



**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
 FEDERAL INSURANCE COMPANY (THE "COMPANY")**

NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR AN APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, UNLESS OTHERWISE PROVIDED IN THE APPLICABLE LIABILITY COVERAGE SECTIONS OF THE POLICY, BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

1. Name of **Applicant**: _____
 (The term "**Applicant**", as used in this Application, means the Organization and all of its subsidiaries, unless otherwise stated.)
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Nature of the **Applicant's** business: _____
5. Indicate below the coverages for which the **Applicant** seeks renewal.
 - Directors & Officers Liability and Entity Liability Employment Practices Liability
 - Fiduciary Liability Crime Kidnap/Ransom and Extortion
6. Number of employees:
 Total: _____ Full Time: _____ Part Time: _____ In California: _____ Volunteers: _____
7. **Applicant's** total revenues during the most recently concluded fiscal year end: \$ _____
8. **Applicant's** total assets as of the most recent fiscal year end: \$ _____
9. Does the **Applicant** now have recognized tax-exempt status under the U.S. Internal Revenue Code? Yes No
10. In the next 12 months is the **Applicant** contemplating (or has the **Applicant** completed within the last year) any merger, acquisition, or divestment, any sale of securities issued by the **Applicant**, any location, facility or office closings, consolidations or layoffs or any reorganization or arrangement with creditors under federal or state law? Yes No
If Yes, please attach a full explanation.

I. DIRECTORS & OFFICERS AND ENTITY INFORMATION:

1. During the past 12 months, has there been any change in the composition of the board of directors? Yes No
If Yes, please attach a list of the current board members and their outside affiliations.
2. During the past 12 months, has there been any change in services provided? Yes No
If Yes, please attach an explanation.



II. EMPLOYMENT PRACTICES INFORMATION:

1. Within the last year has the **Applicant** updated its employment practices handbook, its human resources policies or procedures or the structure of its human resources department? Yes No
If Yes, please attach a copy of updated materials and a description of changes.

2. Number of employees who have left their employment with the **Applicant** during the past 12 months:
 Voluntary _____ Involuntary _____

3. Does the **Applicant** have written procedures in place regarding:

(i) Equal Opportunity Employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Anti - Discrimination:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Anti - Sexual Harassment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If No to any of the above, please attach a full explanation.

III. FIDUCIARY INFORMATION:

1. Please complete the following information regarding the **Applicant's** employee pension benefits plan(s).

Pension Benefit Plan Name	Plan assets (current year)	Defined Contribution (DC) or Defined Benefit (DB)?	Underfunded by more than 25%?(DB only)	Number of plan participants

2. In the next 12 months is the **Applicant** contemplating (or has the **Applicant** completed within the last year) merging or terminating any employee benefit plan(s)? Yes No
If Yes, please explain

IV. CRIME INFORMATION:

1. Does the **Applicant**:

(a) Allow the employees who reconcile the monthly bank statements to also sign checks, handle deposits and have access to check signing machines or signature plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Have procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized master vendor list? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. What is the dollar amount above which the **Applicant** requires countersignature of its checks?
 \$ _____

V. KIDNAP/RANSOM AND EXTORTION INFORMATION:

1. Please complete the following information regarding the foreign travel of **Applicant's** employees:

Countries	Annual # of trips	Average stay	# employees traveling



2. Describe the **Applicant's** security precautions taken for foreign travel by employees:

VI. MATERIAL CHANGE:

If any information provided in this Renewal Application changes materially before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

VII. DECLARATIONS, FRAUD WARNINGS AND SIGNATURE:

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

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, that the statements made in this Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agrees that this Renewal Application, such attachments and other documents, and all other signed applications submitted by the **Applicant** to the Company for the proposed insurance or any other insurance contract of which the proposed insurance is a direct or indirect renewal or replacement shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

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

Notice to Arkansas, Louisiana, Maryland, 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, Maine, Tennessee and 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to Florida and 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 (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is 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 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 New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

Date

Signature*

Title

_____ Chief Executive Officer

*This Renewal Application must be signed by the chief executive officer of the Organization acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

VIII. PLEASE ATTACH THE FOLLOWING REQUIRED INFORMATION:

- Most recent CPA prepared financial statements**
- Most recent CPA Letter to Management and management's response (If this Letter is not issued, so indicate)**
- Most recent EEO-1 Report (Applicable to Employment Practices Liability coverage only)**

Produced By: Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____