



NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE ENTIRE POLICY CAREFULLY.

APPLICANT INFORMATION

Name of Applicant		Web Address		
Street Address	City	State	Zip Code	
SIC & NACIS Code		Year Established		
Primary Contact for Insurance Notices				
Contact Name		Email	Phone	

- Whenever used in this Application, the term "Applicant" shall mean the **"Named Insured"** and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

REQUESTED COVERAGE

Coverage Part	Requested Limit(s)	Currently Purchased?	Current Limits	Current Retentions
<input type="checkbox"/> Directors & Officers and Entity Liability	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
<input type="checkbox"/> Employment Practices Liability	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
<input type="checkbox"/> Fiduciary Liability	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
<input type="checkbox"/> Crime Coverage		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
A. <u>Employee Theft</u>	\$			
B. <u>In Transit</u>	\$			
C. <u>Inside the Premises</u>	\$			
D. <u>Forgery or Alteration</u>	\$			
E. <u>Computer Fraud</u>	\$			
F. <u>Funds Transfer Fraud Coverage</u>	\$			
G. <u>Credit Card Fraud</u>	\$			
H. <u>Money Orders and Counterfeit Currency Fraud</u>	\$			
I. <u>Client Coverage</u>	\$			
J. <u>False Pretense</u>	\$			



Expiring Insurer

Expiring Premium

Expiration Date

Expiring P&P Date

Limit Options -

Separate Limit of Liability for Liability Coverage Parts

Combined Aggregate Limit of liability for liability coverage parts

OPERATIONAL INFORMATION

Description of Applicants Operations -

[Large greyed-out text area for description of operations]

Is the Applicant a subsidiary of a foreign parent?

 YES NO

Does the Applicant have any publicly traded equity?

 YES NO

Subsidiary Information and 50% or more joint ventures under management control -

Name	%owned	Year Started	Description of Operations
[Large greyed-out table area for subsidiary information]			

(If additional space is needed, please attached a separate page or organizational chart)

Locations of Applicant and number of employees -

Total Number of Locations

Total Domestic Locations

Total Foreign Locations

State or Foreign Country

Number of Locations

Number of Employees Per Location

[Large greyed-out table area for location and employee data]



Please provide the following employee information

Number of Employees	Current Year	Previous Year
Full Time Employees:		
Part Time Employees:		
Independent Contractors:		
Temporary Employees		
Leased Employees:		
Seasonal Employees:		
Located in California:		
Located in New York:		
Volunteers:		
Foreign Full Time Employees:		
Foreign Part Time Employees:		
Voluntary Terminations:		
Involuntary Terminations (not layoffs/downsizing):		
Layoffs/Downsizing:		
Percentage of Employees compensated less than \$50,000 annually		
Percentage of Employees compensated more than \$100,000 annually		

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):

Any merger, acquisition, or divestment?

YES NO

Any bankruptcy, reorganization or arrangement with creditors under federal or state law?

YES NO

Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs?

YES NO

Any public or private offering of securities (including crowd funding/crowd financing)?

YES NO

Any change in ownership?

YES NO

If "Yes" to any part of Question 9 please attach an explanation.



FINANCIAL AND AUDIT INFORMATION

Please complete the following financial information for the most recent fiscal year (indicate month/year):

Month Year, or check box if attaching most recent year-end financial statements instead:

Please indicate negative figures with “()” or “-”, as appropriate.

Financial Data	Current Year	Previous Year
Total Revenue:	\$	\$
Total Assets:	\$	\$
Current Assets:	\$	\$
Current Liabilities:	\$	\$
Long Term Debt:	\$	\$
Retained Earnings (Accumulated Deficit):	\$	\$
Total Shareholders’ Equity:	\$	\$
Operating Income Before Interest and Taxes:	\$	\$
Net Income (Net Loss):	\$	\$
Cash Flow from Operating Activities:	\$	\$

What is the scope of financial statement preparation?

- Internal
 CPA Compilation
 CPA Review
 CPA Audit
 None

Has the auditor issued a “going concern” opinion for the Applicant’s financial statements during the past 3 years?

- YES NO

If “Yes” please attach a full explanation

Is the Applicant in compliance with all debt and/or loan covenants?

- YES NO

If “No” please attach a full explanation.

Has the Applicant changed auditors in the last three years?

- YES NO

If “Yes” please attach a full explanation

Have the auditors noted any material weakness in the Applicants system of internal controls?

- YES NO

If “Yes” please attach an explanation and provide the latest CPA letter to management and management’s response.

Has the Applicant implemented all material recommendations of the auditor?

- YES NO

If “No” please attach a full explanation.



LOSS INFORMATION

For Liability Coverage Parts

Related to the requested Liability Coverage(s), has any entity proposed for this insurance been a party to any employment-related claims, ERISA claims, professional liability claims, securities claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years including but not limited to, shareholder, creditor, antitrust, fair-trade law, copyright or patent litigations, whether or not insured?

YES NO

To the extent that any lawsuit or claim required to be disclosed in response to the question above constitutes a **“Claim”** as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

Please provide details, including but not limited to, amount paid for defense and damaged, whether covered by Insurance and any corrective measures implemented.

For Crime coverages

Has the Applicant incurred any Crime related losses or incidents during the past three years?

YES NO

To the extent that any loss, incident or expense is required to be disclosed in response to the question and such loss, incident or expense was **“Discovered”**, as defined by these Coverages, prior to the policy period requested hereunder, such loss, incident or expense is excluded under these Coverage.

Please provide details, including but not limited to the date, amount and description of Loss, whether covered by Insurance and any corrective measures implemented.



DIRECTORS & OFFICERS INFORMATION

Not-for-Profit Information -

Is the Applicant a Not-for-Profit Organization? YES NO

Does the Applicant have non-profit status under the IRS? YES NO

If "Yes" under which section?

Are the board members elected? YES NO

How often does the board meet?

Shareholder Information –

	Common	Preferred	Others	Total
Authorized				
Outstanding				
Voting Shares Outstanding				
Shares owned by Directors & Officers (Direct and Beneficial)				
Number of voting shareholders				

Please list all shareholders who own more than 5% of any class of security –

Shareholder	Class of	% Owned	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
		%	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If there are more shareholders, please attach a list. The list should include information listed above.

Have any Executives of the Applicant disclosed to the Board of Directors of any conflicts of interest regarding any specific contracts or dealings with family members, competitors, customers or vendors? YES NO

If "Yes" please attach a full explanation

Is any shareholder a trust that qualifies as an Employee Stock Ownership Plan under ERISA or hold securities for the benefit of employees? YES NO

Have there been any changes to the Board of Directors or Senior Management of the Applicant within the past three years? YES NO

Are there currently any outstanding loans to any Director or Officer? YES NO



Do you have a code of conduct or use signed contracts such as offer letters that require that employees and independent contractors not disseminate or use previous employers' or clients' trade secrets, customer lists or other intellectual property? YES NO

Does the Charter or By-laws of the organization provide indemnification to its Directors and Officers to the fullest extent permitted by law? YES NO

Has the Applicant, or any person, proposed for coverage been a subject of, or been a party to, any of the following during the past five years?

Anti-Trust, copyright or patent litigation? YES NO

Civil, criminal or administrative or regulatory proceeding alleging violation of any federal or state law? YES NO

Any other criminal proceeding or investigation? YES NO

Any suspension or revocation of a license or any professional disciplinary sanction? YES NO

Any class action or derivative suit? YES NO

If "Yes", to any of the above please attach a full explanation of details including but not limited to name and date of action or proceeding, parties name, summary allegations and resolution.

EMPLOYMENT PRACTICES INFORMATION

Does the Applicant have a Human Resources department? YES NO

Human Resources contact information –

Name	Title	Phone	Email

Does the Applicant have written procedures in place regarding -

Equal Opportunity Employment? YES NO

Anti- Discrimination and Anti-Harassment? YES NO

Employment at Will? YES NO

Grievance Procedures YES NO

ADA accommodations? YES NO

Internet, Social Media and Computer/Network Usage YES NO

Disabled Employees and Accommodations YES NO

Employee Discipline YES NO

Have the above policies and procedures been reviewed by legal counsel within the past 24 months? YES NO

Does the Applicant –

Distribute and document the receipt of an employee handbook to all employees? YES NO

Conduct written annual performance evaluations? YES NO



- Use written Performance Improvement Plans prior to a termination? YES NO
- Review all terminations with human resources or in-house / outside counsel? YES NO
- Utilize an employment application for all prospective employees? YES NO
- Does the application contain an "Equal Employment Opportunity" statement? YES NO
- Conduct training regarding anti-discrimination and anti-harassment policies and procedures using in-house human resource staff or an outside vendor? YES NO
- Provide reasonable accommodations (flexible work environment), including working from home to those employees unable or unwilling for any reason to work in an office environment? YES NO

- If over 100 employees, review an audit with outside counsel at least every two years regarding employee classification and wage and hour documentation of exempt vs. nonexempt and Independent Contractors? YES NO N/A
- If over 1,000 employees, do you review pay practices for inequities among protected classes in the workforce? YES NO N/A

Third Party Information –

Does the Applicant have established policies and procedures –

- Outlining employee and Independent Contractor conduct when dealing with third parties, including non-discrimination and non-harassment statements? YES NO
- For responding to complaints of harassment, discrimination or civil rights violations from third parties? YES NO

FIDUCIARY INFORMATION

Plan Information –

Full Plan Name	Plan Type*	Current Asset Value	Latest Annual Contributions	Current Number of Participants	Plan status**

*Plan type – (DB) Defined Benefit, (DC) Defined Contribution, ESOP, (SFW) Self-Funded Welfare Plan, (O) Other – Attach details.
 **Plan Status – (A) Active, (F) Frozen, (S) Sold, (T) Terminated – If terminated please provide date and reason for termination.
 If there are more plans, please attach a list. The list should include information listed above.



Are plans and guidelines reviewed and updated annually for compliance with plan agreements, violations of ERISA, written investment guidelines, and Health Insurance Portability and Accountability Act (HIPAA)? YES NO

Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectable? YES NO

Does the employer, committee or employer representative, have final say over the determination of whether benefits will be paid under any healthcare plan sponsored by the Applicant? YES NO

Do all the employee pension benefit plans or pension plans have a written investment policy? YES NO N/A

Are all employee benefit plans or pension plan assets managed by a third-party investment manager? YES NO

If "Yes", does said third-party have full investment discretion? YES NO

Does the Applicant maintain written policies and procedures to mitigate excessive fee transactions including – Documented review of plan fees, investment expenses and investment performance annually to ensure that plan fees are reasonable? YES NO

Ensuring that all plan recordkeeping fees are offered on a low, flat-per-participant rate, instead of a percentage of assets. YES NO

Conduct a formal Request for Proposal with plan vendors at least every three years? YES NO

Ensuring that your plans include a low-cost index fund? YES NO

Does Applicant utilize a third-party consultant to review plan fees and investment performance annually? YES NO

If "No", to any of the above please attach a full explanation.

Do any of the Applicant plans or investment options include revenue sharing, or invisible fees? YES NO
(If "Yes", please provide details)

In the past 3 years or the next 12 months has/will any plan –

Been amended in a way that would result in the reduction of benefits? YES NO

Contemplated or concluded any restructuring, spin-off, transfer, consolidation, sold, merged with another plan, termination or other similar transaction? YES NO

Does any Employee Benefit Plan –

Not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law? YES NO

Invest or provide the option to invest in employer securities? YES NO



- Hold employer securities or employer real property in violation of ERISA or in excess of ERISA limit? YES NO
- Invest in more than 10% of any entity other than the Applicant or a pooled investment vehicle such as a mutual fund? YES NO
- Loaned or pledged any employee benefit plan assets to any party-in-interest (Including the Applicant)? YES NO

If "Yes", to any of the above please attach a full explanation

Has any plan within the past five years –

- Been the subject of an investigation by the DOL, IRS, or any similar foreign agency? YES NO
- Had its tax-exempt status withdrawn or threatened to be withdrawn by the IRS? YES NO
- Experienced an event reportable to the PBGC? YES NO
- Filed for an exemption from a prohibited transaction? YES NO
- Received an adverse opinion as to its financial condition by an independent public accountant? YES NO
- Not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standards? YES NO

If "Yes", to any of the above please attach a full explanation

Please provide the name of the firms providing the following services –

<i>CPA</i>	<i>Attorney</i>	<i>Actuary</i>	<i>Investment Advisor</i>

CRIME INFORMATION

Basic Crime Controls –

- Is there a documented system of internal control policies/procedures? YES NO
- Does the Applicant have an internal audit department? YES NO
- If "No", do you have someone with internal audit responsibilities?* YES NO

Does the Applicant perform or verify the following for new employees? (Check all that apply):

- Reference checks
- Drug testing
- Prior employment
- Credit history
- Criminal history

Are reference checks done on all independent contractors? YES NO N/A

Does the Applicant have controls within its human resources and/or payroll operations that prevent the input of fictitious employees and salaries into your payroll systems? YES NO

Are passwords and access codes changed regularly and when users are terminated? YES NO



Checking and Bank Account Controls –

Are all incoming checks stamped "For Deposit Only"? YES NO

Is a report of payments made by check or wire transfer generated and reviewed monthly for unusual payments by separate people who did not process the transactions? YES NO

Do you require counter signatures on checks? YES NO

If "Yes", at what level: \$ _____

Is an employee who has the responsibility to reconcile monthly bank statements prohibited from also (check all that apply):
Signing checks? YES NO **Handling deposits?** YES NO **Making withdrawals?** YES NO

Vendor Controls -

Does the Applicant verify and reconcile all invoices to purchase orders and master vendor/customer lists before making any payments? YES NO

Does the Applicant have procedures in place to verify the authenticity and ownership of new vendors before adding them to the Master Vendor List? YES NO

If "Yes", is the employee who verifies the new vendor restricted from editing the list? YES NO

Is a Master Vendor List utilized to assist in detecting payments to unauthorized or fictitious vendors or suppliers during an internal audit or reconciliation process? YES NO

Funds Transfer Controls –

Does your staff do more than one funds transfer request a month? YES NO

Is dual authorization required for all wire transfers? YES NO

Are funds transfers reconciled the same day by a person who did not initiate the request? YES NO

Are employees that are responsible for funds transfers provided anti-fraud training, including detection of false pretenses, social engineering, phishing or other confidence scams? YES NO

If "Yes", does this training include not replying to the initiating request email or phone number but using the master list contact information to reply to the request? YES NO

Inventory, Physical Controls and Services

Indicate any of the following characteristics that apply to your business operations (please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Computer chips | <input type="checkbox"/> Art collection or other valuable collectibles | <input type="checkbox"/> Precious metals or gemstones |
| <input type="checkbox"/> Narcotics | <input type="checkbox"/> Special secured/locked retail inventory | <input type="checkbox"/> Warehousing Operations |
| <input type="checkbox"/> Alcohol or Tobacco | <input type="checkbox"/> Care, custody and control of clients' property | <input type="checkbox"/> Managed assets of others |



If any of the above are checked, describe how such exposures are restricted, controlled and monitored –

[Empty text box for describing exposure restrictions]

Inventory Controls –

Are the duties of purchasing, receiving, storekeeping and shipping separate so that no one person can control these functions from beginning to end? YES NO

Is a physical count of inventory conducted at least annually? YES NO

If "No", how often: [Empty text box]

Is a perpetual inventory maintained for retail/warehouse inventory or manufacture stock/scrap/finished goods? YES NO

Do you have alarms and video cameras installed in your warehouse and plants? YES NO

Do you warehouse for others? YES NO

If "Yes", what are you warehousing? [Empty text box]

Please describe any services the Applicant provides for clients –

[Empty text box for describing services]

Please provide details as you desire for any "No" responses to from the Crime Information Section –

[Empty text box for providing details on "No" responses]

PRIOR KNOWLEDGE AND REPRESENTATION

The Applicant must answer the prior knowledge question below:

- For any Liability Coverage Part for which coverage is requested and is not currently purchased; or
- If the Applicant is requesting higher limits than are currently purchased.

After reasonable inquiry is any person or entity proposed for this insurance aware of any fact, inquiry, investigation, communication, circumstance, or situation which could reasonably be expected to give rise to a Claim that might fall within the scope of coverage under the proposed insurance?

YES NO

If "Yes", please attach a full description of the details.



This representation applies only to those coverage types for which no coverage is currently maintained and any higher limits of liability are requested.

IMPORTANT: 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 in response to the question above, any claim or action arising from such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

MATERIAL CHANGE

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

DECLARATIONS AND NOTICES

The submission of this New Business 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, acting on behalf of all Applicants, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Application and in any attachments or other documents submitted with the Application are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the Insurer will have relied on all such materials in issuing any such policy. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us.

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

SIGNATURES

Note: This Application must be signed by the chief executive officer, chief financial officer or equivalent position of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

<i>Name</i>	<i>Title</i>

<i>Signature</i>	<i>Date</i>