

# Private Advantage Policy Renewal Application



## 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 I 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 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) and current 5500's

## GENERAL

All applicants please answer the following questions:

1. **Company:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

3. **Website:** \_\_\_\_\_

4. **SIC Code:** \_\_\_\_\_ Description: \_\_\_\_\_

5. Nature of the Business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please indicate below which Private Advantage Coverages for which the **Company** seeks renewal:

- |   |   |
|---|---|
| <input type="checkbox"/> Directors & Officers and Company Liability | <input type="checkbox"/> Employment Practices Liability |
| <input type="checkbox"/> Fiduciary Liability                        | <input type="checkbox"/> Crime Coverage                 |
| <input type="checkbox"/> Pollution Defense Costs Coverage           |   |

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

Total Employees: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_

Total Assets: \_\_\_\_\_ Cash Flow from Operations: \_\_\_\_\_

**Corporate Changes**

8. Has the **Company** 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
- (f) Reorganization or arrangement with Creditors under Federal Law? Yes  No

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

**DIRECTORS AND OFFICERS AND COMPANY LIABILITY COVERAGE INFORMATION**

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

- 9. Has there been any change to the Board of Directors or Management in the past 12 months? Yes  No
- 10. Has there been any change to the **Company's** ownership structure in the past 12 months? Yes  No
- 11. Please complete the following table:

	NAME	% OWNED	BOARD REPRESENTATION (Y/N)
<b>LIST OF FIVE (5) MAJOR OWNERS</b>			

**EMPLOYMENT PRACTICES LIABILITY COVERAGE INFORMATION**

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

12. Please complete the following table regarding **Employee** count:

	USA (Excluding California)	CALIFORNIA	FOREIGN	TOTAL
<b>FULL-TIME</b>				
<b>PART-TIME</b>				
<b>TOTAL</b>				

13. Annual turnover of **Employees**:

PERIOD	CURRENT YEAR	PREVIOUS YEAR
PERCENTAGE		

**Human Resources**

14. Within the last 12 months, has the **Company** made any changes to the following?

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| (a) Human Resource Department    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Employee Handbook            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Other policies or procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes to any of the above, please provide a copy of the updated materials.

**FIDUCIARY LIABILITY COVERAGE INFORMATION**

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

15. 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 (\$)	DB ONLY – Is PLAN under funded – What %

16. Is the **Company** contemplating (or has the **Company** completed within the last 12 months) any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Any merger/consolidation or termination of any <b>Plan(s)</b> ?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Any amendments to any <b>Plan(s)</b> that are expected to result in a reduction of <b>Benefits</b> or increase of participants' share of cost? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

**CRIME COVERAGE INFORMATION**

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

17. Number of Class 1 Employees\*: \_\_\_\_\_

\* 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.

18. Number of Locations: \_\_\_\_\_

19. Has the **Company** made material changes to internal controls, policies or procedures? Yes  No

20. Does the **Company**:

- (a) Allow the employees who reconcile the monthly bank statement to also sign checks or handle deposits? Yes  No
- (b) Have custody or control over any funds, accounts or materials for any clients? Yes  No
- (c) Do an annual external audit including all subsidiaries and locations? Yes  No
- (d) Perform a physical inventory check of stock and equipment? Yes  No

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

21. Please describe losses during the past year, 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)

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**POLLUTION DEFENSE COSTS COVERAGE INFORMATION**

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

22. Is the **Company** aware of any pollution conditions at existing **Company** owned locations or facilities? Yes  No   
 If yes, please explain:

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23. 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:

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24. Does the **Company** enter into contracts with third parties where it assumes any Pollution Liability? Yes  No   
 If yes, please explain:

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25. 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:

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26. 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:

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**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.

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Signature

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Name

Chairman of the Board   or    President / CEO   or    Chief Financial Officer

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Date