MANAGEMENT LIABILITY INSURANCE
RENEWAL PROPOSAL FORM

CLAIMS MADE AND REPORTED WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made and reported against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- Complete the sections of this Proposal Form for each Coverage Requested as indicated below.
- Provide details to all "Yes" answers, when applicable, by attachment whether or not prior coverage was in place.

Whenever printed in this Proposal Form, the terms in quotations shall have the same meanings as indicated in the "Policy". This Proposal Form is to be completed with respect to the entire "Insured Entity". "Insured Entity" as used herein is defined to include the "Named Insured" and any "Subsidiaries".

Name of "Named Insured"

Primary Location Street Address | Suite

City | County | State | Zip Code

Website Address (if applicable) | Federal Employer Identification Number (FEIN)

Named and title of officer designated as agent of all "Insureds" to receive any and all notices from the "Insurer", including but not limited to complimentary Risk Management Services

E-mail Address | Telephone Number | Fax Number

The contact information provided will be used for internal purposes and will not be sold to any third party.

☐ The mailing address is the same as the primary location. If not, provide mailing address:

Mailing Street Address | Suite

City | County | State | Zip Code

COVERAGE AND TYPE OF LIMIT REQUESTED

Indicate Coverage and Limit Requested:

Directors, Officers and Corporate Liability Insurance Coverage: ☐ Yes ☐ No Limit: **$**_____

Employment Practices Liability Insurance Coverage: ☐ Yes ☐ No Limit: **$**_____

Fiduciary Liability Insurance Coverage: ☐ Yes ☐ No Limit: **$**_____

Indicate the Type of Limit Requested:

Policy Aggregate Limit of Liability for all "Coverage Sections": ☐

Separate Aggregate Limit of Liability for each "Coverage Section": ☐

Combination of Policy Aggregate and Separate Aggregate (provide details): ☐ _____

CURRENT INSURANCE INFORMATION

1. Provide the following information regarding the "Insured Entity's" most recent insurance policies. If None, so state.

Type of Coverage		Carrier	Expiration Date	Limit	Deductible	Premium
Directors and Officers Liability:	☐ None			$	$	$
Employment Practices Liability:	☐ None			$	$	$
Fiduciary Liability:	☐ None			$	$	$

2. Within the last 3 years has any "Claim" been made or has notice been given under any of the above listed policies or similar insurance?

3. Within the last 3 years has any of the above listed policies or similar insurance for the "Insured Entity" been canceled or non-renewed? (NOT APPLICABLE IN MISSOURI) ☐ Yes ☐ No

GENERAL INFORMATION

4. (a) Form of Organization:
☐ Cooperative ☐ Corporation ☐ Joint Venture*
☐ Limited Liability Corporation ☐ Nonprofit ☐ Partnership*
☐ Sole Proprietorship / Individual ☐ Other _____

*If a Joint Venture or Partnership, provide participation or ownership structure details by attachment.

(b) Type of Organization:
☐ Manufacturing / Production ☐ Public Administration ☐ Retail Trade
☐ Service Industry ☐ Web Based ☐ Wholesale Distributing

5. The "Named Insured" has been in continuous operation since: _____

6. (a) What is the "Insured Entity's" Primary Standard Industrial Classification (SIC) Code? _____

(b) Describe the "Insured Entity's" nature of operations: _____

(c) Does the "Insured Entity" operate or participate in a Political Action Committee? ☐ Yes ☐ No

7. Is the "Named Insured" or any "Subsidiary" publicly held or a public reporting company under the Securities Exchange Act of 1934? ☐ Yes ☐ No

8. Provide the following financial information with respect to the "Insured Entity":

Period Ending: ___/___/___

Total Assets: $_____

Shareholder Equity: $_____

Annual Revenues: $_____

Net Income / Loss: $_____

Cash Flow From Operations: $_____

9. Is the "Insured Entity" currently in violation of any debt covenants? ☐ Yes ☐ No

10. Do current liabilities exceed current assets? ☐ Yes ☐ No

11. Will more than 50% of the total long-term liabilities mature within the next 18 months? ☐ Yes ☐ No

12. Is the "Insured Entity" currently in bankruptcy? ☐ Yes ☐ No

13. Within the next 12 months:

a. is the “Insured Entity” contemplating filing a petition for protection under the bankruptcy code? ☐ Yes ☐ No

b. does the “Insured Entity” anticipate raising funds by any venture capital, private placement or private offering of any equity or debt securities? ☐ Yes ☐ No

c. does the “Insured Entity” anticipate any public sale of equity or debt securities and/or the filing of any registration statement or similar disclosure for an offering or sale of securities? ☐ Yes ☐ No

d. does the “Insured Entity” anticipate any offering or sale of securities pursuant to Title III. Crowdfunding of the Jumpstart Our Business Startups Act of 2012? ☐ Yes ☐ No

e. does the “Insured Entity” anticipate any plant, facility, branch or office closings, or layoffs? ☐ Yes ☐ No

f. does the “Insured Entity” anticipate any consolidation, divestment, acquisition, tender offer or merger? ☐ Yes ☐ No

14. Within the last 18 months:

a. has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (or equivalent position? ☐ Yes ☐ No

b. has the “Insured Entity” raised funds by any venture capital, private placement or private offering of any equity or debt securities? ☐ Yes ☐ No

c. has the “Insured Entity” offered or sold to the public any equity or debt securities and/or filed any registration statement or similar disclosure for an offering or sale of securities? ☐ Yes ☐ No

d. has the “Insured Entity” offered or sold securities pursuant to Title III. Crowdfunding of the Jumpstart Our Business Startups Act of 2012? ☐ Yes ☐ No

e. has the “Insured Entity” conducted any plant, facility, branch or office closings, or layoffs? ☐ Yes ☐ No

f. has the “Insured Entity” conducted any consolidation, divestment, acquisition, tender offer or merger? ☐ Yes ☐ No

IF YES TO ANY PART OF QUESTIONS 9. THROUGH 14., PROVIDE DETAILS BY ATTACHMENT.

SUBSIDIARY INFORMATION

15. Provide the following information on all “Subsidiaries” of the “Insured Entity”. If None, so state. ☐ None

“Subsidiary” Name	Nature of Business	Percent* Owned by “Insured Entity”	Date Created or Acquired	Domestic / Foreign	Non-Profit
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

* If “Subsidiary” is less than 100 percent owned, provide details regarding all other owners, by attachment.

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED HERE OR BY ATTACHMENT.

LOSS HISTORY INFORMATION

16. During the last 5 years, has any "Insured", including any "Subsidiary", received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration, regulatory investigation or proceeding, including both domestic or foreign equivalents, involving:

    a. any current or former employee or third party alleging discrimination, harassment, wrongful discharge and/or any wrongful employment act? ☐ Yes ☐ No

    b. the Equal Employment Opportunity Commission, National Labor Relations Board or any similar state or local agency? ☐ Yes ☐ No

    c. the U.S. Department of Labor or any similar state or local agency, alleging violations of any wage and hour law, including but not limited to, the Fair Labor Standards Act? ☐ Yes ☐ No

    d. any investigation by the Internal Revenue Service, Department of Labor, Pension Benefit Guarantee Corporation, or any other local, state or federal agency? ☐ Yes ☐ No

    e. any intellectual property disputes, including Copyright, Patent, or Trademark Laws? ☐ Yes ☐ No

    f. any Security Law or Regulation? ☐ Yes ☐ No

    g. any Anti-Trust or Fair Trade Law? ☐ Yes ☐ No

17. During the last 5 years, has any "Insured", including any "Subsidiary", been involved in any lawsuit not disclosed above that would fall within the scope of the proposed insurance? ☐ Yes ☐ No

IF YES TO ANY PART OF QUESTIONS 16. OR 17., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT:

(a) Date "Claim" first made (b) Claimant's Name (c) Allegation (d) Current Status

(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's Fees (h) Remedial Action Taken

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 16. OR 17.

DIRECTORS, OFFICERS AND CORPORATE LIABILITY SECTION

- Complete the Directors, Officers and Corporate Liability section of the Proposal Form **ONLY** if requesting this coverage.
- Provide a copy of the most recent interim and annual financial statement (audited, if available).

18. Is the "Insured Entity" engaged in any of the following activities? If None, so state. ☐ None

    ☐ Activities that fall under The Investment Company Act of 1940 ☐ General Partnership operations

    ☐ Captive Insurance Company operations ☐ Insurance Company operations

    ☐ Franchising ☐ Joint Venture(s)

19. Total number of Shares of Stock or Membership Units outstanding:

    Common Stock / Membership Units: _____ Preferred Stock: _____

20. Total number of common stock shareholders or membership unit holders: _____

21. Provide the following information regarding the "Insured Entity's" outstanding ownership, including individual and corporate names:

Names of Security Holders Owning More Than 10 Percent of Total Outstanding Common Stock, Membership Units or Preferred Stock	Percent Owned	Voting Rights?	Representation on the Board of Directors?
	%	☐ Yes ☐ No	☐ Yes ☐ No
	%	☐ Yes ☐ No	☐ Yes ☐ No
	%	☐ Yes ☐ No	☐ Yes ☐ No

EMPLOYMENT PRACTICES LIABILITY SECTION

- Complete the Employment Practices Liability section of the Proposal Form **ONLY** if requesting this coverage.

22. (a) Number of "Employees": Do not include Leased Employees or Independent Contractors in numbers below.

	Full Time	Part Time	Seasonal and/or Temporary	Volunteers and/or Interns	Annual Turnover Rate
Current Year:					
Last Year:					

(b) How many "Employees" does the "Insured Entity" employ in California? _____

(c) How many "Employees" does the "Insured Entity" employ outside of the U.S.? _____

(d) How many Leased Employees does the "Insured Entity" employ annually? _____

(e) How many Independent Contractors does the "Insured Entity" utilize annually? _____

23. What percentage of the "Insured Entity's" "Employees" currently earn more than $100,000? _____ %

24. Provide the following information on all plants, facilities, branches or offices of the "Insured Entity". If None, so state. ☐ None

Location	Nature of Business	Number of "Employees"	Domestic / Foreign

25. Does the "Insured Entity" currently employ a full time Human Resources professional? ☐ Yes ☐ No

26. Indicate which formal written policies and procedures have been implemented. If None, so state. ☐ None

- ☐ Employee Handbook / Manual
- ☐ Adherence to Employment "at-will" relationship with all "Employees"
- ☐ Anti-Discrimination Equal Employment Opportunity Policy
- ☐ Anti-Harassment Policy, including Sexual Harassment
- ☐ Social Media Policy
- ☐ I-9 Verification

Employers with more than 50 Employees

- ☐ Family Medical Leave Act

California Employers Only

- ☐ California Family Rights Act

27. Does the "Insured Entity":

a. utilize employment applications for all prospective "Employees"? ☐ Yes ☐ No

b. require the Human Resource Department to review and approve each proposed "Employee" termination? ☐ Yes ☐ No

c. have outside employment counsel review each proposed "Employee" termination? ☐ Yes ☐ No

d. maintain a written policy prohibiting Sexual Harassment and distribute that policy to all "Employees"? ☐ Yes ☐ No

e. conduct mandatory periodic "Employee" education regarding prohibited forms of harassment? ☐ Yes ☐ No

f. periodically have its employment policies and procedures reviewed by outside employment counsel? ☐ Yes ☐ No

g. periodically have its employment policies and procedures distributed to all "Employees"? ☐ Yes ☐ No

h. have a written procedure for notification and handling of employment related grievances, disputes, notifications, or claims? ☐ Yes ☐ No

(For question 27, details to Yes or No answers are not required by attachment.)

FIDUCIARY LIABILITY SECTION

- Complete the Fiduciary Liability section of the Proposal Form **ONLY** if requesting this coverage.
- Provide a copy of the most recent public accountant's audit report or IRS Form 5500 for each "Employee Benefit Plan".

28. Provide the following information regarding each employee welfare benefit plan, employee pension benefit plan or pension plan, as defined by "ERISA", (hereinafter referred to as "Employee Benefit Plans") which the "Insured Entity" maintains or to which it contributes.

Name of Plan	Type of Plan*	Name of Plan Sponsor	Number of Plan Participants	Fair Market Value of Plan Assets (000's)

Type of Plan: (DB) = Defined Benefit; (DC) = Defined Contribution; (ESOP) = Employee Stock Ownership Plan; (WB) = Health & Welfare Benefit; (MEP) = Multi-Employer Plan or Multiple Employer Plan; (O) = Other

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR EMPLOYEE BENEFIT PLANS UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED HERE OR BY ATTACHMENT.

29. Has any employee pension benefit plan or pension plan invested in securities of the "Insured Entity"? ☐ Yes ☐ No
If Yes, provide the following details by attachment: number of shares; cost of shares to the plan; fair market value of shares.

30. Has any employee pension benefit plan or pension plan invested in more than 10 percent of any entity (other than the "Insured Entity" or a pooled investment vehicle such as a mutual fund)? ☐ Yes ☐ No
If Yes, provide name of entity and amount of investment.

31. Has any "Employee Benefit Plan" loaned or pledged any "Employee Benefit Plan" assets to any party-in-interest (including the "Insured Entity")? ☐ Yes ☐ No

32. Are any defined benefit plans under funded by more than 20 percent? ☐ Yes ☐ No

33. Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? ☐ Yes ☐ No
If Yes, provide plan name and amount of overdue contributions by attachment.

34. Within the last 3 years, has there been, or is there currently under consideration, any restructuring, termination or other similar transaction of any "Employee Benefit Plan"?
If Yes, provide details of the transaction by attachment. ☐ Yes ☐ No

35. If any of the following questions are No, provide details by attachment:

a. Are all "Employee Benefit Plans" compliant with the Health Insurance Portability and Accountability Act (HIPAA)? ☐ Yes ☐ No

b. Does the plan sponsor comply with the summary plan description requirements under "ERISA" for all "Employee Benefit Plans"? ☐ Yes ☐ No

c. Do all employee pension benefit plans or pension plans have a written investment policy? ☐ Yes ☐ No

d. Are all employee pension benefit plan or pension plan assets managed by a third party investment manager? ☐ Yes ☐ No

e. Do the fiduciaries review the investment guidelines used by the investment managers at least annually? ☐ Yes ☐ No

f. Is the fair market value of all employee pension benefit plan or pension plan assets calculated at least annually? ☐ Yes ☐ No

PRODUCER INFORMATION

Submitted by (Agency Name) _____ Dated _____

Agent's Name (Individual's Name) _____ Agent's License Number _____

PLEASE READ CAREFULLY

The undersigned, acting on behalf of all proposed "Insureds", declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each "Insured" proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the "Policy". Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the "Insurer" and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the "Policy" inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the "Insurer" immediately;
- the information contained in this Proposal Form shall not be used by the "Insureds" as notice as provided for in section VII. of the Common Policy Terms and Conditions Section of this "Policy";
- this Proposal Form has been completed as respects the entire "Insured Entity";
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Dated _____ President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Signature) _____

President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Print Name) _____

Title _____

Dated _____ Human Resources Manager, or equivalent position (Signature) _____

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO NEW MEXICO, PENNSYLVANIA 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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO APPLICANTS OF NEW JERSEY AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO APPLICANTS OF FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW YORK 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, 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.

The Maxum Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:
Maxum Casualty Insurance Company, 3655 North Point Parkway, Suite 500, Alpharetta, GA 30005