



## PRIVATE COMPANY MANAGEMENT LIABILITY RENEWAL APPLICATION

**NOTICE: THE LIABILITY COVERAGE SECTIONS OF THE NOT-FOR-PROFIT ORGANIZATION 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	\$	\$

**\*If the Applicant is applying for Cyber Liability Coverage, please complete the Cyber Liability Supplemental Application.**

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. 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

7. 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**

8. 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

**III. EMPLOYMENT PRACTICES LIABILITY INFORMATION**

9. 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				Total
	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	
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					

10. Within the last year, has the Applicant made any changes to its employee handbook or HR policies and procedures? If "Yes", please attach description of changes.  Yes  No
11. In the past twelve (12) months, what has been the annual percentage of turnover rate for all employees for the Applicant (all locations)?
- Voluntary: \_\_\_\_\_%      Involuntary: \_\_\_\_\_%
12. 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	%	%

**IV. FIDUCIARY LIABILITY INFORMATION**

13. 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)

14. 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

**V. CRIME COVERAGE INFORMATION**

15. Total number of locations of Applicant \_\_\_\_\_
- a. List Domestic Locations: \_\_\_\_\_
- b. List Foreign Locations \_\_\_\_\_
16. 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: \_\_\_\_\_
17. Has the Applicant made any changes to their internal control procedures in the past twelve (12) months? If "Yes", please attach full description of changes.  Yes  No
18. Does the Applicant have a procedure where all checks need to be countersigned? If "Yes", above what amount? \_\_\_\_\_  Yes  No
19. Does the Applicant utilize a Positive Pay System?  Yes  No
20. 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

**VI. EMPLOYED LAWYERS LIABILITY INFORMATION**

21. Total number of:
- a. Employed Lawyers: \_\_\_\_\_
  - b. Paralegals and legal assistants: \_\_\_\_\_
  - c. Contract/Leased attorneys: \_\_\_\_\_
  - d. Law students: \_\_\_\_\_
22. Describe the work done by Employed Lawyers: \_\_\_\_\_
23. Describe the type of pro bono and moonlighting legal services performed by Employed Lawyers: \_\_\_\_\_

**VII. MISCELLANEOUS PROFESSIONAL LIABILITY INFORMATION**

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

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

**X. ATTACHMENTS**

28. 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.