



MANAGEMENT LIABILITY INSURANCE

RENEWAL APPLICATION FORM

SECTION I: COMPANY DETAILS

I.1 Please provide the following details:

Insured company:	
Address:	
City:	State:
ZIP Code:	Primary SIC Code:
Primary insurance contact:	
Title:	Email:

I.2 Have there been any changes in your business activities or in the business activities of any of your subsidiaries?

Yes No

If yes, please provide details of the changes:

I.3 Please state the number of employees and business locations:

Please continue on the ADDITIONAL INFORMATION page if necessary:

Location:	ZIP Code:	Number of exempt employees	Number of non-exempt employees
Main location:	_____	_____	_____
Location 2:	_____	_____	_____
Location 3:	_____	_____	_____
Location 4:	_____	_____	_____

I.4 Please advise the:

a) Number of shares issued:

b) Number of shareholders

c) Are there any changes in ownership from the prior year?

Yes No

If 'yes', please provide the name and percentage of shares owned by shareholders owning more than 10% of all voting rights (both direct and indirect)

Name:	Percentage ownership:	Represented on the board:
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No

1.5 Please confirm:

- a) Your gross revenue for the last completed financial year:
- b) You achieved a profit for the last completed financial year: Yes No
- c) Your total assets for the last completed financial year:
- d) You have a positive net worth for the last completed financial year: Yes No
- e) If you are in violation of any debts or loan covenants: Yes No

1.6 In the next 12 months, do you have plans to:

- a) Sell the company? Yes No
- b) Be involved in any mergers, acquisitions or divestments? Yes No
- c) Change your capital structure? Yes No
- d) Raise any new equity capital? Yes No
- e) Change the board of directors or senior management (other than death or retirement)? Yes No
- f) Reorganize or consider an arrangement with creditors under federal or state law? Yes No

If you have ticked any of the shaded boxes in questions 1.5 – 1.6, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 2: EMPLOYMENT PRACTICES LIABILITY

Only complete this section if you are renewing your employment practices liability cover

- 2.1** Have you implemented any new employment policies or procedures over the past 12 months? Yes No

If yes, please provide details of the changes:

2.2 Do the areas of your premises which are accessible to the public comply with the Americans with Disabilities Act 1990, as amended? Yes No

If no, please explain why:

2.3 Are your wage and hour practises compliant with the Fair Labour Standards Act (FLSA)? Yes No

If no, please explain why:

2.4 Do you periodically compare an employee's job description against their actual duties? Yes No

If no, please explain why:

2.5 How long do you keep records of all hours worked by non-exempt employees?

2.6 a) How often do you review your wage and hour practises?

b) Do you obtain legal advice when your wage and hour practises are reviewed? Yes No

If no, please explain why:

2.7 In the next 12 months is it anticipated there will be any reduction in force or systematic lay-off? Yes No

If yes, please provide full details:

SECTION 3: FIDUCIARY LIABILITY

Only complete this section if you are renewing fiduciary liability cover

3.1 Please state the total asset size of all your benefit plans:

3.2 Please complete the following information for your three largest plans to be covered:

Name of Plan:	Plan assets:	Type of Plan (i.e. defined contributions or defined benefits, welfare benefit, profit sharing etc):

Please forward the latest financial statement and a copy of the most recently filed Form 5500 (and attachments) for your largest benefit plan.

- 3.3 Have there been any changes to any benefit plan listed above? Yes No
- 3.4 Are the company and employee contributions fully and promptly paid into the benefit plans? Yes No
- 3.5 Is there currently, or is it anticipated that there will be, a suspension or reduction in contributions to any benefit plan? Yes No
- 3.6 Is any benefit plan currently, or anticipated to be, terminated, suspended, merged or dissolved? Yes No

If you have ticked any of the shaded boxes in questions 3.3 – 3.6, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 4: CYBER AND PRIVACY

Only complete this section if you are renewing cyber and privacy cover

- 4.1 Do you have procedures and protocols in place covering compliance with all applicable privacy regulations? Yes No
- 4.2 Do you have IT security procedures and protocols in place that govern the handling and storage of sensitive information? Yes No
- 4.3 Do you ensure that all sensitive personally identifiable data (including credit and debit card details) is encrypted while standing and during transmission? Yes No
- 4.4 Do you have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and is it updated on a regular basis? Yes No
- 4.5 Do you also have firewalls installed on all external gateways? Yes No
- 4.6 Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe or can you confirm that your outsourced service provider meets this requirement? Yes No
- 4.7 If you accept payment cards (credit or debit) as a form of payment, are you compliant with the Payment Card Industry (PCI) Data Security Standard? Yes No

If you have ticked any of the shaded boxes in questions 4.1 – 4.7, please explain in the box below and continue in the ADDITIONAL INFORMATION if necessary:

SECTION 5: CRIME

Only complete this section if you are renewing crime cover

- 5.1 Are employees in charge of reconciling monthly bank statements also allowed to sign checks and handle deposits? Yes No
- 5.2 Do you have procedures in place to verify the existence and ownership of all new vendors prior to adding them to your authorized master vendor list? Yes No
- 5.3 Do you verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment? Yes No

If you have ticked any of the shaded boxes in questions 5.1 – 5.3, please explain in the box below and continue in the ADDITIONAL INFORMATION if necessary:

5.4 If applicable, how often do you perform a physical inventory check of stock and equipment?

SECTION 6: KIDNAP AND RANSOM

Only complete this section if you are renewing kidnap and ransom cover

6.1 Please provide the following information in respect of each planned foreign trip in the coming 12 months by your employees:

Country of destination:	Number of employees travelling:	Duration of visit:
<hr/>	<hr/>	<hr/>
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If you have more than 10 trips planned in the coming 12 months, please provide an itinerary

6.2 Please state any special security precautions taken prior to and during foreign travel:

SECTION 7: INSURANCE REQUIREMENTS

Only complete this section if you are increasing your limits of insurance or purchasing additional coverage for this renewal

7.1 Please provide the following details:

	Requested limit of liability:	Requested deductible:
Directors and Officers Liability:	_____	_____
Employment Practices Liability:	_____	_____
Fiduciary Liability:	_____	_____
Cyber and Privacy:	_____	_____
Crime:	_____	_____
Kidnap and Ransom:	_____	_____

7.2 Does any individual to be insured under any coverage have any basis to believe that any wrongful act, event, matter, fact, circumstance, situation or transaction might reasonably be expected to result in or be the basis for a future claim? Yes No

If yes, please explain in the ADDITIONAL INFORMATION page

Without prejudice to any other rights and remedies of CFC, any claim arising from any facts, circumstances or situations required to be disclosed is excluded from the portion of any renewal limit of liability that exceeds the expiring limit of liability in the proposed insurance and is excluded from any additional coverage purchased.

SECTION 8: DECLARATION

- I declare that AFTER ENQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me, shall form the basis this contract of insurance.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____	Full name: _____
Position held: _____	Date: <u> </u> / <u> </u> / <u> </u>

Please enclose with this application form your most recent annual financial statements

ADDITIONAL INFORMATION:

Empty rectangular box for additional information.