



THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY WHICH, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES.

I. GENERAL INFORMATION

1. Who is the Applicant to be named in Item 1. of the Declarations (the Named Insured)?

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

Web Address: _____

Name of the Officer designated to receive correspondence and notices from the Insurer:

Name: _____ Title: _____

E-mail: _____

2. Background Information:

a. Nature of operations: _____

b. Does the Applicant own or control any Political Action Committees? Yes No

c. Was the Applicant's organization created by or is it now controlled by any governmental agency? Yes No

d. Business type: Non Profit For Profit

e. Tax status: Exempt Non Exempt

Tax code: 501(c)(3) 501(c)(4) 501(c)(6) 501(c)(7) 501(c)(12) Other: _____

f. Year established: _____

3. Does the Applicant engage in any of the following activities:

Accreditation Programs Yes No Sponsorship of Insurance Programs Yes No

Certification Programs Yes No Standard Setting Yes No

Development or administration of ethics codes, rules or regulations Yes No Collective Bargaining/Labor Negotiations Yes No

Peer Review/Disciplinary Actions Yes No Publication/Broadcasting Yes No

If so, please provide details: _____

4. For-Profit Subsidiaries:

Please note that coverage for for-profit subsidiaries is only provided specifically by endorsement.

a. Does the Applicant have any for-profit subsidiaries? Yes No

b. Is coverage requested for any for-profit subsidiaries? Yes No

c. If yes, please complete the following;

(i) Name(s) as it/they should appear on the policy: _____

(ii) Nature of operations: _____

II. FINANCIAL INFORMATION:

1. Please provide the following information:

Most Current Year End

Prior Year End

a. Total Annual Revenue / Income \$ _____ \$ _____

b. Net Income \$ _____ \$ _____

c. Total Assets \$ _____ \$ _____

d. Net Assets, Fund Balance or Member Equity \$ _____ \$ _____



2. Does the Applicant have a CPA-audited financial statement?

Yes No

If yes, please complete the following:

Within the last 3 years, have the Applicant's outside auditors:

(i) Stated that there are any weaknesses in the Applicant's system of internal controls?

Yes No

(ii) Rendered a "going concern" opinion?

Yes No

If limit requested is over \$3,000,000, please attach most recent annual audited financial statement.

III. CURRENT / PRIOR INSURANCE COVERAGE INFORMATION:

1. Please complete the following for those coverages you currently have or previously had insurance coverage for:

Coverage	Check if "yes"	Limit	Retention	Prior & Pending Litigation Date	Premium	Carrier
D&O Liability	<input type="checkbox"/>	\$	\$		\$	
EPL Liability	<input type="checkbox"/>	\$	\$		\$	
Fiduciary Liability	<input type="checkbox"/>	\$	\$		\$	

2. Has any claim or notice of potential claim been given to the carrier under any of the above coverages?

Yes No

If yes, please provide details:

3. Has the carrier under any of the above coverages indicated an intent not to offer renewal terms?

Yes No

If yes, please provide details:

IV. PRIOR ACTIVITY:

1. Within the last 3 years, has the Applicant, 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 or litigation alleging or involving:

a. Anti-trust, copyright or patent violation?

Yes No

b. Violation of ERISA?

Yes No

c. Discriminatory practice violation or litigation?

Yes No

d. Certification or Accreditation Programs?

Yes No

e. Peer Review / Disciplinary Actions?

Yes No

f. Standard-Setting Activities?

Yes No

If yes to above, please provide details:

2. Within the last 3 years, has the Applicant, subsidiary, or any person associated with such entities for whom the insurance is being sought, been the subject of or involved in any:

a. Disciplinary action by any regulatory agency or association?

Yes No

b. Administrative proceeding before the Equal Employment Opportunity Commission?

Yes No

c. Administrative proceeding before the U.S. Department of Labor including the Office of Federal Contract Compliance Programs (OFCCP)?

Yes No

d. Administrative proceeding before any state or local government agency whose purpose is to address employment-related claims?

Yes No

If yes to a, b, c, or d above, please provide details:

V. EMPLOYMENT PRACTICES LIABILITY

1. Applicant Employee Information:

Full-Time	Part-Time	Volunteers

a. What is the Applicant's total number of employees including full time, part-time and volunteers?

b. Has there been any change in senior management positions within the last 18 months?

Yes No

If Yes, please provide details: _____

c. Of current total employees, how many are highly-compensated (\$100,000 or more per year)? _____

2. Does the Applicant have written guidelines or procedures for addressing human resource personnel management in the following areas:

- | | | | |
|---|--|--|--|
| a. Hiring/Interviewing? | <input type="radio"/> Yes <input type="radio"/> No | g. Termination Procedures? | <input type="radio"/> Yes <input type="radio"/> No |
| b. Employee at-will statement and employee contract disclaimer? | <input type="radio"/> Yes <input type="radio"/> No | h. Disability Accommodations? | <input type="radio"/> Yes <input type="radio"/> No |
| c. Discrimination? | <input type="radio"/> Yes <input type="radio"/> No | i. Sexual Harassment? | <input type="radio"/> Yes <input type="radio"/> No |
| d. Discipline? | <input type="radio"/> Yes <input type="radio"/> No | j. Workplace Harassment? | <input type="radio"/> Yes <input type="radio"/> No |
| e. Employment Evaluations? | <input type="radio"/> Yes <input type="radio"/> No | k. New employee orientation? | <input type="radio"/> Yes <input type="radio"/> No |
| f. Unlawful harassment or discrimination of third parties? | <input type="radio"/> Yes <input type="radio"/> No | l. Employee complaint/grievance procedures | <input type="radio"/> Yes <input type="radio"/> No |

3. Does the Applicant conduct employee and supervisor training in the areas mentioned above? Yes No

4. Does the Applicant distribute written guidelines, an employee handbook or policies and procedures to all employees? Yes No

5. Does the Applicant have a full-time Human Resource Manager? Yes No

VI. FIDUCIARY LIABILITY

PLEASE NOTE: *To be completed only by those applicants seeking Fiduciary Liability Coverage (Single Employer Plans Only; multi-employer and/or union ERISA plans are not covered by this application)*

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

Type	Plan Assets
	\$
	\$
	\$
	\$
	\$
	\$
Total Assets of all plans:	\$

Types:
DB = Defined Benefit
DC = Defined Contribution
P = Pension
W = Welfare
E = ESOP
O = Other

2. Total number of participants (including retirees) enrolled in all plans: _____

3. Have any plans been, or will any plans be terminated, suspended, merged, dissolved or converted to a cash balance plan within the next 24 months? Yes No

If Yes, please provide details: _____

4. Do all plans conform to the standards or eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended or similar laws? Yes No

5. Are more than 10% of the assets of any plan (other than an ESOP) invested in any securities of or loan to the Applicant, or in any real estate? Yes No

VII. REQUESTED COVERAGE INFORMATION

Proposed Effective Date:

Requested Limit: D&O/EPL:

Fiduciary:

NOTES:

1. If D&O limit requested is over \$3,000,000 please attach the Applicant's most recent annual audited financial statement.
2. If Fiduciary Liability Coverage is requested and the limit requested is over \$2,000,000, please attach the Applicant's most recent Form 5500.
3. If claims reported under Section III. #2; please provide copies of carriers' current loss runs.

X. APPLICANT REPRESENTATION *(To be completed by Applicant)*

This Applicant Representation applies to all coverages that have been complete as part of this Application.

<p>Place a check next to the boxes below where Applicant has current coverage in place either with CNA or with any other carrier</p> <p><input type="checkbox"/> Directors and Officers/Entity Liability <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Fiduciary Liability</p> <p>*The Applicant Representation set forth below is inapplicable to those coverages checked above and should not be completed if the Applicant is requesting continuity.</p> <p>Current Coverage has been in place since: _____</p>	<p>Place a check next to the boxes below where Applicant has no current coverage in place:</p> <p><input type="checkbox"/> Directors and Officers/Entity Liability <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Fiduciary Liability</p> <p>The Applicant Representation set forth below applies to those coverages checked above.</p>
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Applicant Representation: None of the individuals to be insured under any Coverage Part (the "Insured Persons" is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which (s)he has reason to suppose might result in a future claim, except as follows:

A. Exceptions to the Applicant Representation: Yes (Please attach details)

B. No Exceptions: Please check here if there are no exceptions to the Applicant Representation

1. It is agreed by all concerned that if any of the Insured Persons is responsible for or has knowledge of any wrongful act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future claim, whether or not described above, any claim subsequently emanating there from shall be excluded from coverage under the proposed insurance as to (i) such of the insured persons and (ii) the applicant, subsidiaries and the plan if such insured persons are executive officers. The responsibility or knowledge or any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.
2. It is declared that this application and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the Insured Persons to facilitate the proper and accurate completion of this application for the proposed Policy. Signing of this application does not bind the undersigned to purchase 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 the effective date of any Policy based on this application, 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, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.
4. The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.



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.

Signed: _____
Title: _____
Corporation: _____
Date: _____

Please submit this application, when completed, signed and dated to your Regional Underwriter.

Producer Information:

Name: _____
Contact: _____
Address: _____
Phone: _____
Fax: _____
E-Mail: _____
License #: _____