

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A
 If "Yes," please provide complete details.

Section C. COMPANY INFORMATION

1. 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	Services Performed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

2. Is the Applicant or any of its Subsidiaries involved in any joint ventures, general partnerships or limited partnerships? Yes No
3. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past twenty four (24) months? Yes No
4. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next twelve (12) months? Yes No
 If "Yes," have these plans been approved by any of the following? Please check all that apply.
 Board of Directors Shareholders
5. Has the Applicant or any of its Subsidiaries had any private placement or other offering of securities within the last twelve (12) months, or anticipate having any private placements or other offering of securities within the next twelve(12) months? Yes No

Section D. CLAIM REPORTING PROCEDURES

1. Within the Applicant and its Subsidiaries, where or to whom are lawsuits, administrative charges and demand letters reported?
 General Counsel: _____ Human Resources: _____ Risk Management: _____ Other: _____
2. Does the Applicant have a mechanism in place for its operating companies to immediately report lawsuits, administrative charges and demand letter to a corporate office of General Counsel, Human Resources or Risk Management? Yes No
3. 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 E. CLAIMS HISTORY INFORMATION

Note: Answer the following questions 1 through 7 for only those coverage types the Applicant does not currently maintain insurance and is now applying for under this application. If Applicant currently maintains insurance coverage for the coverage type(s) it is applying for under this application check the applicable N/A box):

1. Please provide on a separate attachment full details of all inquiries, investigations, grievance filings or other administrative hearings filed during the last five (5) years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here)
2. 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, employed lawyer, employee, employee benefit plan, professional liability 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 N/A
- Employment Practices Liability Yes No N/A
- Fiduciary Liability Yes No N/A
- Employed Lawyers Professional Liability Yes No N/A

Miscellaneous Professional Liability Yes No N/A
 (If “Yes” was checked with respect to any of the above, please attach complete details regarding those claims, suits, investigations or actions.)

3. Does the Applicant, its Subsidiaries, or any director, officer, trustee, employed lawyer 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 N/A
 - Employment Practices Liability Yes No N/A
 - Fiduciary Liability Yes No N/A
 - Employed Lawyers Professional Liability Yes No N/A
 - Miscellaneous Professional Liability Yes No N/A
- (If “Yes” was checked with respect to any of the above, please attach complete details.)

4. 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 N/A
 - 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 N/A
 - 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 N/A
 - d. Been involved in any representative actions, class actions, or derivative suits? Yes No N/A
 - e. Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law? Yes No N/A

5. *Please answer if applying for Employed Lawyers Coverage:* Has any Corporate Counsel been the subject of a reprimand or disciplined by, or refuse admission to a bar association, court or administrative agency?
 Yes No N/A (If “Yes”, please attach complete details.)

6. *Please answer if applying for Miscellaneous Professional Liability Coverage:* Has any director, officer, partner, manager, employee or agent of the Applicant been the subject of any disciplinary investigation as a result of professional activity?
 Yes No N/A (If “Yes”, attach copies of all significant documents relating to such investigation(s) and describe the underlying conduct.)

7. *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 N/A (If “Yes”, please attach complete details.)

It is agreed that with respect to Questions 1 through 7 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 F. DIRECTORS AND OFFICERS INFORMATION Coverage Requested? Yes No
 Please complete this Section if applying for this coverage.

1. Stock Ownership

- a. Are any of the Applicant’s securities or those of its Subsidiaries publicly traded or the subject of a “shelf registration?” Yes No
 Exchange(s): _____ Ticker Symbol(s): _____
- b. Total number of Applicant’s voting shareholders: _____
- c. Total number of Applicant’s voting shares owned by its Directors and Officers (direct and beneficial): _____
- d. Does any shareholder of the Applicant own five percent (5%) or more of the voting shares directly or

¹ Employee Retirement Income Security Act of 1974 and including any amendment or revision thereto.
 96309 (10/07)

beneficially?

Yes No

If "Yes," please designate name and percentage of holdings. ____.

If included as an attachment herein, check here .

e. Is any of the Applicant's stock held by an Employee Stock Ownership Plan? Yes No

If "Yes," what is the percentage? ____% Is it leveraged? Yes No

f. Does the Applicant or any of its Subsidiaries have a portion of its private company debt purchased by the public? Yes No

If "Yes," please provide the amount: \$____

If "Yes," please provide the Debt Rating: ____

2. Attach a complete list of all Directors of the Applicant by name, affiliation and date of nomination to the Board.

3. Has the Applicant experienced changes to its Board of Directors or to its Key Executives over the past year?

Yes No

If "Yes," please attach complete details.

4. Does the Applicant have any of the following Committees? Please check all that apply.

Audit Compensation Nominating

5. Does the Applicant's charter or by-laws contain indemnification provisions? Yes No

Section G. EMPLOYMENT PRACTICES INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

Please provide the following information regarding employees including Directors and Officers of the Applicant and all other entities applying for coverage:

1. Enter the TOTAL number of employees (by type) in the boxes below.

Note: Seasonal, Temporary and Leased Employees 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			

2. Enter the number of employees (by type) in the specified jurisdictions ONLY in the boxes below.

Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)

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		

3. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?
 Domestic: Year ____, ____% Year ____, ____% Year ____, ____%
 Foreign: Year ____, ____% Year ____, ____% Year ____, ____%
4. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?
 Yes No
 If "No," does the Applicant and any of its Subsidiaries have other designated/qualified staff member(s) serving the equivalent function? Yes No
 If "No", how are these issues handled and by whom? Please attach complete details.
5. Does the Applicant and any of 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 Yes No
 Sexual Harassment Yes No
 Compliance with the Americans with Disabilities Act Yes No
 Compliance with the 1991 Civil Rights Act Yes No
 Compliance with the Family Medical Leave Act Yes No
 Employee disciplinary actions Yes No
 Terminations, layoffs and early retirements Yes No
 Employee appraisals / reviews Yes No
 For all "No" answers, how are these issues handled and by whom? Please attach complete details.
6. Has Legal Counsel reviewed the HR Guidelines in the last two (2) years? Yes No
7. Does the Applicant and any of 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
8. Has the Applicant and any of its Subsidiaries implemented and adopted anti-discrimination/harassment policies?
 Yes No
9. Is there a formalized process in place for reporting complaints/ harassment? Yes No
 If "Yes," do employees know this action will not result in a retaliatory action? Yes No
10. 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
11. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant or any of its Subsidiaries contemplate undergoing during the next twelve (12) months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)? Yes No
 If "Yes", please attach complete details.
- a. Have there been any structured layoffs in the past twenty four (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. Were severance packages offered in exchange for releases not to sue? Yes No
 If "No" please attach complete details
- 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 H. 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 Applicant 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 twenty four (24) months has there been, or, in the next twelve (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

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 I. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forgery or Alteration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Theft of Money and Securities (Inside/Outside)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Other Crime or Fidelity related losses?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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. U.S.: ____ Canadian: ____ Foreign: ____
5. 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? ____
6. Does the Applicant have cash exposures that exceed the lowest deductible amount of the current Crime/Fidelity policy? Yes No (If "Yes", please complete the High Cash Questionnaire)
7. Does the Applicant have precious metals, precious or semi-precious stones, pearls, furs, or articles containing such materials exposure that exceed the lowest deductible amount of the current Crime/Fidelity policy? Yes No (If "Yes", please complete the Precious Metals Questionnaire)
8. 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: ____
9. 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: ____
10. 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
11. Is an approved voucher or Positive Pay system used? Yes No

12. Are check signers instructed to require that all checks be accompanied by properly approved vouchers and/or invoices? Yes No
13. 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
14. Are bank accounts reconciled on a monthly basis? Yes No
 - a. If not, how often? ____
15. Are those who reconcile bank statements prohibited from:
 - a. Handling deposits in the accounts they reconcile? Yes No
 - b. Signing checks? Yes No
16. Does a second person review the reconciliation with supporting documentation on a monthly basis and initial their approval of the information? Yes No
17. How often and by whom are audits of cash and accounts performed? ____
18. How often and by whom are inventory counts conducted? ____
19. Is there a CPA letter to management relating to internal control weaknesses? Yes No
(If "Yes" please provide a copy of the letter)
20. 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)
21. 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? ____
22. Are background checks performed on all new hires? Check all that apply:
 Criminal Prior Employment Credit History References Drug Testing
23. Are mid-employment screenings performed when employees are promoted to sensitive positions?
 Yes No
24. Are employees' building access cards denied immediately upon termination and are all procurement, credit cards, etc. cancelled? Yes No N/A
25. Are newly hired employees provided with a copy the organization's fraud policy identifying and explaining conflicts of interest and other prohibited behavior? Yes No
26. 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: ____
27. 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
28. Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required over stated amounts? Yes No
29. Are vendors provided with the Applicant's a statement of conflict of interest and gift policy (prohibiting gifts of any significant value)? Yes No
30. What is the daily average number and dollar volume of wire transfers? ____
31. What is the maximum dollar volume that may be transferred per day? ____

- 32. Is approval by more than one person required to initiate a wire transfer? Yes No
- 33. Does the Applicant's financial institution call an employee other than one who requested the transfer before acting on the request? Yes No
- 34. Does the Applicant receive hard copy confirmations on all wire transfers and are they sent directly to a department not authorized to initiate transfers? Yes No
- 35. Are computer system access codes and passwords changed at least every 60 days? Yes No
- 36. Do any non-employees have access to the computer systems? Yes No (If Yes, please explain)
- 37. Does the Applicant sponsor any employee welfare or retirement plan(s) for its employees? Yes No
- 38. List all sponsored employee welfare or retirement plan(s) that are required to be bonded by ERISA. (Please provide an attachment)
- 39. List all entities to be included as joint insureds: (Please provide an attachment)
 - a. Are all entities listed owned, controlled or operated by the first named insured? Yes No
 - b. Does the information in this application and any attachments include information for all joint insureds to be covered? Yes No
 - c. If not, provide details for each listed entity by separate attachment

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

1. Please describe business activities and any anticipated changes to same: ____

2. Please provide gross annual revenues, including those of any entity listed in Section C Question #1

	Year	Revenues	Percentage from Foreign
Past Fiscal Year		\$	%
Current Fiscal Year		\$	%
Projected Fiscal Year		\$	%

3. For the activities of the Applicant in Section A and Subsidiaries listed in Section C indicate the percentage of revenue derived therefrom:

Activity	Percentage of Revenue
	%
	%

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

4. List the Applicants five largest projects over the past year:

Client	Services Performed	Revenue
		\$
		\$
		\$
		\$
		\$

5. Please provide the percentage of the Applicant’s services rendered to each category based on the clients revenue size:

Percentage of Services	Size of Clients
%	Individuals
%	Less than \$50 million
%	\$50-\$500 million
%	Greater than \$500 million

6. For what percentage range does the Applicant use a written contract:

- 0% 1-24% 25-49% 50-74% 75-99% 100%

(Please attach a copy of your standard contract)

7. For what percentage range is the standard contract modified:

- 0% 1-24% 25-49% 50-74% 75-99% 100%

8. For what percentage range does the Applicant subcontract work to others:

- 0% 1-24% 25-49% 50-74% 75-99% 100%

9. If the response to Question 8 is not “0%”, then describe services and percentage of total revenue subcontracted.

Services Subcontracted	Percentage of Revenue Subcontracted

10. Is evidence of insurance requested of all subcontractors? Yes No

11. Attach a description of your practices concerning risk management. (Check if attached)

12. Please provide the following information: (Check if resumes attached)

Partners/Principals/Key Professionals	Professional Qualifications	Years of Experience

Section K. CORPORATE COUNSEL PREMIER LIABILITY Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

1. Please provide the number of lawyers employed by the Applicant in their capacity as such and the number of independent contractors contracted by the Applicant (please include Subsidiaries if seeking coverage for such):
Employed ____ Subcontracted ____
2. Please enter the percentage of legal staff with the following:
0-5 Years overall legal experience ____
5-10 Years overall legal experience ____
10+ Years overall legal experience ____
3. Are there any employed lawyer's outside of the Applicant's Legal Department, Office of the General Counsel or equivalent department or office? Yes No
If "Yes," please attach complete details.

4. Please describe the type of work performed by Employed Lawyer's in the following areas:

Moonlighting	
<i>Pro Bono</i>	
Corporate Counsel	

5. Does any employed lawyer serve on the Board of Directors or equivalent governing body of the Applicant or any of its Subsidiaries? Yes No
6. 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
7. 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
8. 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
9. Does the employed lawyer provide personal legal services with respect to criminal, matrimonial or intellectual property law or estate/financial planning? Yes No

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

Please complete this Section if applying for this coverage.

1. 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 then 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: ____

2. 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: ____

3. 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

4. Please state any special security precautions or attach details: ____

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

Name: ____ Telephone: ____

Section M. REQUESTED POLICY COVERAGE DETAILS

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

2. 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			
Miscellaneous Professional			
Employed Lawyers			

3. Crime Limits of Liability and Deductibles:

Insuring Agreement	Per Occurrence Limit of Liability	Deductible
Employee Theft	\$ _____	\$ _____
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 Insurance for each Loss component: \$ ____

Section N. 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						
Miscellaneous Professional Liability	<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						
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No						

* For MPL Submissions please provide five (5) years of historical information.

1. Has any insurance carrier refused, canceled or non-renewed any Directors, Officer, Employment Practices, Fiduciary Liability, Miscellaneous Professional Liability or Employed Lawyers insurance coverage? Yes No

*MISSOURI APPLICANTS NEED NOT REPLY. If “Yes,” attach complete details including when and reason(s).

WE MAY REQUIRE THE FOLLOWING ADDITIONAL INFORMATION:

- Completed, Signed and Currently Dated Original Application.
- Latest Applicant Financial Statement (with Treasurers Warranty Letter if not audited.)
- Mainform Application from current carrier (if applicable).
- 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 (12) months prior to the inception date of this policy was comprised of ten percent (10%) or more of securities of the Applicant or any subsidiary or affiliate thereof, the latest CPA-audited financial statement (with investment portfolio). For any such plan, also 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.
- Specimen of Standard Contract
- Marketing Material
- Resumes of Key Professionals
- MPL Supplemental Application (Subject to Class of Business)

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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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.

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.

Signed _____
 Attest _____
 (Applicant)

Date _____
 Producer _____

Title _____ License _____
 # _____
 (Must be signed by President, Chairman,
 Chief Executive Officer or Chief Financial Officer)
 Address _____

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:
 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 or Chief Financial Officer)