



**BY COMPLETING THIS RENEWAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")**

**NOTICE: THIS APPLICATION IS FOR CLAIMS MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS:**

1. Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organization and its Subsidiaries.
2. Include a copy of the **Applicant's** most recent annual report/financial statements, audited financials, sample contracts, marketing materials and any general information that would be helpful in evaluating the **Applicant**.
3. Provide a complete response to all questions and attach additional pages as needed.

**I. GENERAL INFORMATION:**

1. Name of **Applicant**: \_\_\_\_\_
2. Address of **Applicant's** Principal Office: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Web address: \_\_\_\_\_
4. Nature of business, including principal products and services (please include products and services offered by subsidiaries):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Is the **Applicant** engaged in any business or profession other than as described in Question 4?  
 If "Yes," please attach an explanation and estimated revenues.  Yes  No
6. Type of organization of **Applicant**:  

<input type="checkbox"/> Publicly traded corp.	<input type="checkbox"/> Private corp.	<input type="checkbox"/> Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Other _____		
7. Year established: \_\_\_\_\_. If less than three years, please attach resumes or biographies of all principals.



8. Please indicate the total annual gross revenues derived from the services described in your response to Question 4 for the past three years and the projected revenues for the current year:

YEAR	REVENUE
a) Current (as of _____)	\$ _____
b) _____	\$ _____
c) _____	\$ _____
d) _____	\$ _____

9. For the projected revenue listed in Question 8a, please indicate the approximate percentage expected to be derived from each product and service listed in response to Question 4:

SERVICE	PERCENTAGE OF REVENUE
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

10. Please indicate the **Applicant's** five largest jobs/projects during the past three years, showing client's name, services provided and gross revenues for each:

CLIENT	SERVICE	REVENUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Please attach a list of all subsidiaries, including the Parent Organization's ownership percentage, and a complete description of services provided by each subsidiary.

12. (a) Is the **Applicant** controlled, owned by, associated or affiliated with, or does it own, any other firm or business enterprise?  Yes  No

If "Yes," please attach an explanation and indicate: (i) the services provided by such firm or business enterprise, and (ii) if any services described in response to Question 4 are provided to such firm or business enterprise.

(b) Please list and identify all persons or entities owning more than 5% of the Parent Organization or any subsidiary.

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

13. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased?  Yes  No

If "Yes," please attach an explanation.

If "Yes," if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Are any changes in: (i) the nature of services provided as described in response to Question 4, or (ii) the size of the **Applicant's** revenue base, anticipated during the next 18 months?  Yes  No

If "Yes," please attach an explanation. Changes in size of less than 25% need not be explained.

15. Please indicate the number of:

a) Principals, partners, officers and professional employees directly engaged in providing services to clients:  
 \_\_\_\_\_

b) All other (non-professional/clerical) employees: \_\_\_\_\_

16. Please provide the following:

NAMES OF ALL PARTNERS, PRINCIPALS, AND KEY EMPLOYEES	PROFESSIONAL QUALIFICATIONS/DESIGNATIONS	# OF YEARS IN PRACTICE	# OF YEARS WITH APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Please list all professional associations to which the **Applicant** belongs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Has the **Applicant** provided services to any governmental entities?  Yes  No  
 If "Yes," please attach an explanation.

19. Does any director, officer, employee or partner of the **Applicant** serve on the board of directors of any client of the **Applicant**?  Yes  No  
 If "Yes," please attach an explanation.

20. Does the **Applicant** use a written contract with clients?  In all cases  Sometimes  Never  
 Please attach sample copies of all types of contracts utilized.

Does in-house or outside legal counsel review all contracts utilized?  Yes  No  
 Which one?  in-house legal counsel  outside legal counsel  both

21. Does the **Applicant** subcontract work to others?  Yes  No

(a) If "Yes," please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) If "Yes", what percentage of business is subcontracted? \_\_\_\_\_%

(c) Does the **Applicant** require subcontractors to carry their own E&O insurance?  Yes  No



- (d) Does the **Applicant** use a written contract with subcontractors?  
 In all cases    Sometimes    Never
  
- (e) If "Yes", in those contracts do the subcontractors agree to indemnify the **Applicant** and/or the **Applicant's** clients for damages caused by the subcontractor's negligence?  Yes    No
  
- 22. Does the **Applicant** have a written procedural manual for employees to follow?  Yes    No
  
- 23. Does the **Applicant** have a formalized training program for newly hired employees?  Yes    No
  
- 24. Does the **Applicant** have promotional literature or marketing materials?  Yes    No  
 If "Yes," please attach sample copies of all types.

**II. MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this Renewal Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**III. NOTICES:**

The **Applicant's** submission of this Renewal Application does not obligate the Company to issue, or the **Applicant** to purchase, a renewal policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

**Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 of 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.



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**Notice to Louisiana and Rhode Island 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, 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 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 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 Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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 Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.

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#### **IV. DECLARATIONS AND SIGNATURE:**

For the purposes of this Renewal Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and any attachments or information submitted with this Renewal Application, are true and complete. This Renewal Application supplements the application(s) for the expiring policy, and those applications together with this Renewal Application and any attachments hereto shall be the basis for, and become part of, a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon such applications, attachments, and such other information submitted therewith in issuing such policy.



**Chubb Group of Insurance Companies**  
 15 Mountain View Rd.  
 Warren, NJ 07059

**CHUBB PROE&O<sup>SM</sup>**  
**Renewal Application**

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

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

Date	Signature	Title
_____	_____	Authorized Representative
_____	_____	Authorized Representative
_____	_____	Authorized Representative

Produced By:

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Submitted By:

Agency: \_\_\_\_\_

Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_