



Epack EZ

(For private companies with 100 or fewer employees and \$25 million or less in company assets)

NOTICE

WITH RESPECT TO ALL COVERAGE PARTS, THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES AS DEFINED IN EACH APPLICABLE COVERAGE PART, ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

If you are unable to respond “True” to the following questions you may be eligible for our Epack policy. You can access that application on www.cnapro.com.

Fields denoted with ● are required to quote

Eligibility for Employment Practices Liability

- SIC Code _____ Nature of Operations _____
- 1. Our Company **is** a for-profit Corporation, Limited Liability Company or Sole Proprietorship. True False
- 2. Over the next 12 months (or during the past 12 months) our Company **is not** contemplating any layoffs, staff reductions or facility closings that will affect more than 25% of the workforce. True False
- 3. Our Company **has** written guidelines or procedures addressing discrimination, sexual harassment and employee complaints that are available to our employees. True False
- 4. Our Company **is not** a subsidiary or U.S. division of a foreign parent company. True False
- 5. During the past 3 years, our Company has had fewer than 3 EPL incidents, and the total amount paid or reserved on all litigation was less than \$50,000. True False

Eligibility for Directors & Officers/Entity and Fiduciary

6. Over the next 12 months our Company **is not** contemplating a private or public debt or equity offering of securities. True False
7. Our Company **has had no** “going concern” opinions for the past two years. True False
8. Our Company **does not** have any multi-employer and/or union ERISA plans. True False
9. Our Company **does not** have any plans other than defined contribution plan(s) or welfare benefit plan(s) True False
10. Over the next 12 months, our Company **is not** anticipating any mergers or acquisitions that would put the Company's assets over \$25 million dollars. True False
11. During the past 3 years, our Company, or any person associated with our Company, **has not** been the subject of any action where a license was revoked or suspended or **has not** had any disciplinary action taken by a regulatory agency or association. True False
12. During the past 3 years, our Company **has not** had any D&O/Entity related litigation. True False
13. During the past 3 years, our Company **has not** had any Fiduciary related litigation. True False
14. During the past 3 years, no Director or Officer has been involved in any litigation concerning any business venture or entity. True False



Company Information

- The Applicant to be named in Item 1. of the Declarations (the "Named Insured")

Officer designated to receive correspondence and notices from the insurer:

_____ (First Name) _____ (Last Name) _____ (Officer's Title)

● Street Address _____ (Do not use P.O. Box)

● City _____ ● State _____ ● Zip Code _____

Telephone ____ - ____ - ____ Web Address _____

- Proposed Effective Date of coverage being applied for (mm/dd/yyyy) _____

Underwriting Information

1. What is your current total number of employees?

● Full-time: _____
Part-time: _____
Independent Contractors: _____

2. As of the most recent fiscal year-end, please provide the following information

● a. Total Assets: \$ _____ (No Commas) b. Revenues: \$ _____ (No Commas)

- 3. Do any **non** Directors or Officers own more than 10% of the Company's outstanding shares? Yes No

● WARRANTY

<p>Place a check next to the boxes below where Applicant has current coverage in place either with CNA or with any other carrier:</p> <p><input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Directors and Officers Liability <input type="checkbox"/> Entity Liability <input type="checkbox"/> Fiduciary Liability</p> <p>*The Warranty set forth below is inapplicable to those coverages checked above and should not be completed if the Applicant is requesting continuity.</p> <p>Current Coverage has been in place since (yyyy) _____</p>	<p>Place a check next to the boxes below where Applicant has no current coverage in place:</p> <p><input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Directors and Officers Liability <input type="checkbox"/> Entity Liability <input type="checkbox"/> Fiduciary Liability</p> <p>The Warranty set forth below applies only to those coverages checked above.</p>
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None of the individuals to be insured under any Coverage Part (the "Insured Persons") is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which (s)he has reason to suppose might result in a future claim, except as follows:

- A. There are **no** exceptions to the Warranty.
- B. There **are** exceptions to the Warranty.

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been intentionally suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Insurer will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Insurer in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to return to its current insurance company any claim made against it during the current policy term, or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Insurer from any current or prior insurer of the Applicant.

FRAUD NOTICE - Where Applicable Under The Law of Your State

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven year and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

This application must be signed by the Chairman of the Board, Chief Executive Officer or by the President.

Signed: _____ **Date:** _____

Title: _____ **Corporation:** _____



The following section should be completed by your Insurance Representative.

Producer Information

- Producer Name _____
(Company Name)
- Address 1 _____
- Address 2 _____
- City _____
- State _____
- Zip Code _____
- Phone Number ____ - ____ - ____

Producer Contact

- First Name _____
- Last Name _____
- Phone Number ____ - ____ - ____
- Email Address _____