



APPLICATION FOR PRIVATE COMPANY EXECUTIVE LIABILITY POLICY

NOTICE

This is an Application for a claims-made policy. If a policy is issued, this application or a similar version provided by the issuing carrier will become attached to and form a part of the policy. If a policy is issued, please review the policy carefully and discuss the coverage with your agent or broker.

Limits of Insurance Requested _____

Deductible Requested _____

Coverage Requested

- Directors, Officers and Company Liability Coverage
- Employment Practice and Third Party Discrimination Liability Coverage
- Fiduciary Liability Coverage

How should the Limits apply? Combined Aggregate Separate Limit of Liability for each Coverage

Name of Parent Company			
Address			
City	State	Zip Code	State of Incorporation

1. The Officer designated by the Company to receive notices from the Insurer concerning this insurance is:

Name _____ Title _____

2. The Company has continuously carried on business since _____

3. Primary SIC Code(s) of operations _____

D&O SECTION *(Only complete if coverage is requested)*

A. Number of the Company's shareholders _____

B. Percentage of voting shares owned by the Company's directors and officers _____

C. Does anyone own directly or beneficially greater than 10% of the Company's common shares? Yes No
If "Yes", Please attach a listing of those owning more than 10%.

D. Within the last 12 months has the Company's outside auditors stated that there are any material weaknesses in its system of internal controls? Yes No
If "Yes", please attach a copy of the auditor's letter to management and management's response.

E. During the last 3 years have any of the proposed Insureds been involved in:



- | | |
|---|--|
| 1. any anti-trust, copyright or patent litigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. any civil or criminal action or administrative proceeding charging a violation of any federal, state or local antitrust, fair trade or securities law or regulation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. any representative actions, class actions or derivative suits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. any other criminal litigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If "Yes" to any of the above, please attach full details to this application.

EMPLOYMENT PRACTICE SECTION *(Only complete if coverage is requested)*

A. Employee census of the Company and each of its Subsidiaries:

State	Full-Time Employees	Part-Time Employees	Leased Workers	Union Employees
California				
Florida				
Michigan				
New Jersey				
Texas				
All Other				

Turnover percentage: Last Year-End _____ Previous Year-End _____

Total number of employer-initiated terminations of full-time and part-time Employees:

Current Year _____ 1st Prior Year _____ 2nd Prior Year _____

B. Practices and Procedures:

Does the Company and each of its Subsidiaries:

- | | |
|--|--|
| 1. Have a full-time Human Resources ("HR") Manager? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a full-time HR Department? If "Yes" , how many staff members? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Use employment applications for all applicants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Use any psychological, drug or polygraph tests for screening applicants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Distribute an employee handbook to all Employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Require Employees to sign a handbook acknowledgment statement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have a written anti-harassment and discrimination policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Provide harassment /discrimination training to Employees, managers and supervisors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have a formal employment grievance procedure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



10. Use outside labor counsel to conduct a pre-termination review of personnel files? Yes No
If "Yes", please identify the firm? _____
11. Require officer approval prior to terminating an Employee? Yes No
12. Conduct exit interviews with each terminated Employee? Yes No
13. Have a formal out-placement program for Employees terminated as a result of downsizing, layoffs or staff reduction? Yes No
14. Have an Employee assistance program? Yes No
15. Have a written policy on workplace violence that is circulated to all Employees? Yes No
16. Trained supervisory and management Employees to recognize, report and respond to potentially hostile Employees or situations? Yes No
- C. Does the Company and each of its Subsidiaries have a written customer service policy in place? Yes No
- D. Please indicate the type of customer base the Company and its Subsidiaries serve:
- Corporate business clients only
 - Mix of individuals and corporate business clients
 - Individuals but not entire general public
 - General public
 - Other, please explain _____
- E. Has the Company closed or anticipate closing any plant, facility, branch or office, or staff reductions or layoffs within the last two years or the next 18 months ? Yes No
If "Yes", please attach an explanation.
- F. During the last 3 years have any of the proposed Insureds been involved in:
1. any employment or labor-related litigation? Yes No
 2. any administrative proceeding before the Equal Employment Opportunity Commission ("EEOC") or the U.S. Department of Labor including the Office of Federal Contract Compliance Programs ("OFCCP")? Yes No
 3. any state or local government agency whose purpose is to address employment-related Claims? Yes No
 4. any Claims or suits by a third party for harassment, discrimination or any other civil rights violation? Yes No
- If "Yes" to any of the above, please attach full details, including the amount of Defense Costs, settlements and/or judgments.**

FIDUCIARY LIABILITY SECTION *(Only complete if coverage is requested)*



A. Employee Benefit Plan Information:

Name of Plan	Date Established	Total Plan Assets	Type of Plan*	# of Participants

***DC-Defined Contribution; DB-Defined Benefit; ESOP-Employee Stock Ownership Plan; ME-Multi Employee Plan**



B. Who does the Company or any of its Subsidiaries utilize as:

Plan	Administrator	Legal Counsel	CPA	Actuary	Investment Manager

C. Has an actuary certified that the Plans are adequately funded? Yes No

D. Are there any current outstanding delinquent contributions? Yes No

E. Has or does the Company or any of its Subsidiaries anticipate any Plan mergers or terminations within the last two years or the next 18 months? Yes No
 If "Yes", please attach details.

F. Have the Plans been reviewed to assure that there are no violations of any Plan trust agreements, prohibited transactions or party-in-interest rules? Yes No

G. Have any Plans experienced any event reportable to the Pension Benefit & Trust Guaranty Corporation ("PBGC")? Yes No

H. During the last 3 years have any of the proposed Insureds been:

1. Accused or found guilty of, or held liable for, a breach of ERISA or similar law? Yes No
2. Named in any Claims (other than for benefits) against the Plans or any of their current or past fiduciaries? Yes No

If "Yes" to any of the above, please attach full details, including the amount of Defense Costs, settlements and/or judgments.

4. Provide the following insurance information regarding the Company's Insurance: If "None", so state: None

	Carrier	Expiration Date	Limit	Retention	Premium
Employment Practices Liability					
Fiduciary Liability					
General Liability					
Directors & Officers' Liability					

(a) Has any claim been made or has notice been given under any D&O, EPLI or Fiduciary Liability Policy purchased by the Company?

Yes No





- (b) Has any carrier refused, cancelled or non-renewed the Company's D&O, EPLI or Fiduciary Insurance? Yes No
- (c) If cancelled or non-renewed, has the extended reporting period/discovery period been exercised? Yes No
If "Yes", please provide details in an attachment to this Application.

5. No person(s) or entity(ies) proposed for this insurance is (are) cognizant of any act, error, or omission which (s)he (they) has (have) reason to suppose might result in a future Claim such as would fall within the scope of the proposed insurance, except as follows: **If "None", please indicate:** None

No fact, circumstance or situation indicating the possibility of a Claim or action against which indemnification would be afforded by the proposed insurance is now known by any person(s) or entity(ies) applying for this insurance other than that which is disclosed in this Application. It is agreed by all concerned that if any person(s) or entity(ies) applying for this insurance has any knowledge of any such fact, circumstance, or situation.

The undersigned declare that to the best of their knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this Application and prior to issuance of a Policy, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, even or circumstance and shall provide the Insurer with information that would complete, update or correct the information contained in this Application. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

- It is represented that the particulars and statements contained in the Application for the proposed Policy and any materials submitted (which shall be on file with the Insurer and shall be deemed attached, as if physically attached), are the basis for the proposed Policy and any to be considered incorporated into and constituting a part of the proposed Policy
- The signing of this Application does not bind the undersigned to purchase insurance.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

Signature: _____
 Chief Executive Officer
 (or other Senior Officer if the CEO is also the Chairman, Board of Directors)

Signature: _____





Chairman, Board of Directors

Date: _____

