



Starr Indemnity & Liability Company

399 Park Ave, New York, NY* Tel (646) 227-6377* Fax (631) 685-6738

RESOLUTE PORTFOLIOSM

For Private Companies

(Inclusive of Directors & Officers Liability, Employment Practices Liability, Fiduciary Liability and Crime & Fidelity)
INSURANCE RENEWAL APPLICATION-WEST

NOTICE: APPLICABLE TO ALL COVERAGE SECTIONS EXCEPT CRIME & FIDELITY, THE INSURANCE POLICY FOR WHICH THIS RENEWAL APPLICATION IS SUBMITTED PROVIDES CLAIMS-MADE AND REPORTED COVERAGE, WHICH GENERALLY APPLIES ONLY TO CLAIMS FIRST MADE, AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY DISCOVERY PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS THEREIN. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS UNDER THE LIABILITY COVERAGE SECTIONS OF THIS POLICY SHALL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS. THE INSURER IS NOT OBLIGATED TO PAY ANY LOSS, INCLUDING DEFENSE COSTS, AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF LOSS, INCLUDING DEFENSE COSTS.

NOTICE: APPLICABLE TO ALL COVERAGE SECTIONS AND JURISDICTIONS: PLEASE READ THE ENTIRE RENEWAL APPLICATION CAREFULLY, BEFORE SIGNING.

I. GENERAL INFORMATION

1. Name of Company: _____
2. Address: _____
City: _____ State: _____ Zip Code: _____
3. Nature of Business: _____
4. Indicate below the Resolute PortfolioSM coverages for which the company seeks renewal.

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|---|--|
| <input type="checkbox"/> Directors & Officers Liability | <input type="checkbox"/> Fiduciary Liability |
| <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Crime and Fidelity |
5. Number of Employees (including Subsidiaries):
Total: _____ Total US: _____ Full Time: _____ Part Time: _____
6. Company's total revenues as of the most recent fiscal year end: \$ _____
7. Company's total assets as of the most recent fiscal year end: \$ _____
8. Cash flow from operations as of the most recent fiscal year end: \$ _____
9. Is the Company in compliance with all debt and /or loan covenants? Yes No
If the answer is no, please attach a full explanation.
10. In the next 12 months is the Company contemplating (or has the Company completed within the last year) any actual or proposed merger, acquisition, or divestment, any registration for a public offering or a private placement of securities, any location, facility or office closings, consolidations or layoffs or any reorganization or arrangement with creditors under federal or state law? Yes No
If the answer is yes, please attach a full explanation.



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II. DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION

- 1. Over the past 12 months, has there been any change to the board of directors, executive officers or senior management of the Company? Yes No
- 2. Has there been any change in the Company's ownership structure within the last twelve months? Yes No
If the answer is yes, please attach a full description of ownership structure.
- 3. Please list all non-director and non-officer shareholders who directly or beneficially hold common stock and the percentage owned by each (if none, so indicate)

| | |
|---|---------------------------|
| Non director or non officer shareholders: | % of voting shares owned: |
| _____ | _____ % |
| _____ | _____ % |

III. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

- 1. Within the last year has the Company updated its employment practices handbook, or human resources policies and procedures or department? Yes No
If the answer is yes, please attach a copy of updated materials and a description of changes.
- 2. Number of Employees who have left the Company over the past 12 months:
Voluntary: _____ Involuntary: _____

IV. FIDUCIARY LIABILITY COVERAGE SECTION

- 1. Please complete the following information regarding the Company's employee pension benefits plan

| Pension Benefit Plan Name | Plan assets (current year) | Defined Contribution (DC) Or Defined Benefit (DB) | DB Only -Amount underfunded (only if more than 25%) | Number of Participants |
|---------------------------|----------------------------|---|---|------------------------|
| | | | | |
| | | | | |

- 2. In the next 12 months is the Company contemplating (or has the Company completed within the last year) merging or terminating any plan(s)? Yes No
If yes, please attach an explanation.

V. CRIME

- 1. Does the Company:
 - a. Allow the employees who reconcile the monthly bank statement to also sign checks, handle deposits and have access to check signing machines or signature plates? 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



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- 2. How often does the Company perform a physical inventory check of stock and equipment? \$ _____
 - 3. What is the limit above which the Company requires countersignature for their checks? \$ _____
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VI. NOTICES TO COMPANY

The undersigned authorized representative of the Company declares that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information from all persons proposed for this insurance to facilitate the accurate completion of the Renewal Application. The undersigned authorized representative agrees that if the information supplied on this Renewal Application changes between the date of this Renewal Application and the effective date of the insurance, he/she will in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or agreement to bind insurance

The submission of this Renewal Application by the Company to the Insurer or signing of this Renewal Application by the Company does not obligate the Insurer to issue the insurance. It is agreed that this Renewal Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become part of, the policy.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS RENEWAL APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS RENEWAL APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. PROVIDED,

NOTICE TO UTAH AND WISCONSIN RESIDENTS: THE SUBMISSION OF THIS RENEWAL APPLICATION BY THE COMPANY TO THE INSURER OR SIGNING OF THIS APPLICATION BY THE COMPANY DOES NOT OBLIGATE THE INSURER TO ISSUE THE INSURANCE. NOTHING CONTAINED HEREIN SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS RENEWAL APPLICATION ARE MADE A PART HEREOF PROVIDED THIS RENEWAL APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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 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



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INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO HAWAII APPLICANTS: “ FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

NOTICE TO NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO OREGON 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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS.”

NOTICE TO 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."

VI. DECLARATION AND SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE IS MAKING THE REPRESENTATIONS IN THIS APPLICATION ON BEHALF OF THE COMPANY AND ALL ENTITIES OR PERSONS PROPOSED FOR COVERAGE UNDER THE POLICY.

DATE

SIGNATURE

TITLE

(President, CFO, CEO)

NOTE: This Renewal Application must be signed by the President, CFO and/or CEO of the applicant Company acting as the authorized agent of the persons and entity(ies) proposed for this insurance.

VII. 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)



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|--|---|
| PRODUCER (Insurance Agent or Broker) | INSURANCE AGENCY OR BROKERAGE |
| INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO. | AGENT OR BROKER LICENSE NO. |
| ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code) | |
| E-MAIL ADDRESS OF AGENT OR BROKER | |
| SUBMITTED BY (Insurance Agency) | INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO. |
| ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code) | |

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