes No
59. Describe steps taken to minimize/manage business risks:

VIII. CURRENT INSURANCE INFORMATION

60. Please any current insurance maintained.

Coverage	Limit of Liability	Retention	Premium	Current Carrier
<input type="checkbox"/> Directors & Officers	\$	\$	\$	
<input type="checkbox"/> Employment Practices	\$	\$	\$	
<input type="checkbox"/> Fiduciary	\$	\$	\$	
<input type="checkbox"/> Crime	\$	\$	\$	
<input type="checkbox"/> Employed Lawyers	\$	\$	\$	
<input type="checkbox"/> Cyber	\$	\$	\$	
<input type="checkbox"/> Misc. Professional	\$	\$	\$	

IX. CLAIMS AND PRIOR KNOWLEDGE

- 61. During the past five (5) years, has the Applicant or any individual or entity proposed for coverage under this insurance submitted any any claim or loss or given notice of any fact, circumstance, situation, transaction, event, act, error, or omission which he or she has reason to believe 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? If “Yes”, please provide full details on a separate sheet. Yes No

- 62. 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 which he or she has reason to believe might give risk to any claim or loss that would fall within the scope of the proposed coverage? If “Yes”, please provide full details on a separate sheet. Yes No

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 84 IS EXCLUDED FROM THE PROPOSED INSURANCE.

X. ATTACHMENTS

- 63. Please attach copies of the following documents for the Applicant seeking coverage:
 - a. Last audit or accountant-prepared financial statements with notes; and
 - b. Organization chart.

XI. SIGNATURE

This Application must be signed by the Chief Executive Officer, Chief Financial Officer, or General Counsel of the Named Applicant or their functional equivalent.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by the Underwriter. I acknowledge that I may request a written policy.

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Underwriter will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	

XII. FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MD, MN, NE, OH, OK, OR, PA, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

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 THE DISTRICT OF COLUMBIA

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 FLORIDA

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 HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who commits an act, 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 commits a fraudulent act.

APPLICABLE IN MAINE

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 MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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 fines and confinement in prison.

APPLICABLE IN OHIO

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.

APPLICABLE IN OKLAHOMA

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 PENNSYLVANIA

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 VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN TENNESSEE AND WASHINGTON

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.