



PRIVATE COMPANY MANAGEMENT LIABILITY POLICY APPLICATION
NEW BUSINESS APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS BEING MADE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST ANY OF THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED TO THE INSURER AS REQUIRED BY THE POLICY, IF ISSUED. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE INSURER BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE APPLICATION CAREFULLY AND ANSWER ALL QUESTIONS BEFORE SIGNING. IF A QUESTION IS NOT APPLICABLE, SO STATE. PLEASE ALSO READ THE POLICY FOR WHICH APPLICATION IS SOUGHT (THE "POLICY") PRIOR TO COMPLETING THIS APPLICATION. THE TERMS USED HEREIN SHALL HAVE THE MEANINGS AS DEFINED IN THE POLICY.

Applicant means all corporations, organizations or other entities identified in response to question 1 of the General Information Section of this Application, including all predecessor entities to the Applicant and any Subsidiaries, and all other persons or entities seeking coverage under this insurance.

I. GENERAL INFORMATION

1. Name of Applicant: _____
2. Mailing Address of Applicant: _____
City: _____ State: _____ Zip Code: _____
3. Website Address: _____
4. EIN: _____
5. Name and email address for Primary contact for Applicant: _____

6. Business form (corporation/LLC/partnership/non-profit/etc.):* _____
**Please provide copies of articles of incorporation, bylaws, operating agreement, partnership agreement, or similar documents.*
7. State of incorporation/formation: _____ 8. Date of Formation: _____
9. Description of Applicant's Business: _____

10. Primary SIC/NAICS Code: _____



II. INSURANCE HISTORY AND REQUESTED COVERAGE

1. Please provide the following information for the Applicant (please attach information for each Subsidiary separately, if needed):

Coverages	Existing Coverage*	Requested Coverage	Limit of Liability	Retention	Prior & Pending or Continuity Date
Directors & Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	Expiring:	Expiring:	
			Requested:	Requested:	
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>	Expiring:	Expiring:	
			Requested:	Requested:	
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>	Expiring:	Expiring:	
			Requested:	Requested:	

**If the above coverages are currently in place, please provide copies of declaration pages from all such policies.*

2. Has any insurer declined, cancelled, or nonrenewed any insurance coverage similar to the requested coverage for the Applicant? Yes No

If "Yes," please provide details in a separate attachment.

III. GENERAL RISK INFORMATION

1. Please provide the Applicant's audited annual financial statements for the last two fiscal years as an attachment to this Application. If audited annual financial statements are not available, please include the most recent unaudited annual financial statements. If no such financial statements are available or do not contain all of the following information, please provide the following financial information:

	Most Recent Fiscal Year End	Prior Fiscal Year End
Period ending (Month/Year):		
Cash & Cash Equivalents		



Current Assets		
Total Assets		
Current Liabilities		
Long Term Debt		
Total Liabilities		
Revenue		
Operating Income		
Interest Expense		
Net Income		
Cash Flows From Operating Activities		

2. Has the Applicant in the last 12 months completed any of the following, or does it reasonably anticipate or is contemplating any of the following in the next 12 month:

- a. Bankruptcy, insolvency, reorganization, or arrangement with creditors, under federal or state law? Yes No
- b. Closings, consolidations or divestments of any branch, location, office, or Subsidiary? Yes No
- c. Proposed, actual, or attempt merger or acquisition? Yes No
- d. Layoffs or reductions in workforce? Yes No
- e. Breach or violation of any debt covenant? Yes No
- f. Public or private offering of securities or debt? Yes No
- g. Change in senior executive officers other than due to illness? Yes No

If "Yes" to any questions in this Item 2., please provide details in a separate attachment.

3. Please complete the following information:

	Full Time Employees	Part Time, Seasonal, and Temporary Employees	Independent and Leased Contractors
Total Employees/Contractors in U.S.:			
AK, AZ, CA, CT, DC, KY, MS, NJ, NM, NV, WA, WV:			
AL, CO, DE, FL, GA, IL, KS, LA, ME, MO, MT, SC, TN, UT, WY:			



Total Employees/Contractors Outside the U.S.:			
Country 1:			
Country 2:			
Country 3:			

4. Does the Applicant conduct any professional ethics, peer review, accrediting, standard setting, credentialing, or licensing activity for third parties? Yes No

If "Yes," please provide details in a separate attachment.

5. Is the Applicant seeking coverage for entities that are not direct or indirect Subsidiaries of the Applicant? Yes No

If "Yes," please provide details in a separate attachment.

IV. COVERAGE SPECIFIC RISK INFORMATION

A. DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Recent or Pending Matters

- a. In the past 3 years, has the Applicant or any person or entity proposed for this insurance been the subject of or involved in any of the following, in any capacity:

(i) any antitrust, copyright or patent litigation? Yes No

(ii) any civil, criminal or administrative proceeding alleging, or government investigation or inquiry concerning, any potential deceptive trade practices or consumer sales practices violations? Yes No

(iii) any civil, criminal or administrative proceeding alleging, or government investigation or inquiry concerning, a potential violation of any federal or state securities law or regulation, including any common law? Yes No

(iv) any other criminal actions other than those set forth above? Yes No

- b. Other than any matters identified in response to question 1.a. above, within the past 3 years:

(i) has the Applicant or any person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter, formal or informal governmental investigation or inquiry, or action by any regulatory body or administrative agency, in any capacity? Yes No



(ii) has any insurer made any payments, taken any notice of any claim or potential claim, under any management liability or similar insurance for the Applicant? Yes No

If “Yes” to any questions in any subparts to this question 1., please provide details in a separate attachment.

2. Please complete the table below for all shareholders who own ten percent (10%) or more of the outstanding securities of the Applicant (if the number exceeds space below, please include information in additional attachment, as needed):

Shareholder Name	Ownership	Director or Officer (or represented on the Applicant’s Board)?
	%	<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
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Approximate percentage of revenues derived from government sources? _____%

4. Does the Applicant, directly or indirectly:

- a. render any services for others for a fee or other consideration? Yes No
- b. act as a general partner, manager, or managing member in any partnership or limited liability company? Yes No
- c. have any insurance operations? Yes No
- d. perform, engage in, facilitate or promote the downloading, sharing, or streaming of any copyrighted media content, including music, video or other type of entertainment content? Yes No
- e. use, employ the use of, or retain any third party to use any automatic telephone dialing system, or send or make unsolicited texts, faxes, calls, or emails, in the advertising, marketing, or sale of any goods, products or services? Yes No

If “Yes” to any questions in this Item 4., please provide details in a separate attachment.



5. Does the Applicant:

- a. manufacture, produce, process, package, sell, market, distribute, advertise, or develop any goods or products? Yes No
- b. advertise, label, or make any statement or representation concerning the quality or performance of any goods or products? Yes No

If "Yes" to any questions in this Item 5., please provide details in a separate attachment.

B. EMPLOYMENT PRACTICES LIABILITY COVERAGE INFORMATION

1. Recent or Pending Matters

In the past 3 years, has the Applicant or any person or entity proposed for this insurance been the subject of or involved in any of the following, in any capacity:

- a. EEOC or other similar administrative proceeding? Yes No
- b. Any employment-related civil suit, claim, or other matter? Yes No

If "Yes" to any questions in this Item 1. above, please provide details in a separate attachment.

2. For all U.S. employees, including all Executives, of the Applicant, please indicate the current number of Employees and approximate percentage Employees in the following salary ranges:

Annual Employee Compensation Ranges (including bonuses)	Current Number of Employees each Salary Range	Approximate % of Employees in each Salary Range
Up to \$50,000		%
\$50,001 to \$150,000		%
\$150,000 to \$300,000		%
Greater than \$300,000		%

3. Annual employee turnover for the past 3 years, including current year:

Year	Number of Employees	Approximate % of Total Employees
Current Year		%
Immediately Preceding Year		%
Two Years Prior		%

4. Please advise if Applicant has written policies for:

- a. Equal Opportunity Employment? Yes No



- b. Anti-discrimination? Yes No
- c. Anti-harassment, including sexual harassment? Yes No

If "Yes" to any questions in this Item 4., please provide copies of all such written policies.

- 6. Does the Applicant, or others on behalf of or at direction of Applicant, collect, store, use or transmit biometric information or biometric identifiers, including but not limited to fingerprints, retina or iris scans, or scans of hand or face geometry? Yes No
- 7. Does the Applicant have written procedures in place regarding:
 - a. Progressive discipline? Yes No
 - b. Terminations? Yes No
 - c. Handling complaints of sexual harassment and discrimination? Yes No
 - d. Leave of absence, including under the FMLA? Yes No
 - e. Classification of employees as Exempt or Non-Exempt under the rules and regulations of the Fair Labor Standards Acts of 1938, as amended? Yes No

If "Yes" to any questions in this Item 6., please provide copies of all such written procedures or manuals.

- 8. Does the Applicant:
 - a. Have a separate Human Resources Department? Yes No
 - b. Utilize outside counsel to review written policies and procedures? Yes No
 - c. Review terminations with outside counsel? Yes No
 - d. Conduct training regarding anti-discrimination and anti-harassment? Yes No
 - e. Review pay practices for inequities among protected class employees? Yes No
 - f. Require employees to attend diversity training? Yes No

C. FIDUCIARY LIABILITY COVERAGE INFORMATION



1. Recent or Pending Matters

In the past 3 years, has the Applicant or any person or entity proposed for this insurance, including any plan, been:

- a. accused, found guilty or held liable for a breach of trust or convicted of any criminal conduct? Yes No
- b. assessed any fees, fines or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL, or other governmental authority against any plan? Yes No
- c. the subject of or involved in any litigation, administrative proceeding, demand letter, formal or informal governmental investigation or inquiry, or action by any regulatory body or administrative agency, in any capacity (other than an administrative claim for benefits under 29 C.F.R. § 2560.503-1(h) or similar procedures pursuant to applicable law)? Yes No

If "Yes" to any questions in this Item 1., please provide details in a separate attachment.

2. Please list the names and types of the Applicant's employee benefit plans, other than any Health and Welfare Plan (attach additional pages if necessary):

Plan Name	Type of Plan*	Current Plan Assets	Total Plan Participants	If DB plan, current funded percentage
				%
				%
				%
				%

****Defined contribution (DC), Defined Benefit Plan (DB), Employee Stock Ownership Plan (ESOP), Deferred Compensation ("DefComp"), Excess Benefit or Top Hat (EBP).***

3. For all Defined Contribution Plans proposed for coverage, please provide the following information:

Name DC Plan	Recordkeeper	Recordkeeping Fees	Investment Consultant/Manager

4. Over the past 3 years, has there been any merger, termination, or freezing of any plan or plan assets? Yes No

If "Yes," please provide details in a separate attachment.



5. Are any plans not in compliance with plan agreements or any provision of ERISA? Yes No

If "Yes," please provide details in a separate attachment.

6. For all Defined Contribution Plans proposed for insurance, has the Applicant reviewed all plan operations, administration and investment related fees and expenses for reasonableness in the past 18 months? Yes No

V. PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS

No person or entity proposed for coverage is aware of any fact, circumstance, or situation which could reasonably be expected to give rise to any claim, action, proceeding, demand, investigation, or inquiry that would fall within the scope of the proposed Policy:

NONE or, **except:**

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim, action, inquiry or other matter arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

VI. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing, and any outstanding quotation may be modified or withdrawn.

VII. DECLARATIONS & FRAUD WARNINGS

The Applicant's submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Insurer to make any inquiry in connection with this Application. The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance Policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such Policy; and that the Insurer will have relied on all such materials in issuing any such Policy.



The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a Claim, potential Claim or other matter.

Notice to Alabama and Maryland Applicants: 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.

Notice to Arkansas, New Mexico 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 or other matter containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 Applicants: 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.

Notice to Florida Applicants: 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.

Notice to Kansas Applicants: 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.

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 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.

Notice to Louisiana and Rhode Island 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 fines and confinement in prison.

Notice to Maine, Tennessee, Virginia and Washington 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 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 Oklahoma 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.

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.

Notice to Puerto Rico Applicants: 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 with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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.

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.



VIII. SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

This Application must be signed by the chief executive officer, president, executive director, chief financial officer, or any person with the responsibility for the management of insurance matters (or any equivalent position to any of the foregoing) of the Applicant acting as the authorized representatives of all person(s) and entity(ies) proposed for this insurance.

Applicant Name: _____
By (Authorized Signature): _____
Name/Title: _____
Date: _____

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

PRODUCER INFORMATION

Producer Name:
Producer Signature:
License Number:
Date:
Address:

SUBMITTED BY

Agency:
EIN:
Agent License No.:
Address: