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FOR PROFIT MANAGEMENT LIABILITY
RENEWAL APPLICATION

BY COMPLETING THIS **APPLICATION** THE APPLICANT IS APPLYING FOR COVERAGE WITH THE INSURANCE COMPANY INDICATED ABOVE (THE "INSURER").

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE DURING THE **POLICY PERIOD**, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE INSURER BE LIABLE FOR **CLAIM EXPENSES** OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS

- Whenever used in this Application, the term "Applicant" means the **Parent Company** applying for this insurance and all of its wholly owned/controlled subsidiaries and their respective Directors, Officers, Trustees or Governors, unless otherwise stated.
- Include all requested underwriting information and attachments.
- The Applicant should complete other applicable Section(s) for which coverage is desired. Please refer to the chart below.

REQUESTED COVERAGE

Check Coverage Desired	Section	Requested Limit	Requested Retention
☐ Directors & Officers and Entity Liability	2		
☐ Employment Practices Liability	3		
☐ Fiduciary Liability	4		

SECTION 1 – GENERAL INFORMATION
(All Applicants must complete this section)

1. Name of Applicant: _____

2. Applicant's Principal Address: _____
   City: _____ State: _____ Zip: _____
   Website address: www._____ Phone: _____

3. Please describe the nature of the Applicant's operations?
   _____

4. Primary SIC Code:_____

5. Date Established: _____ State of Incorporation: _____

6. Does the Applicant have any subsidiaries for which coverage is requested? ☐ Yes ☐ No
   If Yes, please attach a list of these entities and indicate nature of business for each.

7. Financial Information:

Based on Financial data as of:		**(YEAR/MONTH)**
Total Assets:		
Total Liabilities:		
Total Revenues:		
Net Income:		
Cash Flows From Operations:		
Compliance with all Debt Covenants:	☐ **Yes** ☐ **No**	**If No, attach an explanation.**
Do Current Assets exceed Current Liability:	☐ **Yes** ☐ **No**	
Will more than 50% of the total long-term liabilities mature within the next 18 months?	☐ **Yes** ☐ **No**	**If Yes, attach an explanation.**

8. In the next 18 months, or in the past 18 months is the Applicant contemplating or has the Applicant completed or been in the process of completing any actual or proposed merger, acquisition, divestment or consolidation of another entity?
   ☐ Yes ☐ No If Yes, attach an explanation.

SECTION 2 – DIRECTORS AND OFFICERS

(Complete this section only if Directors & Officers coverage is desired.)

1. In the next 18 months, or during the past 18 months is the Applicant contemplating or has the Applicant completed or been in the process of completing:
   (a) Any Changes in ownership structure? ☐ Yes ☐ No
   (b) Any changes in the Board of Directors or senior management? ☐ Yes ☐ No
   (c) Any public or private offering of debt or equity securities? ☐ Yes ☐ No
   If Yes, please attach a detailed explanation to this Application.

2. Stock Ownership:
   a. Are any of the Applicant's securities publicly traded or the subject of a "shelf registration"? ☐ Yes ☐ No
      Exchange(s):_____ Ticker Symbol:_____
   b. Number of Common Shares Outstanding: _____
   c. Number of Common Shares owned directly or beneficially by Directors and Officers: _____
   d. Number of Common Stock shareholders: _____

Shareholders owning directly or beneficially more than 5% of voting shares	Percent Owned	Relationship to Applicant

Please identify any family relationships among the individuals listed above.
If more room is needed, please include via attachment.

SECTION 3 - EMPLOYMENT PRACTICES INFORMATION

(Complete this section only if Employment Practices Liability coverage is desired.)

1. Employee Count:

Domestic	
Foreign	

2. Domestic Employee Breakdown:

State	Full Time	Part Time/Temp/ Seasonal	Independent Contractors	Volunteers

If more room is needed, please include via attachment.

3. Turnover for the last three years:

Year	Total Employees	Percentage

4. During the past year, has the Applicant updated or modified its employments practices manual, or human resources policies, procedures or department? ☐ Yes ☐ No
   If "Yes" attach a copy of the updated materials and a description of the changes.

5. Is any reduction of employees or change of status anticipated or being contemplated in the next 18 months or has any such reduction or change occurred in the past 18 months? ☐ Yes ☐ No
   If "Yes" please answer the following:
   (a) What percentage of employees will be affected?
   (b) Will Outside Counsel be utilized?
   (c) Will severance be offered to all affected employees?
   (d) Are procedures in place to assist affected employees find work?

SECTION 4 – FIDUCIARY LIABILITY

(Complete this section only if Fiduciary Liability coverage is desired.)

1. Plan Summary:

Plan Name	Plan Type	Year Established	Plan Assets (current year)	Plan Participants	Multi or Multiple Employer Plan (Yes/No)	Plan Funding Percent (DB Only)

Types of Plans: Defined Contribution Plan = DC Employee Stock Ownership Plan = ESOP
Defined Benefit Plan = DB Welfare Plan = WP

2. If any plan for which coverage is requested holds or invests in securities of the Applicant, please provide details, including name of plan, number of shares held and most recent share value. If no such plan, check here: ☐ None

3. Are all plans in compliance with plan agreements or **ERISA**? ☐ Yes ☐ No
If No, please describe: _____

4. Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to an increase in participant's share of cost? ☐ Yes ☐ No
If Yes, please attach details. If there have been any amendment(s), please attach copies.

MATERIAL CHANGE: The Undersigned declares that if there is any material change in the answers to the questions in this **Application**, or any occurrence or event that takes place prior to the effective date of the insurance for which **Application** is being made which may render inaccurate, untrue, or incomplete any statement made, the Applicant must immediately notify the Insurer in writing. The Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT THE APPLICANT, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN THE APPLICANT IN CONNECTION WITH THIS **APPLICATION** FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY THE INSURER OR THE INSURER'S AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT THE APPLICANT'S AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER THE APPLICANT'S ELIGIBILITY FOR INSURANCE OR THE PREMIUM THE APPLICANT WILL BE CHARGED. THE INSURER MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE APPLICANT'S SCORE. THE APPLICANT HAS THE RIGHT TO REVIEW THE APPLICANT'S PERSONAL INFORMATION IN THE INSURER'S FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF THE APPLICANT'S RIGHTS AND THE INSURER'S PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT THE APPLICANT'S AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO THE INSURER.

FOR INSUREDS LOCATED IN Arkansas, Missouri, Nebraska, New York, Rhode Island, PLEASE READ AND SIGN THE FOLLOWING NOTICE REGARDING CLAIM EXPENSES WITHIN LIMITS: Please be advised that unlike most liability insurance policies in which payment of **Claim Expenses** does not reduce the policy limits, this policy contains **Claim Expenses** within the limits. The provision includes the Insurer's costs for providing legal defense against a **Claim** along with any **Claim** settlement amount within the stated policy limits.

Once the policy limit is reached, it is the Insured's responsibility to pay any further amounts for **Claim Expenses** or for any damages that may be awarded, except that the Insurer will pay damages for statutorily required liability insurance to the limit required by law.

The undersigned represents that to the best of his/her knowledge and belief the statements set forth in this **Application** and in any attachments herein are true and complete. The Insurer is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this **Application**. The signing of this **Application** does not bind the Undersigned to purchase the insurance, nor does the review of this **Application** bind the Insurer to issue a policy. It is agreed that this **Application** shall be the basis of the contract should a policy be issued. This **Application** will be attached and become a part of the policy.

This Application must be signed by the president, chief executive officer, chief operating officer, chief financial officer or in-house general counsel of the **Parent Company** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

Name of Applicant (Please print.)	Title
Signature of Applicant	Date

As part of this **Application**, please submit the following documents for every Applicant seeking coverage:

- ☐ Applicant's latest fiscal year end financial statement (CPA prepared) and latest interim financial statement.
- ☐ List of the Applicant's current Directors & Officers.
- ☐ Copies of the most recently filed Forms 5500 (and attachments) for all **ERISA** plans for which coverage is requested.
- ☐ Copies of the latest versions of the Applicant's employee handbook.
- ☐ Most recent EEO-1.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS **APPLICATION** IS ON FILE WITH THE INSURER AND ALONG WITH THE **APPLICATION** IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, SHOULD ONE BE ISSUED. THE INSURER WILL HAVE RELIED UPON THIS **APPLICATION** AND ATTACHMENTS IN ISSUING ANY POLICY.

PRODUCED BY (Insurance Agent or Broker):
Producer Name: _____ Firm Name: _____
Taxpayer ID or Social Security No.: _____ Producer License No.: _____
Agency: _____
Address (No., Street, City, State, ZIP): _____
_____

STATE FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION:

APPLICABLE IN COLORADO
IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN THE DISTRICT OF COLUMBIA
WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN HAWAII
FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

APPLICABLE IN MARYLAND
ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN OHIO
ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA
WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN WASHINGTON
IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.