



**RENEWAL APPLICATION FOR  
ARCH CORPORATE CANOPY<sup>SM</sup> POLICY  
PRIVATE COMPANY MANAGEMENT LIABILITY & CRIME INSURANCE**

**NOTICE: EXCEPT AS OTHERWISE PROVIDED, THE LIABILITY COVERAGE PARTS OF THE POLICY APPLIED FOR COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIABILITY COVERAGE PART LIMIT OF LIABILITY SHALL BE REDUCED BY DEFENSE COSTS PAYMENTS.**

**NOTICE: THIS APPLICATION SHALL BE HELD IN CONFIDENCE.**

**Instructions for Completing This Application**

Please read carefully, fully answer all questions, and submit all requested information. As used herein, "Applicant" means the company to be named in the policy and any subsidiary and employee benefit plan of such company. As used herein, "claim" means any demand, civil or criminal proceeding, or administrative or regulatory adjudicatory or investigative proceeding.

**1. NAME, ADDRESS, AND CONTACT INFORMATION**

Company to be named in the Policy:

\_\_\_\_\_

Principal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**2. COVERAGE(S) APPLIED FOR**

Place an X next to each coverage applied for and insert the requested limit of liability. Complete the items below relevant to each coverage applied for.

- Director, Officers, & Organization Liability      Limit of Liability Requested: \$ \_\_\_\_\_
- Employment Practice Liability                      Limit of Liability Requested: \$ \_\_\_\_\_
- Fiduciary Liability    Limit of Liability Requested: \$ \_\_\_\_\_
- Crime    Limit of Liability Requested: \$ \_\_\_\_\_

**GENERAL INFORMATION (ALL COVERAGE PARTS)**

**A.** Please complete the following information (for the current year):

Total Assets: \_\_\_\_\_

Total Liabilities: \_\_\_\_\_

Revenue: \_\_\_\_\_

Net Income: \_\_\_\_\_

Cash flow from operating activities: \_\_\_\_\_

Total Employees: \_\_\_\_\_

**B.** Has the Applicant experienced within the past year, or does it expect to experience in the next year, any of the following events:

- 1. Mergers, acquisitions or divestments?  Yes  No
- 2. Change in outside auditors?  Yes  No
- 3. Bankruptcy proceedings or reorganizations or arrangements with creditors under federal or state law?  Yes  No
- 4. Location, facility, or office closings, consolidations or layoffs?  Yes  No
- 5. Changes in its Board of Directors or senior management?  Yes  No

If "Yes" for any of the above, attach a detailed explanation

**3. DIRECTORS, OFFICERS, & ORGANIZATION LIABILITY INFORMATION**

**A.** Please describe any changes in ownership over the past year:

\_\_\_\_\_

**B.** Has the Applicant experienced within the past year, or does it expect to experience in the next year, any of the following events:

- 1. Public offering of securities?  Yes  No
- 2. Private offering of securities?  Yes  No
- 3. Breach or violation of any debt covenant, loan agreement, or other material contractual obligation?  Yes  No

If "Yes" for any of the above, attach a detailed explanation

**4. EMPLOYMENT PRACTICES INFORMATION**

**A.** Employee count: Current Year Previous Year

1. Full time employees: \_\_\_\_\_

2. Part time employees: \_\_\_\_\_

3. Employees located in CA: \_\_\_\_\_

4. Employees located in TX: \_\_\_\_\_

5. Independent contractors: \_\_\_\_\_

- B.** Has the Applicant made any changes to its employee handbook, human resources (HR) department, or HR policies or procedures within the past year?  
 Yes  No

**5. FIDUCIARY INFORMATION**

- A.** For each pension benefit plan proposed for coverage, provide the following information:

Plan Name	Type of Plan*	Total Assets (\$)	Annual Contributions (\$)	Number of Participants

\* Defined Benefit (DB); Defined Contribution (DC); Employee Stock Ownership (ESOP); Excess Benefit or Top Hat (EB); Other (O)

- B.** Has the Applicant experienced any plan mergers, terminations, or reductions in benefits during the past year?  
 If "Yes", attach a detailed explanation.  Yes  No
- C.** Is any defined benefit pension plan proposed for coverage more than 25% underfunded?  
 Yes  No

**6. CRIME INFORMATION**

- A.** Have there been any changes to procedures for handling deposits, verifying vendors, reconciling bank statements, or conducting inventories of stock and equipment during the past year?  
 Yes  No
- B.** Does an independent CPA provide a Management Letter to the Applicant?  
 Yes  No  
 If "Yes", please attach the most recent copy and management's response to the letter.

**8. ADDITIONAL INFORMATION**

Attach a copy of the most recent audited financial statements.

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The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete. Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any policy of a claim or potential claim. All such notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO 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 Agencies.

**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 the 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 MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO 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 claims 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE & VIRGINIA 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 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.

This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer; President; Chief Operating Officer; or Chief Financial Officer.

Date: \_\_\_\_\_

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

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

**NOTICE: A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**