

Liberty Private Advantage Policy Application for Insurance



NOTIFICATION

- Words and expressions, other than in the headings, that are printed in bold are defined in the Liberty Private Advantage Policy form
- **Company** means the **Company** or other entity named in Item 1 below and any **Subsidiary**
- **Insured Entity** means the **Company**, or a **Plan**
- **Liberty** means, Liberty International Underwriters, A Division of Liberty Mutual Insurance Company
- Please complete all questions

REQUIRED ADDITIONAL INFORMATION

- List of all **Subsidiaries** of the **Company** named below and any other entities for which you desire coverage
- Corporate Chart showing the **Company** named below and its **Subsidiaries** and % ownership of each entity plus similar chart for any entities or groups not consolidated and for which coverage is desired
- Listing of directors, officers, trustees of the **Company** and its **Subsidiaries** and other applicable entities desiring coverage.
- Last 2 year-end consolidated audited or reviewed financial statements and any financial statements for other applicable entities desiring coverage plus most recent interim financials applicable
- Most recent audited financial statements for any pension plan(s)
- Most recent actuarial valuation report for each defined benefit pension plan

GENERAL

All applicants please answer the following questions:

1. **Company:** _____

2. **Address:** _____

City: _____ State : _____

Postal Code: _____

Telephone: _____ Facsimile: _____

3. **Website:** _____

4. **Type of Organization:** Corporation Partnership Limited / General Partnership

Select all those that apply

Other

(Please Specify) _____

Nature of Business:

5. Please complete the following information for the current year:

Total employees: _____ Annual revenues: _____

7. Does the Applicant perform any professional services for a fee? Yes No

8. Has the Company given notice of any claim, circumstance or potential claim to any insurer under any of the coverages to which this application applies? Yes No

If "Yes", please attach a full explanation of the claim, circumstance, or potential claim.

9. Please indicate the Insurance being requested.

Insurance	Limit of Liability Requested (\$)	Deductible Requested (\$)
Directors & Officers and Company Liability		
Employment Practices Liability		
Fiduciary Liability		
Pollution Defense Costs Coverage		
Crime Coverage		

DIRECTORS AND OFFICERS AND COMPANY LIABILITY COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

Share or Unit Type	-select-		-select-		-select-	
	Other:		Other:		Other:	
Number Outstanding						
% of Voting Rights						
% owned by Directors/ Officers						
List of FIVE (5) Major Owners	Name	%	Name	%	Name	%

Subsidiaries

(a) Please provide information for all **Subsidiaries** separately.

Corporate Changes

Has the **Company** in the past three years been involved with or contemplating in the next twelve months any or all of the following?

- (a) Any mergers, acquisitions or divestitures or sale of itself? Yes No
- (b) Any public offering or a private placement of securities? Yes No
- (c) Any restructuring, layoffs or facility closings? Yes No
- (d) Any material change in the strategy or direction of the business? Yes No
- (e) Any change in outside auditors? Yes No

If **Yes** to any of the above, please provide full details:

Operational Information

Total assets (for the current year): _____

Does the **Company** act as a general partner or partnership manager? Yes No

If "Yes", please attach a list of these entities and indicate nature of business and percent of ownership held by **Company** for each.

Does the **Company** participate in any joint ventures? Yes No

If "Yes", please attach a list of these entities and indicate nature of business and percent of ownership held by **Company** for each.

Has the Company or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years:

- (a) Anti-trust, copyright or patent litigation? Yes No
- (b) Civil, criminal or administrative proceeding alleging violation of any federal or state securities laws? Yes No
- (c) Any other criminal actions? Yes No
- (d) Any action for suspension or revocation of a license or for any professional disciplinary sanction? Yes No

If **Yes** to any of the above, please provide full details:

EMPLOYMENT PRACTICES LIABILITY COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

	USA		FOREIGN*		TOTAL	
	Previous Year	Current Year	Previous Year	Current Year	Previous Year	Current Year
Full-Time (Unionized)						
Full-Time (Non-unionized)						
Part-Time Union & Non-Union						
Total						
	California		Texas		New Jersey	
Number of ALL Employees						

(c) Annual turnover of **Employees**:

Period	Current Year	Previous Year	Previous 2 Years
Percentage			

(d) Salary Ranges for **Employees**:

% of Employees earning less than \$50,000 Per Year annually _____

% of Employees earning between \$51,000 and \$100,000 annually: _____

% of Employees earning more than \$101,000 annually: _____

Human Resources

Does the **Company** have the following?

(a) A Personnel / Human Resource Department Yes No

If Yes , please list number of staff members	Full Time	Part-Time
If No , please indicate the person who is responsible for this function and how it is handled		

(b) An **Employee** handbook or manual Yes No

If Yes , are the following addressed?
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Hiring / Interviewing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Performance Reviews / Appraisals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disciplinary Actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discharge / Termination / Early Retirement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reporting, Investigating and Resolving Employee Complaints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discrimination and Harassment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compliance with the American with Disabilities Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- (c) Written job descriptions for all positions Yes No
- (d) Formal training for its managers in administering HR policies Yes No
- (e) Annual written performance reviews / appraisals for all full-time, non-unionized **Employees** Yes No
- (f) Written policy requiring senior managers or office managers to approve employee terminations? Yes No

FIDUCIARY LIABILITY COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

- (a) Plan Information (only list plans sponsored solely by the **Company** or jointly by the **Company** and a labor organization, solely for the benefit of the **Employees**)

PLAN NAME	TYPE (Defined Benefit Plan, Defined Contribution Plan, or Welfare Benefit Plan)	NUMBER OF PARTICIPANTS	PLAN ASSETS (\$)

- (b) Administrative Practices

- i. For any **Plan(s)** listed in (a) above:
 Are all investment made by (an) external investment manager(s)? Yes No

<p>If Yes, please list the key investment manager(s): For any changes to investment managers in the past three years, please list the reasons:</p>
<p>If No, please provide details on how investments are done in-house.</p>

- ii. Is there any investment by any **Plan** in the **Company** representing more than 5%? Yes No

If **Yes**, please provide full details:

- iii. Have there been in the past three years or is there now under consideration:

- (a) Any merger/consolidation or termination of any **Plan(s)**? Yes No
- (b) Any amendments to any **Plan(s)** that have resulted in or are expected to result in a reduction of **Benefits** or increase of participants' share of cost? Yes No

If **Yes** to any of the above, please provide full details:

- iv. Does any plan hold any investments with guaranteed return (Guaranteed Investment Contracts (GIC)? Guaranteed Annuity Contract (GAC) or Bank Investment Contract (BIC) or any Real Estate Investments (Real Property, Mortgage Investment, or Collateralized Mortgage Obligations (CMO)? Yes No

If **Yes**, please provide full details:

- v. Do all plans conform to ERISA standards and/or similar regulatory law in the United States? Yes No

If **Yes**, please provide full details:

CRIME COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

a.	Canada	U.S.A.	Other
Total number of:			
Class 1 Employees*			
All other Employees			
Locations			

* Class 1 Employee would include all officers and employees who, as part of their regular duties, handle, have custody or maintain records of money, securities or other property.

b.	Frequency of cash/accounts/inventory audits	By whom

c.	What percentage of receipts are cash?	Cheques?	Other?

d. Does the **Company**:

(1) Allow the employees who reconcile the monthly bank statements to also sign checks or handle deposits? Yes No

(2) Have custody or control over any funds, accounts or materials for any clients? Yes No

If Yes to any of the above, please provide full details:

(3) Perform background checks on all newly hired employees? Yes No

(4) Have an audit by an independent CPA and receive an independent CPA Management Letter? Yes No

(5) Do an annual external audit including all subsidiaries and locations? Yes No

(6) Perform a physical inventory check of stock and equipment? Yes No

(7) Have a current procedure manual for wire transfers? Yes No

(8) Require countersignature on all outgoing checks? Yes No

(9) Have policies and computer system controls in place to prevent employees who approve new hires from adding them into payroll? Yes No

If No to any of the above, please provide full details:

Please describe losses during the past 6 years, whether reimbursed or not by Insurance, by Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance, or Destruction:

Check if none:

Description of loss	Date of loss	Amount of loss	Corrective measures taken (If Employee - state position)

POLLUTION DEFENSE COSTS COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

Is the Company aware of any pollution conditions at existing company owned locations or facilities? Yes No

If yes, please explain:

Does the company or any of its subsidiaries or affiliates have any involvement in any hazardous and/or non-hazardous waste transportation, treatment, processing, incineration or disposal facilities, or do they have any financial interest in any organizations that do? Yes No

If yes, please explain:

Does the company enter into contracts with third parties where it assumes any pollution liability? Yes No

If yes, please explain:

Does the company currently purchase a Pollution Liability Insurance Policy, a Contractors Pollution Liability Insurance Policy, Premises Liability Insurance Policy, or Environmental Site Liability Insurance Policy? Yes No

If yes, please explain:

Has the firm been cited by any regulatory body regarding violation of environmental laws or faced any claims or legal actions alleging violation of any pollution related laws? Yes No

If yes, please explain:

CURRENT COVERAGE INFORMATION

All applicants please answer the following questions:

Insurance Type	Expiration Date	Insurer	Limit	Deductible	Premium
Directors & Officers & Company Liability					
Employment Practices Liability					
Fiduciary/Pension Liability					
Crime/Fidelity Coverage					

PRIOR KNOWLEDGE / WARRANTY

All applicants please answer the following questions:

During the past five years, has any **claim**, or notice of facts or circumstances which could reasonably be expected to give rise to a **claim**, ever been reported to any previous or current insurer for the above noted coverages in (a) or which would fall within the scope of a similar policy if such insurance had been in force?

Yes No

If **Yes**, please provide full details including the dollar value of any settlements and loss amounts paid by any insurer:

It is understood and agreed that any **loss** arising from a matter disclosed or which should have been disclosed under this section 10 of this application is excluded from coverage under the **policy**, all without limiting any other remedy available to **Liberty** International Underwriters for non-disclosure.

Are there any claims made or now pending against any **insured individual** or **insured entity** proposed for coverage?

Yes No

Does any **insured individual** or **insured entity** have any knowledge or information of any facts or circumstances which could reasonably be expected to give rise to a **claim** under the proposed **policy**?

Yes No

If **Yes**, please provide full details:

It is understood and agreed that any **loss** arising from a matter disclosed or which should have been disclosed under this section 11 of this application is excluded from coverage under the **policy**, all without limiting any other remedy available to **Liberty** International Underwriters for non-disclosure.

ACKNOWLEDGEMENTS / DECLARATIONS AND SIGNATURE

The undersigned(s) declare that to the best of their knowledge and belief the statements and disclosures in this application are true. The completion and signing of this **application** does not obligate the **company** or **Liberty** to effect the insurance but it is agreed that if a **policy** is issued this **application** will form part of such **policy** and **Liberty** will be relying on the completeness and accuracy of the statements and disclosures in this **application**.

If the undersigned(s) becomes aware of any material changes to the statements and disclosures in this **application** between the date of this **application** and the effective date of any **policy** bound with **Liberty**, they will notify **Liberty** immediately of such changes in writing. It is understood that, without limitation to any other remedy, **Liberty** may upon review of such changes, withdraw or modify any outstanding quotation(s) and any agreement or authorization to bind coverage.

The undersigned(s) authorize **Liberty** to make any investigation and inquiry in connection with this **application** that it deems necessary and acknowledge that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this **application**, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use and disclosure of such information for the purposes of assessing the **application** for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, acting as authorized by law.

False Information – Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature	Signature
Name	Name
<input type="checkbox"/> Chairman of the Board or <input type="checkbox"/> President / CEO	<input type="checkbox"/> Director of Human Resources
Date	Date

HELPFUL ADDITIONAL INFORMATION

- The answers to questions and information provided by this **application** provide most of the information **Liberty** will use to assess your risk and determine whether a quote will be provided, and on what terms and conditions.
- Any additional information you can provide that shows your organization in a better light will normally result in **Liberty** having a better comfort with your risk and allow for more favourable terms and conditions to be quoted.
- Such information may include:
 - Business plans
 - Investor presentations
 - Details of industry awards or favourable articles in industry journals/magazines
 - Top supplier recognition from customers
 - Committees formed
 - Employee newsletters
 - Annual Reports / Communications to Pension Plan Members