



**BY COMPLETING THIS RENEWAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

**NOTICE: THE LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR ANY APPLICABLE 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. 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 NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.**

**RENEWAL APPLICATION INSTRUCTIONS:**

- Whenever used in this Renewal Application, the term "**Applicant**" shall mean "the Parent Organization and all Subsidiaries", unless otherwise stated.
- Please attach the following for the requested coverages as indicated below:  
Directors & Officers and Entity Liability, Miscellaneous Professional Liability or Employed Lawyers Liability Coverages: Most recent annual financial statements, audited if outside audits are performed.  
Employment Practices Liability Coverage: For any **Applicant** with more than 500 employees, the most recent EEO-1 Report.  
Fiduciary Liability Coverage: For any **Applicant** with more than 250 employees and with a defined benefit plan, most recent annual financial statements, audited if outside audits are performed. For any **Applicant** with an ESOP, please complete the Supplemental ESOP Application.
- All **Applicants** must complete this Renewal Application in accordance with the specific coverages being renewed or requested. Attach additional pages if necessary.

**I. NAME, ADDRESS AND CONTACT INFORMATION:**

- Name of **Applicant**: \_\_\_\_\_
- Address of **Applicant**: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- (a) Primary insurance contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 (b) EPL Loss Prevention Services contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**II. INSURANCE INFORMATION:**

- (a) Indicate the coverages for which the **Applicant** seeks renewal:

Coverage Requested	Check the box ( <input type="checkbox"/> ) if requesting larger limits than expiring and indicate requested limit
<input type="checkbox"/> Directors & Officers and Entity Liability	<input type="checkbox"/>
<input type="checkbox"/> Employment Practices Liability	<input type="checkbox"/>
<input type="checkbox"/> Fiduciary Liability	<input type="checkbox"/>
<input type="checkbox"/> Crime	<input type="checkbox"/>
<input type="checkbox"/> Kidnap Ransom and Extortion	<input type="checkbox"/>
<input type="checkbox"/> Miscellaneous Professional Liability	<input type="checkbox"/>
<input type="checkbox"/> Employed Lawyers Liability	<input type="checkbox"/>
<input type="checkbox"/> CyberSecurity	<input type="checkbox"/>
<input type="checkbox"/> Workplace Violence Expense	<input type="checkbox"/>



- (b) If requesting larger liability limits than expiring as indicated in the above table, please complete the following statement: Note: CyberSecurity includes a Liability Coverage Part. *(Do not complete this statement if no change in liability limits is requested.)*

Solely with respect to any larger liability limit requested or that may ultimately be issued for the proposed renewal:

No person or entity proposed for coverage is aware of any fact, circumstance, or situation that he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed liability coverage part: None  or, except: \_\_\_\_\_

Solely with respect to any portion of the limit of liability for any liability coverage(s) under the proposed policy that exceed the limit(s) for such liability coverage(s) in the expiring policy, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to Question 1(b) above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

**III. GENERAL RISK INFORMATION:**

1. Please complete the following information:

(a) Total worldwide employees: \_\_\_\_\_ Number of in-house counsel: \_\_\_\_\_

- (b) If requesting EPL coverage:

(i) Full time U.S. employees: \_\_\_\_\_

(ii) Part time U.S. employees (include leased and seasonal): \_\_\_\_\_

(iii) Number of employees in (a) and (b) located in California: \_\_\_\_\_

(iv) Number of U.S. independent contractors: \_\_\_\_\_

(v) Number of outside U.S. employees: \_\_\_\_\_

2. If requesting Crime coverage, has there been any change to the number of worldwide locations?  Yes  No

If "Yes", please explain (including identification of any countries entered or exited):

3. (a) Please indicate total REVENUES at most recent fiscal year end: \_\_\_\_\_

(b) Additional Financial Information: Please provide the following information for the **Applicant** for the most recent fiscal year end (indicate month/year): \_\_\_\_\_ Month \_\_\_\_\_ Year

Current Assets	\$
Total Assets	\$
Current Liabilities	\$
Long Term Debt	\$
Total Liabilities	\$
Retained Earnings	\$
Shareholders Equity	\$
Net Income	\$
Cash Flow From Operating Activities	\$

4. (a) Has the **Applicant** in the last 12 months completed:

(i) Any merger, acquisition, or divestment?  Yes  No

(ii) Entry into any related or unrelated ventures which are a material change in operations?  Yes  No



- (iii) Any change in outside auditors?  Yes  No
- (iv) Any reorganization or arrangement with creditors under federal or state law?  Yes  No
- (v) Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs or reductions in workforce?  Yes  No
- (vi) For any **Applicant** that is formed as a partnership, any changes to the partnership agreement?  Yes  No
- (b) Is the **Applicant** currently anticipating any of the above?  Yes  No

If the **Applicant** answered "Yes" to any part of Question 4, please attach an explanation. For Question 4(vii), also attach a copy of the updated partnership agreement(s).

**IV. COVERAGE SPECIFIC RISK INFORMATION**

**A. DIRECTORS AND OFFICERS AND ENTITY LIABILITY INFORMATION**

1. Ownership

(a) Please complete the following information for the **Applicant**:

Names of director or officer shareholders	Voting shares owned
	%
	%
	%
List any shareholders (include any individual and corporate names) that are not directors or officers	Voting shares owned
<input type="checkbox"/>	%
<input type="checkbox"/>	%
<input type="checkbox"/>	%

Please indicate, by checking the box () in the table above, if related by family to another shareholder or to a director or officer of **Applicant**.

2. Recent, Pending or Contemplated Changes

(a) Has the **Applicant** in the past 12 months had any:

- (i) Public or private offering of securities?  Yes  No
- (ii) Change in directors or senior executive officers?  Yes  No

(b) Is the **Applicant** currently anticipating any of the above?  Yes  No

If "Yes" to either of the above in Question 2(a) or 2(b), please attach a full description with details, including any private placement memoranda or any documents filed with the Securities and Exchange Commission in the past year.

(c) Has there been any change in the **Applicant's** ownership within the last twelve months, or is any change anticipated in the upcoming year?  Yes  No

If the **Applicant** answered "Yes" to Question 2(c), attach a full description of ownership.

(d) Is the **Applicant** currently (or, in the past year, has the **Applicant** been) in breach or violation of any debt covenant?  Yes  No

If the **Applicant** answered "No" to Question 2(d), please attach a full explanation.



**B. EMPLOYMENT PRACTICES LIABILITY**

1. Within the last year has the **Applicant** updated its employment practices handbook, or human resources policies and procedures or department?  Yes  No
- If the **Applicant** answered "Yes" to Question 1, please attach a copy of updated materials and a description of changes.
2. Layoffs or Reduction in Workforce
- (a) Has the **Applicant** during the past 12 months experienced (or is the **Applicant** planning in the next 12 months) layoffs or a reduction in workforce?  Yes  No
- If "Yes" and if layoffs or reduction in workforce are either 5% or more of the workforce or more than 50 employees, please respond to the following:
- (i) Attach a description of the **Applicant's** procedures for conducting a staff reduction and the management levels/positions involved in this procedure.
- (ii) Does the **Applicant** analyze whether protected classes will be adversely impacted as a result of a staff reduction?  Yes  No
- If yes, is the analysis reviewed by outside counsel?  Yes  No
- (iii) Does the **Applicant** utilize consistent criteria to determine which employees will be impacted?  Yes  No
- If "Yes", please attach a description of the criteria utilized, including whether reasons for selection are documented.
- (iv) Does the **Applicant** involve outside counsel to ensure that WARN (Worker Adjustment Retraining & Notification Act) and OWBPA (Older Worker Benefit Protection Act) requirements are met during staff reduction contemplation and implementation?  Yes  No
- (v) Does the **Applicant** have a written severance and waiver agreement in place?  Yes  No
- If no, please attach an explanation.

**C. FIDUCIARY LIABILITY**

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

Plan names (Do not include health & welfare plans)	Plan assets (current year)	Type of plan*	(DB only) What is the current funded % under the Pension Protection Act? Indicate if "at risk"	Number of plan participants

\*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)

2. In the next 12 months is the **Applicant** contemplating (or has the **Applicant** completed within the last year) merging, freezing or terminating any plan(s)?  Yes  No
- If yes, please attach details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance.
3. Are any plans NOT in compliance with plan agreements or ERISA?  Yes  No
- If "Yes," please describe: \_\_\_\_\_



**D. CRIME COVERAGE**

1. Does the Applicant:
- (a) Allow the employees who reconcile the monthly bank statements to also sign checks, handle deposits?  Yes  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?  Yes  No
  - (c) Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment?  Yes  No
2. If applicable to the **Applicant's** business, how often does the **Applicant** perform a physical inventory check of stock and equipment? \_\_\_\_\_

3. Number of independent contractors (natural persons only): \_\_\_\_\_

**E. KIDNAP/RANSOM AND EXTORTION COVERAGE**

1. Please complete the following information regarding the **Applicant's** risk profile:

Country	Number of employees	Number of Independent Contractors	Type of operation or, if no in-country operations, average stay	If no in-country operations, number of annual trips	Number of Locations

For Question 1 above, please attach a separate schedule of locations/travel if needed.

2. Describe the **Applicant's** security precautions taken for foreign travel:  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE**

1. (a) Describe the services and any supporting products offered by the **Applicant**, including any Subsidiaries, for which Miscellaneous Professional Liability coverage is requested.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Indicate the gross annual revenues derived from the services described above for the following time periods:  
 Prior year revenues \$ \_\_\_\_\_  
 Current year revenues \$ \_\_\_\_\_

(c) Over the past year, has the **Applicant** provided services to any single client that has generated revenues in excess of 25% of the total revenues reported above?  Yes  No  
 If "Yes", please attach an explanation.

2. Have there been any changes to:
- (a) The frequency of use of written contracts with clients?  Yes  No
  - (b) The legal review process of contracts utilized by the **Applicant**?  Yes  No
  - (c) The percentage or type of business subcontracted by the **Applicant**?  Yes  No



If "Yes" to any of the above in Question 2, please explain. Also, attach sample copies of all types of contracts utilized by the **Applicant** if different than previously submitted.

3. (a) Provide the following information about the **Applicant's** three largest client relationships over the past year.

CLIENT	REVENUE	SERVICE
	\$	
	\$	
	\$	

- (b) Does the **Applicant** derive more than 50% of its revenues from state, county or local government entities?  Yes  No

**G. EMPLOYED LAWYERS LIABILITY COVERAGE**

1. Provide the total number of attorneys as follows:

- (a) Employed Lawyers: \_\_\_\_\_  
 (b) Temporary Attorneys: \_\_\_\_\_  
 (c) Contract Attorneys: \_\_\_\_\_ (Not including outside legal counsel)  
 (d) Employed Lawyers with more than ten (10) years of legal experience: \_\_\_\_\_  
 (e) Employed Lawyers that are members of the Association of Corporate Counsel: \_\_\_\_\_

2. Have there been any changes to the legal services performed by the **Applicant's** attorneys, whether performed for the **Applicant** or third parties, including moonlighting?  Yes  No

If "Yes", please attach an explanation.

**H. CYBERSECURITY COVERAGE**

1. Please indicate the **Applicant's** annual gross revenue from on-line sales or services: \_\_\_\_\_

2. Is the **Applicant** compliant with all applicable federal or state law or regulation concerning privacy or the safeguarding of personally identifiable or other confidential information (other than state "breach notification")?  Yes  No

If "No", please attach an explanation.

3. Have there been any changes in the **Applicant's** policies and procedures surrounding the following:

- (a) Information Security  Yes  No  
 (b) Web Server Security  Yes  No  
 (c) Virus, Intrusion Detection and Penetration Testing  Yes  No  
 (d) Mobile Device Security  Yes  No  
 (e) Business Continuity Planning  Yes  No  
 (f) Backup and Archiving Processes  Yes  No  
 (g) Service Providers  Yes  No  
 (h) Compliance, if applicable  Yes  No  
 (i) Incident Response Planning  Yes  No

If "Yes" to any of the above in Question 3, please attach an explanation.

4. Has an external system security assessment, other than vulnerability scans or penetration tests, been conducted within the past 12 months?  Yes  No

If "No", please attach an explanation.



5. (a) Has the **Applicant** had any computer or network security incidents during the past year? Incident includes any unauthorized access or exceeding authorized access to any computer, system, data base or data; intrusion or attack; the denial of use of any computer or system; intentional disruption, corruption or destruction of electronic data, programs or applications; or any other incidents similar to the foregoing?  Yes  No

If "Yes", please attach a complete description of the incident(s).

- (b) If the **Applicant** has been the target of any computer or network attacks (including virus attacks) in the past year, did the number of attacks increase?  No attacks, or  Yes, attacks increased.

**I. WORKPLACE VIOLENCE EXPENSE COVERAGE**

1. Have there been any changes to the **Applicant's** Employee Assistance Program (EAP), progressive discipline, employee complaint/grievance resolution or background checks procedures or security precautions limiting access to its premises?  Yes  No

If "Yes", please explain:

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**V. 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.

**VI. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:**

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 agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, 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 agree that this Renewal Application and such attachments and other documents 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, 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.

**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.

**SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE**

Date

Signature\*

Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*This Renewal Application must be signed by the chief executive officer, president or chief financial officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.





Produced By:

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

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

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

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

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

Submitted By:

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

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

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

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