



## “The Answer”

### CORPORATE DIRECTORS & OFFICERS LIABILITY AND EMPLOYMENT PRACTICES LIABILITY RENEWAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.**

Defense Costs shall be applied against the retention.

- Name of Organization \_\_\_\_\_  
Primary Address \_\_\_\_\_  
Website Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
- Have you acquired, created or sold any subsidiaries or locations in the past year?  Yes  No  
If “Yes”, please provide: Name, Date, Location, Operations, Ownership, Assets, Number of Employees.
- Have there been any changes in ownership affecting more than 10% of the stock or membership interests in the past year? (If “Yes”, please explain in an attachment to this application)  Yes  No
- Have any of the following taken place or been agreed to in the past 12 months or are any anticipated in the next 12 months? (If “Yes”, please explain in an attachment to this application)  Yes  No
  - Changes in the Board of Directors or Senior Management for reasons other than expiration of term, death or retirement?  Yes  No
  - Changes in the organization's outside auditors?  Yes  No
  - Violation or breach of any debt covenant, loan agreement or other material obligation?  Yes  No
  - Merger or consolidation with another entity?  Yes  No
  - Sale, distribution or divestiture of more than 25% of assets or stock of the Organization?  Yes  No
  - Registration for a public offering?  Yes  No
  - Private placement of securities?  Yes  No
  - Reorganization or other formal arrangement with creditors?  Yes  No
- Total number of employees and workers.
 

	Current 12 months	Anticipated next 12 months
Full Time:	_____	_____
Part Time:	_____	_____
Temporary/Seasonal:	_____	_____
Independent Contractors:	_____	_____
Leased:	_____	_____
- Financial Information
 

Assets	Annual Revenues
Equity (Deficit)	Annual Income (Loss)
Debt	Retaining Earnings (Loss)
- Are any reductions involving more than 10% of the workforce anticipated in the next 12 months?  Yes  No  
If “Yes”, please attach details.
- Number of employees involuntarily terminated or laid off during the past 12 months? \_\_\_\_\_

#### REQUIRED INFORMATION

- Completed Application signed and dated by an officer of the company.
- Any Private Placement Memorandum issued or drafted in the past 12 months.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase

for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**Missouri and Arkansas Disclosure Notices:** I understand and acknowledge that this policy contains a defense within the limits provision which means that "defense costs" will reduce my limits of insurance and exhaust them completely. Should that occur, I shall be liable for any further legal "defense costs" and damages. This provision applies to the directors and officers liability coverage part and also applies to the employment practices liability coverage part if I have more than 200 employees or if my limits of liability are less than \$500,000.

Signed and accepted by the insured: \_\_\_\_\_  
Corporate Officer

**Virginia Notice:** You have an option to purchase a separate limit of liability for the extension period, Policy common conditions I. If you do not elect this option, the limit of liability for the extension period shall be part of the and not in addition to limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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.

**Florida Fraud Statement:** 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.

**Kentucky Fraud Statement:** 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.

**Maine Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Ohio Fraud Statement:** 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.

**Oklahoma Fraud Statement: 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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.

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

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

Mail complete application through local Agent or Broker to: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Corporate Officer)