



NOTICE

THE LIABILITY COVERAGE PARTS ARE WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. Complete and submit all requested information and attachments for those Coverage Parts you have checked below. Note: The Applicant must complete Pages 1, 2, 3, 10 & 11 of this application. All information and all submitted materials shall be held in confidence.

The Applicant is applying for the following coverages and has completed the following sections of this application: (Please check all coverage(s) for which a quote is being requested)

- Directors & Officers Liability (D&O) Page 4
Employment Practices Liability (EPL) Page 5 & 6
Fiduciary Liability Page 7
Crime Coverage Section Page 8 & 9

APPLICANT INFORMATION (APPLICABLE TO ALL COVERAGES)

1. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Name of Subsidiaries that are applying for coverage:

Street Address (No P.O. Box):

City: State: Zip:

Telephone: Fax:

Website:

2. Proposed effective date of coverage being applied for:

3. Officer designated to receive correspondence and notices from the Insurer:

Name: Title:

Email:

4. a. Ownership structure: Privately Held Publicly Held Not-for-Profit Governmental

Owned by Foreign Parent? Yes No

b. Business Type: Corporation LLC Sole Proprietorship Partnership Other:

c. # of Years in Business: # of Locations:

d. Nature of Applicant's Business:

SIC Code:



EXPIRING COVERAGE INFORMATION (APPLICABLE TO ALL COVERAGES)

Please complete the following for those coverages for which you currently have or previously had insurance:

Table with 7 columns: Coverage, Limit, Retention, Prior or Pending Date, Premium, Carrier, Expiration Date. Rows include Directors & Officers, Employment Practices Liability, and Fiduciary.

Table with 6 columns: Coverage, Limit, Retention, Premium, Carrier, Expiration Date. Rows include Employee Theft, Forgery, Theft of Money/Securities, Theft of Other Property, Counterfeit Currency/Money Orders, and Computer Fraud.

Other Optional Crime Coverages (Limits/Deductibles) \_\_\_\_\_ Text

Comments or special coverages requested:

Large empty rectangular box for providing comments or special coverages requested.

GENERAL INFORMATION

- 1. In the next 12 months (or during the last 18 months), does the Applicant or any Subsidiary anticipate or been in the process of transacting any:
a. Merger, consolidation or acquisition that would involve more than 50% of the total assets or voting stock or a change in management control?
b. Tender offer or divestment of stock?
c. Layoffs, staff reductions or facility closings? If Yes, what percentage of workforce will be affected? \_\_\_\_\_ %
d. Material changes in nature or size of operations?
e. Senior management changes?

If Yes to any of the above, please provide details: \_\_\_\_\_

(If additional space is needed, please attach separately)



FINANCIAL INFORMATION

1. As of the most recent fiscal year-end, please provide the following information for Applicant and Subsidiaries:

Total Assets: \$ \_\_\_\_\_ Long Term Debt: \$ \_\_\_\_\_ Total Equity: \$ \_\_\_\_\_
Revenues: \$ \_\_\_\_\_ EBIT: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

2. Within the last 24 months, has the Applicant's and any Subsidiaries' outside auditors:

- a. Stated that there are any weaknesses in applicant's system of internal controls?
b. Expressed doubt that the Applicant or any Subsidiary will be able to continue to operate as a going concern? If Yes, please provide the most recently audited financial statement.

3. Within the past 12 months, has the Applicant or any Subsidiary changed its outside auditors?

4. Does the Applicant or any Subsidiary currently anticipate replacing its outside auditors? If Yes, please attach details.

5. In the past 12 months, has the Applicant or any Subsidiary been in violation of any debt covenant?

6. In the past 12 months, has the Applicant or any Subsidiary filed for bankruptcy?

CLAIMS INFORMATION

1. Has any claim or notice of potential claim been given to any carrier for any coverage for which Applicant is applying?

2. Has the carrier under any of the coverages listed above indicated an intent not to offer renewal terms? (THIS QUESTION IS NOT APPLICABLE TO MISSOURI RESIDENTS)

3. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of or involved in any claim, written demand, notice, proceeding, litigation or investigation alleging:

- a. anti-trust, copyright or patent violation?
b. violations of any federal or state securities laws or regulations?
c. discriminatory practice, unlawful harassment or any other employment or labor related violations?
d. violation of the Employee Retirement Income Security Act of 1974, amended, or any similar law?
e. deceptive trade practices or consumer fraud?
f. privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the inability of an Applicant's or any Subsidiaries' authorized users to access the Applicant's or Subsidiaries' network?

If Yes to any of the above, please provide details: \_\_\_\_\_ (If additional space is needed, please attach separately)

4. Within the last 3 years, has any Director or Officer been involved in any litigation concerning any business venture or entity?

5. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of any inquiries, investigations or disciplinary action by a regulatory agency or association?

6. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of any action where a license was revoked or suspended?

If Yes to any of the above, please provide details: \_\_\_\_\_ (If additional space is needed, please attach separately)

NOTICE

Providing information about a claim or potential claim in response to any question in any Part of this Application does not create coverage for such claim or potential claim. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or to report any act, omission or circumstance which Applicant is aware of which may give rise to a claim, before expiration of the current policy may create a lack of coverage.



**DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION** (To be completed only if Applicant is seeking D&O Liability Coverage)

1. If Applicant or Subsidiaries are privately held, please complete the following:

- a. Total number of shares/membership units outstanding:
- b. Total number of shareholders/members:
- c. Total number of shares/membership units owned by Directors & Officers of the Applicant:

2. In the next 12 months (or during the last 18 months), does the Applicant or any Subsidiary anticipate or been in the process of transacting or completing:

- a. A private debt or equity offering of securities?  Yes  No
- b. A public debt or equity offering of securities?  Yes  No
- c. A crowdfunding offer as described in the Jumpstart Our Business Startups Act of 2012?  Yes  No

If Yes to any of the above, please provide details: \_\_\_\_\_

(If additional space is needed, please attach separately)

3. Does any shareholder/member own (directly or beneficially) ten (10) percent or more of the outstanding shares? If yes, please complete the chart below.

Yes  No

4. Do all shareholders/members who own (directly or beneficially) ten (10) percent or more of the outstanding shares have board representation?

Yes  No

Shareholder/Member Name	Percentage of Ownership (%)	Director/Officer?	
		Yes	No
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Please attach the most recent audited financial statement for Applicants meeting any of the following conditions:**

- Request for D&O policy limits over \$1,000,000
- If the Applicant sponsors an ESOP or KSOP
- If the Applicant's total assets exceed \$10 million



**EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION** (To be completed only if Applicant is seeking EPL Coverage)

1. Applicant and Subsidiary Employee Information:

a. Total Number of Employees: Current:  1 year ago:  2 years ago:

Of the Current total, how many Employees are located in California?

b. Total Number of Employees in the following categories:

Full Time	Part time	Loaned and/or Leased	Temporary or Seasonal	Foreign Based	Union	Independent Contractors
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c. What percentage of Employees have salaries (including bonuses):

Less than \$50,000	\$50,000 to \$100,000	\$101,000 to \$250,000	Greater than \$250,000
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

d. How many Employees, including Executives, have been involuntarily terminated in the past two years?

Employees	Executives
<input type="text"/>	<input type="text"/>

e. For each of the most recent years, what has been the Applicant's annual turnover rate of employees?

Year:	Year:
<input type="text"/>	<input type="text"/>

f. Total number of employees in the top 4 operating state(s) or foreign country(ies) by employee count and the percentage of the Applicant's employee base:

<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

2. During the last 3 years, has the applicant or any Subsidiary been involved in any administrative proceeding or investigation before:

- a. The Equal Employment Opportunity Commission or any state or local government agency whose purpose is to address employment-related claims?  Yes  No
- b. The U.S. Department of Labor including the Office of Federal Contract Compliance Programs (OFCCP)?  Yes  No

3. Does the Applicant have a written policy, guidelines or procedures addressing these human resource or personnel management issues:

- a. Hiring/interviewing?  Yes  No
- b. Employee "at will" statement?  Yes  No
- c. Handbook is not a modification of the "at will" statement?  Yes  No
- d. Equal Employment Opportunity Statement?  Yes  No
- e. Written Job Descriptions for All positions?  Yes  No
- f. Performance appraisal  Yes  No
- g. Maintaining Employee Records?  Yes  No
- h. Progressive Employee Discipline Policy?  Yes  No
- i. Discharge/Termination?  Yes  No
- j. Investigation of employee complaints?  Yes  No
- k. Grievance policies or procedures?  Yes  No
- l. Does the grievance procedure provide for complaints outside the employees' chain of command, i.e., human resources or a toll-free number?  Yes  No
- m. Safe work environment program?  Yes  No
- n. Compliance with the Americans with Disabilities Act as Amended in 2008?  Yes  No
- o. Zero tolerance for harassment?  Yes  No



- p. Anti Discrimination Policy?  Yes  No
- q. Use of Company electronic mail, voice mail and Internet access?  Yes  No
- r. Employee use of social media sites during and after hours?  Yes  No
- s. The Family and Medical Leave Act of 1993?  Yes  No
- t. Genetic Nondiscrimination Act of 1998?  Yes  No
- u. Responsible use of Social Media Policy?  Yes  No
- v. Arbitration for Employment Related Claims?  Yes  No
- 4. Does the Applicant and its Subsidiaries:
  - a. Have legal review of employment handbook, human resources policies and procedures by outside counsel specializing in employment and labor law?  Yes  No
  - b. Distribute written guidelines & procedures to all Employees (including Leased/Loaned and Independent Contractors)?  Yes  No
  - c. Receive written or electronic acknowledgement confirming Employees have received handbook & guidelines?  Yes  No
  - d. Have a full time Human Resources Manager?  Yes  No
  - e. Have terminations reviewed by Human Resources Manager, in-house or outside counsel?  Yes  No
  - f. Conduct background checks to screen job applicants?  
If yes, do these checks include social media searches?  Yes  No
  - g. Are all background checks conducted post offer?  Yes  No
  - h. Is there an orientation and training program for new employees?  Yes  No
  - i. Does the Applicant require all employees to attend sexual harassment and discrimination training?  Yes  No
  - j. Does the Applicant require employees to attend diversity training?  Yes  No
  - k. Do persons supervising employees receive updated information and training on human resource policies, including performance appraisals, discipline and workplace harassment, at least annually?  Yes  No
  - l. Are all reasonable accommodation requests for disabilities forwarded to HR for handling?  Yes  No
  - m. Have all locations been compliance with ADA access requirements?  Yes  No
- 5. Is the Applicant or any Subsidiary a federal contractor and subject to the Executive Order 11246?  Yes  No  
If "Yes",
  - a. Within the last 12 months, has an audit been performed which identified any violations in complying with regulations of the Office of Federal Contract Compliance Program (OFCCP)?  Yes  No
  - b. Within the last 3 years, has the Applicant or any Subsidiary received a Predetermination Notice or Notice of Violation from the OFCCP?  Yes  No

**REDUCTION IN FORCE** (To be completed only if Applicant answers "Yes" to 1.c. in the General Information Section)

1. Please provide the following details:

Date of Workforce Reduction	Reason for Workforce Reduction	Number of Employees Affected

- 2. Did the Applicant or outside counsel familiar with employment and labor law conduct a disparate impact analysis to determine what employees will be affected by the reduction in force?  Yes  No
- 3. Was (or will) severance compensation (be) available to all affected employees?  Yes  No
- 4. Were (or are) the affected employees required to sign a release for the severance package?  
If "Yes", did any employee refuse to sign the release?  Yes  No
- 5. Does the Applicant have a formal out-placement program for terminated employees as a result of downsizing, layoffs, or reduction-in-force?  Yes  No



FIDUCIARY LIABILITY COVERAGE SECTION (To be completed only if Applicant is seeking Fiduciary Liability Coverage)

(Single Employer ERISA Plans only; coverage cannot be provided for multiemployer, Union, Taft-Hartley, Governmental, Church or multiple employer plans)

1. Please indicate the type of plans for which insurance is requested:

Table with 4 columns: Plan Type, Name of Plan(s), Assets, Total Plan Participants. It contains four empty rows for data entry.

\*Plan Types: DB = Defined Benefit DC = Defined Contribution W = Welfare Benefit E = ESOP (Employee Stock Ownership Plan) K = KSOP O = Other

2. Applicant Employer Identification Number (EIN) \_\_\_\_\_

3. Does any plan hold employer securities or offer an investment in employer securities? If Yes, please complete the ESOP/KSOP Questionnaire and submit with the required additional information listed below. Yes No

4. Do all plans for which coverage is requested conform with the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended or similar laws? If No, please provide details. Yes No

5. During the past 24 months or during the next 12 months has (will) any plan been (be) terminated, suspended, merged, dissolved or converted to a cash balance? If Yes, please provide details. Yes No

6. In the past 3 years has there been any amendment to a plan that has resulted in a reduction of benefits, or are there any reductions currently contemplated? If Yes, please attach details. Yes No

7. Has any plan been the subject of an investigation by the Department of Labor (DOL), Internal Revenue Service (IRS) or any other domestic or foreign agency? If Yes, please attach details. Yes No

8. Are there any outstanding or delinquent plan contributions? Or are any plan loans, leases or debt obligations considered uncollectible or in default? If Yes, please attach details. Yes No

9. Are plan service providers reviewed at least annually with respect to both fees and performance? Is the process and results documented? If No, please attach details. Yes No

10. Has the Applicant provided the required annual statement to plan participants disclosing fees, expenses and investment performance? If No, please attach details. Yes No

11. Has there been any assessment of fees, fines or penalties under a voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any plan? If Yes, please attach details. Yes No

Please attach the most recent audited financial statements for Applicants meeting any of the following conditions: - Request for Fiduciary policy limits over \$3,000,000 - If the Applicant sponsors a Defined Benefit Plan, ESOP, KSOP or plan that holds/invests in employer securities

Please attach the following if the Applicant sponsors an ESOP, KSOP or plan that holds/invests in employer securities: - Completed ESOP / KSOP Questionnaire - Most recent 5500 and plan audited financial statements - Most recent independent Actuarial Valuation of the employer stock (complete copy) - Most recent audited annual financial statements of Applicant



CRIME COVERAGE (TO BE COMPLETED ONLY IF APPLICANT IS SEEKING CRIME COVERAGE)

RATING INFORMATION - ALL LOCATIONS

- 1. a. Applicant's Total Revenues: \$ \_\_\_\_\_
b. Total Domestic Employees: \_\_\_\_\_ Total Foreign Employees: \_\_\_\_\_
c. Foreign Countries: \_\_\_\_\_
d. For Optional Coverage A.1: Total Employees on Client Premises: \_\_\_\_\_
- Will Applicant's employees be under Client supervision while on their premises? Yes No
If "No" please explain: \_\_\_\_\_
e. For Optional Coverages C or D: Note: "Retail locations" sell goods or provide NON PROFESSIONAL services and accept currency as an available or required payment option.
Domestic Retail Locations: \_\_\_\_\_ Foreign Retail Locations: \_\_\_\_\_

INTERNAL CONTROLS - ALL LOCATIONS

- 2. a. Is countersignature required on all checks signed by any employee of the Applicant?
Yes, for all checks Yes, for all checks exceeding: \$ \_\_\_\_\_ No
If "No" provide name, position and equity interest in Applicant of any employee with sole check signing authority exceeding \$25,000: \_\_\_\_\_
b. Are all employees authorized to reconcile the Applicant's bank accounts prohibited from signing checks and making any deposits or withdrawals from any of the Applicant's bank accounts? Yes No
If "No", provide name, position and equity interest in Applicant of any reconcilers who may deposit, withdraw or sign checks: \_\_\_\_\_

PHYSICAL SECURITY - ALL LOCATIONS

- 3. a. Does the Applicant or any Subsidiary have a high value of currency, precious or semi-precious metals or stones (such as gold, silver, platinum, diamonds), or other high value, easily concealed property (including but not limited to computer chips, electronics, valuable watches, coins or jewelry)? Yes No
b. If "Yes," the maximum value at any covered location is: Currency \$ \_\_\_\_\_ Valuable Property \$ \_\_\_\_\_
If the dollar amount of Currency above exceeds your deductible for requested Coverage C or the dollar amount of Valuable Property above exceeds your requested deductible for Coverage D please answer the following:
- Is there a fence, wall or vault to create a restricted area for high value property/cash? Yes No
- Is there a fence separating parking areas from any restricted access areas? Yes No
- Are restricted access areas protected by motion detectors with a Central Station alarm and video surveillance cameras? Yes No

VENDOR AND PURCHASING CONTROLS - ALL LOCATIONS

- 4. Do the Applicant and all Subsidiaries:
a. Require signed approval of two or more employees for all purchases? Yes No
b. Separate purchasing duties so that one individual may not do more than one of the following:
(i) initiate a purchase request? Yes No
(ii) prepare a check voucher? Yes No
(iii) sign checks and mail payments? Yes No
c. Separate vendor approval process so that one individual may not do more than one of the following:
(i) request a new vendor to be added? Yes No
(ii) review a vendor application and check references? Yes No
(iii) approve vendor payments? Yes No
d. Have an authorized employee who maintains a list of authorized vendors? Yes No
e. Have all master vendor lists reviewed by someone who is not authorized to make edits? Yes No
f. Preclude the same individual with authority to approve vendors to also have authority to edit the authorized master vendor list? Yes No
g. Have random audits performed by an individual who is not a part of the vendor or purchasing process? Yes No



**COMPUTER CONTROLS**

- 1. Are access controls designed so that users cannot gain access to programs and files to which they have not been specifically granted access through a formal procedure?  Yes  No
- 2. Have computer access controls been implemented that include the following:
  - a) Passwords are required to be alpha/numeric and 6-9 characters in length?  Yes  No
  - b) User ID's are revoked immediately upon termination of employment?  Yes  No
  - c) Password files are encrypted for all applications and access is limited?  Yes  No
- 3. Are Passwords required to be changed after a certain time period?
  - a) How Often ?  Yes  No
- 4. Is a log kept of unsuccessful or unauthorized attempts to a program that requires passwords?  Yes  No
- 5. Are Business to Business or Business to Consumer transactions performed over the Internet?  Yes  No
  - If "Yes":
    - a) Are firewalls configured to restrict communications except those necessary to conduct business and are firewall patches kept current?  Yes  No
    - b) Is firewall port scanning and penetration testing conducted regularly?  Yes  No
    - c) Are web-based applications independently tested for security vulnerabilities prior to deployment, and are they similarly tested whenever the applications are modified?  Yes  No
    - d) Are B-to-B and B-to-C procedures, systems and controls the same for domestic and international operations?  Yes  No
    - e) Do you have a formal process for authenticating all electronic transactions prior to shipping product or authorizing payment?  Yes  No
  - (Please attach a detailed description of methods used to authenticate these types of transactions)
- 6. Do you have an Intrusion Detection System that identifies unauthorized use?  Yes  No
- 7. Has your computer system ever been invaded by a Hacker or Computer Virus?  Yes  No
  - If Yes
    - a. When ? \_\_\_\_\_
    - b. What controls have been implemented to prevent future incidences ? \_\_\_\_\_

**BACKGROUND CHECKS:**

- 1. Do you conduct the following pre-employment screening prior to hiring:
  - a) Prior Employment verification ?  Yes  No
  - b) Credit History ?  Yes  No
  - c) Social Security number verification ?  Yes  No
  - d) Reference Checks with prior employers during the last 5 years ?  Yes  No
  - e) Criminal History ?  Yes  No
  - f) Education Verification ?  Yes  No
  - g) Drug Testing ?  Yes  No



CLAIMS HISTORY

4.  Check if no claims in the last three years.

List all detail for claims (whether reimbursed by insurance or not), or any incident which could give rise to a claim under any of the Epack Extra Crime coverages you have applied for on this Application:

Claim Discovery Date	Claim Amount	Amount Recovered From Insurance	Claim Circumstances and Corrective Actions
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	

(If additional space is needed, please use comment box below)

Comments:

APPLICANT REPRESENTATION (To be completed by Applicant)

The Applicant Representation applies to all coverages that have been completed as part of this Application.

1. Special Representation applicable to the following Management Liability Coverages only (if to be part of this policy):

For the coverages checked below the Applicant has current coverages in place with either CNA or with any other carrier:

Coverage has been in place since:

- Directors & Officers Liability
- Employment Practices Liability
- Fiduciary Liability


The Applicant requests continuity for these coverages and this Applicant Representation does not apply to these coverages.

If no checkboxes are checked above then this Applicant Representation applies to any of these coverages for which the Application has been completed subject to the following:

Applicant Representation - None of the individuals to be insured under any coverage Part is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which they have reason to believe might result in a future claim, except as follows:

- Yes, there are exceptions to this Representation (please attach details)
- No, there are no exceptions to this Representation

2. Special Representation applicable to the Epack Extra Crime Coverage only (if to be made part of this policy):

The employees of the Applicant have all, to the best of the Applicant's knowledge, always performed their duties honestly. Applicant has no knowledge, except as stated herein of any information that any employees have committed dishonest acts either prior to or during their employment by the Applicant. Such knowledge by a Director or Officer that is signing for the Applicant, of their own personal dishonest acts which are unknown to any other directors and officers of the Applicant, is not imputable to the Applicant.

3. Representations applicable to all coverages to be made part of this policy - The Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company (the Company) to whom this Application is made, as soon as practicable, any material changes in all such information after signing the application and prior to issuance of the policy. The Applicant further acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes.

Further, the Applicant understands and acknowledges that:

- a. Completion of this application and any supplemental applications or forms does not bind the Company to issue a policy;
- b. If a policy is issued, the Company has relied upon, as representations, this application, any supplemental application and other statements furnished to the Company in conjunction with this application;
- c. All supplemental applications, statements, and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof;
- d. This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- e. If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the company shall not be liable for damages and claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- f. If a policy is issued, claims expenses incurred shall be applied against the deductible or retention amount as provided in the policy;
- g. Applicant's failure to report to its current insurance company:
  - any claim made against it during the current policy term, or
  - any act, omission or circumstances which the Applicant is aware of that may give rise to a claim; before expiration of the current policy may create a lack of coverage.



**FRAUD NOTICE - Where Applicable Under The Law of Your State**

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: 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.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

**This application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or General Counsel.**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_

**Date:**