



Name of Insurance Company to which Application is made (herein called the "Insurer")

Not-For-Profit Risk ProtectorSM Mainform Application

Management Liability, Professional Liability, Crime and
Kidnap Ransom/Extortion Coverage for Not-For-Profit Organizations

NOTICES:

[THE FOLLOWING NOTICE IS INAPPLICABLE TO CRIME COVERAGE SECTION AND KIDNAP AND RANSOM/EXTORTION COVERAGE SECTION]

IF A POLICY IS ISSUED: (1) DEFENSE COSTS WILL REDUCE THE LIMITS OF LIABILITY (AND, THEREFORE, AMOUNTS AVAILABLE TO RESPOND TO SETTLEMENTS AND JUDGMENTS) AND WILL BE APPLIED AGAINST APPLICABLE RETENTIONS; AND (2) IT WILL BE ISSUED ON A CLAIMS-MADE BASIS.

Section A. GENERAL INFORMATION

1. Name of Applicant: _____

Address of Named Applicant: _____

Domiciled State: _____ State of Incorporation: _____ Years of Operation: _____

2. Applicant's primary nature of business: _____

3. Is the Applicant a Not-for-Profit Non-Taxable Organization under the U.S. Internal Revenue code or State Revenue Code? Yes No. If "Yes" please list the applicable Federal or State Revenue Code _____

4. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here . If not applicable, please check here

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you requesting for coverage to be extended to all Subsidiaries? Yes No

5. Is the Applicant or any of its Subsidiaries involved in any joint ventures? Yes No

6. Does the Applicant or any of its Subsidiaries provide childcare services? Yes No

7. Does the Applicant or any of its Subsidiaries provide medical services? Yes No

8. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months? Yes No

9. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months? Yes No

Section B. CLAIMS HISTORY INFORMATION

1. Please provide on a separate attachment full details of all inquiries, investigations, grievance filings or other



administrative hearings filed during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here)

- 2. Has any insurance carrier refused, canceled or non-renewed any Directors and Officers, Employment Practices or Fiduciary Liability insurance coverage*? Yes No *Missouri Applicants need not reply
- 3. Has there been, or is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Applicant, its Subsidiaries, or any individual or other entity proposed for insurance arising out of: (i) any director, officer, trustee, employee, employee benefit plan or entity liability matter, including securities matters and/or employment matters; or (ii) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy?

Please answer with regard to:

- D&O and Private Company Liability Yes No
- Employment Practices Liability Yes No
- Fiduciary Liability Yes No
- Employed Lawyers Professional Liability Yes No

(If "Yes" was checked with respect to any of the above, please attach complete details regarding those claims, suits, investigations or actions.)

- 4. Please answer if applying for Fiduciary Liability: Has there been or is there pending any inquiry or investigation, or any violation of ERISA¹ or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which an Applicant's employee benefit plan is subject? Yes No (If "Yes", please attach complete details.)

- 5. Does the Applicant, its subsidiaries, or any director, officer, trustee or employee of the Applicant know of any act, error or omission, which could give rise to a claim(s), suit(s) or action(s) under the proposed policy with regard to:
 - D&O and Private Company Liability Yes No
 - Employment Practices Liability Yes No
 - Fiduciary Liability Yes No
 - Employed Lawyers Professional Liability Yes No

(If "Yes" was checked with respect to any of the above, please attach complete details.)

- 6. Has the Applicant, any of its Subsidiaries or any director and/or officer:
 - a. Been involved in any antitrust, copyright or patent litigation? Yes No
 - b. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes No
 - c. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes No
 - d. Been involved in any representative actions, class actions, or derivative suits? Yes No
 - e. Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law? Yes No

It is agreed that with respect to Questions 1 through 6(e) above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

Section C. FINANCIAL INFORMATION

Information must be based on the most recent audited financials or interim financials, if audited financials are not available.

- 1. What percentage of revenues does the Applicant or any of its Subsidiaries receive from government sources? None Less than 50% Greater than 50% to 60% Greater than 60% to 70%

¹ Employee Retirement Income Security Act of 1974 and including any amendment or revision thereto.



- Greater than 70% to 80%
- Greater than 80%

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A
 If "Yes," please explain why auditors were changed: _____

3. Please provide the following financial information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated:	(Year/Month)
Total Assets	\$
Current Assets	\$
Total Liabilities	\$
Current Liabilities	\$
Fund Balance	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Cashflow from Operations	\$

Section D. DIRECTORS AND OFFICERS INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

- Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination.
- Are Board members elected? Yes No
If "No," please attach complete details.
- Does the Board hold meetings more than 3 times per year? Yes No
- Does the Applicant participate in a risk management program? Yes No
- Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?
 Yes No If "Yes," please attach complete details.
- Does the Applicant have any of the following committees? Please check all that apply.
 Audit Compensation Nominating

Section E. EMPLOYMENT PRACTICES INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

- Enter the TOTAL number of employees (by type) in the boxes below.
Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)

Number Employees in ALL States/Jurisdictions:

	Domestic		Foreign
	Union	Non-Union	
Full Time	_____	_____	_____
Part Time	_____	_____	_____
Total Number of Independent Contractors	_____		

Number of Employees located in CALIFORNIA ONLY:

	Domestic	
	Union	Non-Union
Full Time	_____	_____
Part Time	_____	_____
Total Number of Independent Contractors	_____	

Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):

	Domestic
_____	_____



	Union	Non-Union
Full Time	_____	_____
Part Time	_____	_____
Total Number of Independent Contractors	_____	

2. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?
 Year ____, ____% Year ____, ____% Year ____, ____%
3. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?
 Yes No If "No," who manages the HR Function? Please provide complete details.
4. Does the Applicant and its Subsidiaries have a human resources manual or equivalent written management guidelines? Yes No
- If "Yes", does it address the following issues?
- | | | |
|---|------------------------------|-----------------------------|
| Legally prohibited Discrimination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual Harassment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compliance with the Americans with Disabilities Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compliance with the 1991 Civil Rights Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compliance with the Family Medical Leave Act | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee disciplinary actions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Terminations, layoffs and early retirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee appraisals / reviews | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
5. Do employees certify that they have reviewed the HR material and will comply with its terms and conditions?
 Yes No
6. Does the Applicant and its Subsidiaries have an employee handbook? Yes No
 If "Yes," is the employment handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? Yes No
7. Is there a formalized process in place for reporting complaints/harassment? Yes No
 If "Yes," are employees advised that this action will not result in a retaliatory action? Yes No
8. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, outside counsel and/or the Legal Department?
 Yes No If "No", please attach complete details.
9. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements? Yes No
 If "Yes", please attach complete details.
- a. Have there been any structured layoffs in the past 24 months? Yes No
 If "Yes," what percentage of employees? 1-10% 11-25% Over 25%
- b. Did the Applicant or any of its Subsidiaries use outside counsel during the lay-off procedure?
 Yes No
- c. Is it the Applicant's policy that severance packages be offered in exchange for releases not to sue?
 Yes No
- d. Please provide the number of layoffs that have occurred or are about to occur. _____
- e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work? Yes No

Section F. HEALTHCARE INSTITUTIONS INFORMATION
 If not applicable, please check here and skip to Section G.



1. Please select all that describe the Applicant's or any Subsidiary's nature of business.
 - Nursing Home/Retirement Home Multi Location Health System Drug Rehabilitation Centers
 - Standalone Hospital Outpatient/Surgery Center Psychiatric/Behavioral Health Facility
 - Other (describe): _____
2. Is any of the Applicant's or any of its Subsidiaries' medical malpractice, HPL (Healthcare Professional Liability) exposure self-insured or insured by means of a funded trust, captive, subsidiary, or reciprocal risk sharing operation? Yes No
3. Does the Applicant contract with any third party to manage, operate, or administer its facility or operations? Yes No
4. How many beds does the Applicant or any of its Subsidiaries operate? _____
5. Does the Applicant or any of its Subsidiaries employ: Physicians Independent contractors Both
6. Are there any competing hospitals within 25 miles? Yes No
7. Has the Applicant or any of its Subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following:
 - a. Civil False Claims Act? Yes No
 - b. Physician Ownership and Referral Act (The Stark Act)? Yes No
 - c. Any similar law or regulation? _____ Yes No
 If "Yes" to any of the above 7(a) - (c), please attach complete details.

Section G. EDUCATIONAL ORGANIZATION INFORMATION

If not applicable, please check here and skip to Section H.

1. Please select all that describe the Applicant's or any Subsidiary's nature of business.
 - Public School Charter School Private School Special Education Facility
 - Vocation/Technical Junior/Community College 4-Year College/University Medical School
 - Business School Law School State/County/ Municipality Sponsored
 - Multi-District Special District Other (describe): _____
2. Enrollment: _____ Current Year _____ Prior Year
3. Types of Employment (Please select all that apply):
 - Full-Time Faculty/Instructors - Number: _____
 - Part-Time Faculty/Instructors - Number: _____
 - Administrative personnel (including principals, deans and provosts) _____
4. How many campuses or schools are part of the Applicant or any of its Subsidiaries? _____
5. Have any campuses, schools or study programs (including music art or athletics) been closed, reduced or discontinued during:
 - a. The past 24 months? Yes No
 - b. The next 12 months? Yes No
 If "Yes," to any of the above, 5(a) - (b), please attach complete details.
6. Date of last accreditation: _____ By which body? _____
7. Has any accreditation body threatened or taken any probationary or censure activity? Yes No
If "Yes," please attach complete details.
8. What percentage of the Applicant's or any Subsidiary's classes are conducted via internet or website? _____%

Section H. LABOR UNION ORGANIZATION INFORMATION

If not applicable, please check here and skip to Section I.



1. Local Number or Title: _____
2. International or National Affiliation: _____
3. Number of Members: _____
4. Does the Applicant or any of its Subsidiaries operate an apprenticeship program? Yes No
If "Yes", does the applicant seek Educator Legal Liability Coverage for the apprenticeship program?
 Yes No
5. Is Individual Labor Leader coverage requested? Yes No

Section I. NAME OF RISK MANAGER OR GENERAL COUNSEL

1. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Name: _____ Title: _____ Years in Current Position: _____
 E-mail Address: _____ Phone Number: _____

Section J. FIDUCIARY LIABILITY INFORMATION Coverage Requested? Yes No
 Please complete this Section if applying for this coverage.

1. List of Plans for which coverage is requested:

Full name of Plans to be covered	Total assets (market value)	Number of Plan participants	Type of Plan (W = welfare benefit) (DC = defined contribution) (DB = defined benefit) (Other = please describe)

(List any additional Plans on an attachment. If there is an attachment, check here)

2. If any plan for which coverage is requested holds or invests in securities of the Sponsor Organization or of any subsidiary or affiliate, please provide details, including name of plan, number of shares held, and most recent share value. If no such securities, check here None
3. Are assets managed by an investment manager as defined in ERISA? Yes No
If "No," or if only some assets are invested by an investment manager as defined in ERISA, please provide details on an attachment.
4. How often is the performance of the plans' investment managers reviewed?
 At least semi-annually Less than semi-annually (please describe) _____
5. How often do the fiduciaries establish or amend the investment manager's guidelines and goals for the plans?
 At least annually Less than annually (please describe) _____
6. Do you follow a written procedure to determine the reasonableness of all plan fees, including revenue sharing arrangements? Yes No If "No", please attach full details.
7. Is any plan a multiemployer or multiple employer plan? Yes No
(If "Yes," list and identify the types of plans on an attachment.)
8. Please list all third party investment, actuarial, legal, administrative and benefits consulting service providers.
_____ If no such service providers, check here None



- 9. In the past 24 months has there been, or, in the next 12 months is there anticipated, any amendment that has resulted in or is expected to result in any reduction or cessation of benefits or benefit accruals, including but not limited to an increase in participants' share of costs? Yes No. (If "Yes," identify the plans and attach a description of the amendments.)
- 10. Has any plan (or portion of a plan) been spun off (sold), transferred, or terminated or is any such transaction contemplated? Yes No. (If "Yes," attach the following information for such plans: date (or anticipated date) of spin-off sale or termination; whether assets have been fully distributed or reverted to a party other than the plan participants; and name of annuity provider, if benefits have been secured by annuities.)

Question 11 applies only to defined benefit plans. If not applicable, check here and skip to question 12

- 11. (a) Are all defined benefit plans adequately funded in accordance with ERISA or any applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, as attested to by an actuary? Yes No. (If "No," attach complete details.)
- (b) Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? Yes No. (If "Yes," attach complete details, including the plan name and the amount of any overdue employer contributions for each such plan.)
- (c) Is any plan a cash balance or pension equity plan, or is any conversion to such plan being considered? Yes No. (If "Yes," attach complete details, including copies of any descriptive literature distributed to plan participants, and descriptions of any grandfather provisions.)

Section K. CRIME INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

- 1. Has the Applicant experienced any of the following losses in the past six years or if in business less than six years, since the date of formation (whether insured or not):

- Employee Theft? Yes No
- Forgery or Alteration? Yes No
- Theft of Money and Securities (Inside/Outside)? Yes No
- Any Other Crime or Fidelity related losses? Yes No

(If "Yes" to any of the above please attach complete details).

- 2. Applicant's total number of locations? _____
 State _____ County _____ Number of Locations _____
 State _____ County _____ Number of Locations _____

- 3. Applicant's total number of employees? _____

- 4. Of the total employees listed above, 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? _____

- 5. Does the Applicant have cash exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy? Yes No (If "Yes", please complete the High Cash Questionnaire)

- 6. Does the Applicant have precious metals, precious or semi-precious stones, pearls, furs, or articles containing such materials exposure that exceeds the lowest deductible amount on your current Crime/Fidelity policy? Yes No (If "Yes", please complete the Precious Metals Questionnaire)

- 7. Are corporate credit, debit, charge or purchasing cards used?
 - a. Number of Cards: _____
 - b. Maximum limit allowed under card: _____
 - c. Controls in place for preventing and identifying unauthorized transactions: _____



8. Does the Applicant have access to client's funds/property (including money, securities, inventory, high value property, banking systems, wire transfer systems, computer systems & sensitive data, etc.)? Yes No
- a. What type of property and dollar amount of value: _____
- b. Number of employees who will be performing work for your client(s): _____
- c. Total number of clients: _____
9. Are all checks countersigned? Yes No
- a. Over what amount is a dual signature required? \$ _____
- b. If there is no countersignature, who signs the Applicant's checks? _____
- c. Are checks signed only by the owner(s) of the company? Yes No
10. Is an approved voucher or Positive Pay system used? Yes No
11. Are check signers instructed to require that all checks be accompanied by properly approved vouchers and/or invoices? Yes No
12. Are systems designed so that no employee can control a process from beginning to end (i.e. request a check, approve a voucher and sign a check)? Yes No
13. Are bank accounts reconciled on a monthly basis? Yes No
- a. If not, how often? _____
14. Are those who reconcile bank statements prohibited from:
- a. Handling deposits in the accounts they reconcile? Yes No
- b. Signing checks? Yes No
15. Does a second person review the reconciliation with supporting documentation on a monthly basis and initial their approval of the information? Yes No
16. How often and by whom are audits of cash and accounts performed? _____
17. How often and by whom are inventory counts conducted? _____
18. Is there a CPA letter to management relating to internal control weaknesses? Yes No
(If "Yes", please provide a copy of the letter)
19. If no CPA letter to management was issued, did the CPA make recommendations for improvement in internal control procedures informally? Yes No (If "Yes", please provide complete details)
20. Is there an internal audit department? Yes No
- a. Are all locations audited by the internal audit staff? Yes No (If "No", please explain)
- b. How often? _____
21. Are background checks performed on all new hires? Check all that apply:
 Criminal Prior Employment Credit History References Drug Testing
22. Are mid-employment screenings performed when employees are promoted to sensitive positions?
 Yes No
23. Are employees' building access cards denied immediately upon termination and are all procurement, credit cards, etc. cancelled? Yes No N/A
24. Are newly hired employees provided with a copy of your organization's fraud policy identifying and explaining conflicts of interest and other prohibited behavior? Yes No
25. Are employees required to complete conflict of interest disclosure forms annually? Yes No
- a. Is there a system in place that allows for the reporting of suspicious activity and/or unauthorized



transactions confidentially? Yes No

b. If "Yes", describe the procedure for investigating these reports: _____

- 26. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them and is there dual control over this process so one employee cannot set up a fictitious vendor in the system without being detected? Yes No
- 27. Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required over stated amounts? Yes No
- 28. Are vendors provided with a statement of your conflict of interest and gift policy (prohibiting gifts of any significant value)? Yes No
- 29. What is the daily average number and dollar volume of wire transfers? _____
- 30. What is the maximum dollar volume that may be transferred per day? _____
- 31. Is approval by more than one person required to initiate a wire transfer? Yes No
- 32. Does your financial institution call an employee other than one who requested the transfer before acting on the request? Yes No
- 33. Do you receive hard copy confirmations on all wire transfers and are they sent directly to a department not authorized to initiate transfers? Yes No
- 34. Are computer system access codes and passwords changed at least every 60 days? Yes No
- 35. Do any non-employees have access to the computer systems? Yes No (If Yes, please explain)
- 36. Does the Applicant sponsor any employee welfare or retirement plan(s) for its employees? Yes No
- 37. List all sponsored employee welfare or retirement plan(s) that are required to be bonded by ERISA. (Please provide an attachment)

Section L. EMPLOYED LAWYERS PROFESSIONAL LIABILITY INFORMATION Coverage Requested? Yes No
 Please complete this Section if applying for this coverage.

- 1. Please provide the number of attorneys employed by the Applicant in their capacity as such: _____
- 2. Does any employed lawyer serve on the Board of Directors or equivalent governing body of the Applicant or any of its Subsidiaries? Yes No
- 3. Does the Applicant or any of its Subsidiaries permit or require employed lawyers to issue written legal opinions to outside parties in connection with sales, acquisitions or other transactions? Yes No
- 4. Does any employed lawyer serve on a due diligence committee or perform legal services regarding any merger, acquisition or a consolidation of or by the Applicant or any of its Subsidiaries? Yes No
- 5. Do the Applicant's employed lawyers appear in court on behalf of the Applicant or any of its Subsidiaries or any other party? Yes No
- 6. Does the Applicant wish to exclude coverage for acts of employed lawyers that are committed outside of the course of their employment by the Applicant? Yes No
 If "No", does any employed lawyer provide personal legal services with respect to criminal, matrimonial, or intellectual property law or estate/financial planning? Yes No

Section M. KIDNAP & RANSOM/EXTORTION Coverage Requested? Yes No



Please complete this Section if applying for this coverage.

- List locations of all resident employees and the number of employees at each country. Please include the USA. (A resident employee is any employee who resides in any one country for more than 6 cumulative months over a one year period of time). Please attach a separate schedule if necessary.

COUNTRY	TOTAL #
USA	

COUNTRY	TOTAL #

Is coverage desired for any of the following: independent contractors, (leased or temporary employees, volunteers or students)? Yes No

If Yes, please include these persons in the overall employee count above and specify classification(s) to be included in the quotations: _____

- List anticipated foreign travel by specific country and number of employees traveling to each country. This would include all Non-US based citizens traveling to the USA. (Travel means less than 6 months cumulative travel over a one year period of time). Please attach a separate schedule if necessary.

SPECIFIC COUNTRY	# OF EMPLOYEES

Is coverage desired for any of the following: independent contractors, (leased or temporary employees, volunteers or students)? Yes No

If Yes, please include these persons in the overall employee count above and specify classification(s) to be included in the quotations: _____

- Has the Applicant or any person(s) to be covered under this policy ever received an actual, attempted or threatened kidnapping, extortion, detention, or hijacking attempt? Yes No

- Please state any special security precautions or attach details: _____

- Please list Director of Security and/or Risk Management contacts (Please include telephone number):

Name: _____ Telephone: _____

Section N.

REQUESTED POLICY COVERAGE DETAILS

- Aggregate Limit Of Liability Requested for all Coverage Sections, other than Crime and Kidnap & Ransom/Extortion: \$_____

- Limits of Liability And Retention For Directors and Officers, Employment Practices, Fiduciary and Employed Lawyers Liability:

Coverage	Separate Limit of Liability Requested:	Shared Limit of Liability Requested (Indicate coverages to be shared - n/a for Crime & KRE)	Retention Requested
Directors and Officers			
Employment Practices			
Fiduciary Liability			
Employed Lawyers			

- Crime Limits of Liability and Deductibles:

Insuring Agreement
Employee Theft

Per Occurrence Limit of Liability
\$_____

Deductible
\$_____



Forgery or Alteration	\$ _____	\$ _____
Inside Premises-Theft of Money & Securities	\$ _____	\$ _____
Inside Premises - Robbery or Safe Burglary	\$ _____	\$ _____
Outside the Premises	\$ _____	\$ _____
Computer Fraud	\$ _____	\$ _____
Money Orders & Counterfeit Paper Currency	\$ _____	\$ _____
Clients Property	\$ _____	\$ _____
Funds Transfer Fraud	\$ _____	\$ _____
Guest Property	\$ _____	\$ _____

4. Kidnap and Ransom/Extortion Limit of Liability for each Loss component: \$ _____

Section O. CURRENT INSURANCE DETAILS

Coverage	Does the Applicant currently have such insurance?	Current Policy Expiration Date	Current Limit	Current Retention	Current Carrier	Continuity Date	Loss Experience in prior 3 years? If Yes attach details
Directors and Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Fiduciary Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Employed Lawyers	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Kidnap and Ransom/Extortion	<input type="checkbox"/> Yes <input type="checkbox"/> No						

WE MAY REQUIRE THE FOLLOWING ADDITIONAL INFORMATION:

- Completed, Signed and Currently Dated Original Application.
- Copy of the Applicants Employee Handbook and Human Resource Manual.
- Latest Applicant Financial Statement (with Treasurers Warranty Letter if not audited.)
- Mainform Application from current carrier (if applicable).
- List of all direct and indirect Subsidiaries, include as to each the nature of business operation, percentage of ownership and whether such Subsidiaries are domestic or foreign.
- List of all Directors, Officers and Trustees of the Applicant and as to each provide any affiliation with other corporations.
- For the five largest Pension Plans (in terms of total assets), copies of the latest CPA-audited financial statements, with investment portfolios. (If Plan assets are held in a master trust, submit master trust investment portfolio. If exempt from filing audited financial statements, then please submit the most recent Form 5500 for each such plan, with all attachments.)
- For each Plan whose assets at any time within twelve months prior to the inception date of this policy was



comprised of 10% or more of securities of the Sponsor Organization or any subsidiary or affiliate thereof, the latest CPA-audited financial statement (with investment portfolio). If such Plan holds securities that are not publicly traded, then also submit a three year history of the "per-share" value, as well as the per-share value at the time shares were first purchased for the plan.

- Written Plan description and latest financial statement, if applicable, for any non-qualified plans.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 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 AUTHORITIES

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 IN THE THIRD DEGREE.

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 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 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 OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

Signed _____

(Applicant)

Date _____

Title _____

(Must be signed by President, Chairman,
Corporation _____

Chief Executive Officer, Chief Financial Officer,
Executive Director or Business Manager*)

*Labor Unions Only

(Corporate Seal

Attest _____

Broker _____

Address _____

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____

(Applicant)

Date _____



Title _____

(Must be signed by President, Chairman,
Chief Executive Officer, Chief Financial Officer,
Executive Director or Business Manager*)

*Labor Unions Only

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