

DIRECTORS AND OFFICERS LIABILITY-PRIVATE COMPANY  
RENEWAL APPLICATION



**NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY THAT APPLIES ONLY TO THOSE CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER DURING THE POLICY PERIOD, OR THE DISCOVERY PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS SHALL BE REDUCED OR TOTALLY EXHAUSTED BY PAYMENT OF DEFENSE EXPENSES.**

**I. GENERAL INFORMATION SECTION**

1. (a) Name of Organization:

\_\_\_\_\_

(b) Organization Address:

\_\_\_\_\_

2. Have there been any changes in the Organization operations within the last twelve (12) months or is the Organization currently contemplating any merger or acquisition? Yes  No   
(If "Yes", please provide details on a separate page)

3. Provide the following information on all Subsidiaries of the Insured Organization. If "None", check here: None

Subsidiary Name	Nature of Business	Percent Owned by the Insured Organization	Date Created or Acquired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Stock / Unit Ownership of Insured Organization

(a) Number of common shares/units owned directly or beneficially by Directors and Officers: \_\_\_\_\_

(b) Please complete the following information:

Names of Director or Officer Shareholders	Voting Shares Owned
_____	_____ %
_____	_____ %
_____	_____ %
Shareholders (include individual and corp. names) who are both non-directors and non-officers owning 5% or more of voting shares	Voting Shares Owned
_____	_____ %
_____	_____ %

\*If multiple shareholders, please include attachment

Please identify any family relationships among the individuals listed above: \_\_\_\_\_

\_\_\_\_\_

5. Has the applicant or any of its subsidiaries had any private placement or security offerings within the last 12 months, or does the applicant or any of its subsidiaries contemplate any private placement or securities offerings in the next 12 months (offerings include any debt offering and/or any offerings under the JOBS Act including but not limited to Crowdfunding)? Yes  No   
 (If "Yes", please provide details on a separate page)

**II. EMPLOYMENT PRACTICES LIABILITY SECTION**

1. Number of Employees:
- |            |              |            |                  |
|------------|--------------|------------|------------------|
|            | <u>Union</u> |            | <u>Non-Union</u> |
| Full time: | _____        | Full time: | _____            |
| Part time: | _____        | Part time: | _____            |
| Total:     | _____        | Total:     | _____            |
2. Does the Organization anticipate making any reductions in the work force within the next twelve (12) months? Yes  No   
 (If "Yes", please provide details on a separate page)
3. How many Employees or Officers have been terminated within the last twelve (12) months?  
 Number of Employees: \_\_\_\_\_ Number of Officers: \_\_\_\_\_

**III. FIDUCIARY LIABILITY SECTION**

1. Please provide the following information for each Plan of the Applicant:

Plan Name	Type of Plan (DC/DB/other)	Total Plan Assets (\$)	Annual Contributions	Number of Participants
		\$		
		\$		
		\$		
		\$		

2. With respect to any ESOP proposed for coverage, please answer the following questions:
- a. What percentage of ownership of the Parent Company's stock does the Plan hold? \_\_\_\_\_
- b. If the Parent Company is privately held, by whom and how often is the Plan's stock valued? \_\_\_\_\_
- c. Who has the voting rights for the allocated and unallocated shares of stock in the Plan? \_\_\_\_\_
3. Have there been any mergers of Plans or any Plan terminations during the last 12 months? Yes  No   
 (If "Yes", please provide details on a separate page)
4. Have the Plans been reviewed within the last 12 months to assure that there are no violations of prohibited transactions and party-in-interest rules? Yes  No   
 (If "No", please provide details on a separate page)
5. Has any Plan experienced any assessment of fees, fines or penalties under any voluntary compliance resolution program or by any governmental authority against any plan? Yes  No   
 (If "Yes", please provide details on a separate page)

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The undersigned authorized Officer of the Organization, on behalf of the Organization and its Subsidiaries, and on behalf of the Directors and Officers of the Organization and its Subsidiaries declares that to the best of his/her knowledge and belief, the information, particulars, documents, representations and statements contained in, attached or referred to in this application for insurance and/or as a result of the underwriting process are true and accurate and recognizes that the Insurer, in issuing this policy, will rely on such information, particulars, documents, representations and statements.

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Although the signing of this application does not bind the undersigned to effect insurance, the undersigned agrees, on behalf of the Organization and its Subsidiaries, and on behalf of the Directors and Officers of the Organization and its Subsidiaries, that the information, particulars, documents, representations and statements contained in, attached or referred to in this application for insurance and/or as a result of the underwriting process shall be the basis of the contract should a policy be issued and that this application will be attached to and will become part of such policy. The Insurer is hereby authorized to make any investigation and inquiry it deems necessary in connection with this application.

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**NOTE:** This application must be signed by the Chairman of the Board or President and dated within thirty (30) days of the effective date of coverage.

The undersigned authorized Officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Chairman of the Board or President)

Date \_\_\_\_\_ Organization \_\_\_\_\_

**One copy of each of the following documents is attached and made part of the policy:**

- (a) COMPLETE COPY OF LATEST AUDITED FINANCIALS, INCLUDING AUDITORS NOTES AND A COPY OF LATEST INTERIM FINANCIAL STATEMENT
- (b) A COPY OF THE MOST RECENT FILED FORMS 5500 OR MOST RECENT AUDITED PLAN FINANCIAL STATEMENTS
- (c) IF AN ESOP, A COPY OF THE MOST RECENT STOCK VALUATION
- (d) CURRENT LIST OF DIRECTORS AND OFFICERS
- (e) EEO-1 REPORT (IF REQUIRED BY FEDERAL LAW)

Submitted By \_\_\_\_\_ Date \_\_\_\_\_  
(Producer)

**SIGNATURE REQUIRED  
NEW YORK FRAUD STATEMENT**

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.

\_\_\_\_\_  
Applicant's Signature Date

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**No Signature Required**

**ARKANSAS, LOUISIANA, RHODE ISLAND, TEXAS AND WEST VIRGINIA FRAUD STATEMENT**

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.

**ALABAMA FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ALASKA FRAUD STATEMENT**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA FRAUD STATEMENT**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**CALIFORNIA FRAUD STATEMENT**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO FRAUD STATEMENT**

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 insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA FRAUD STATEMENT**

**WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA FRAUD STATEMENT**

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.

**HAWAII FRAUD STATEMENT**

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

**IDAHO FRAUD STATEMENT**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**INDIANA FRAUD STATEMENT**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY FRAUD STATEMENT**

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.

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### **MAINE FRAUD STATEMENT**

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.

### **MARYLAND FRAUD STATEMENT**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **MINNESOTA FRAUD STATEMENT**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **NEW HAMPSHIRE FRAUD STATEMENT**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **NEW JERSEY FRAUD STATEMENT**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **NEW MEXICO FRAUD STATEMENT**

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.

### **OHIO FRAUD STATEMENT**

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.

### **OKLAHOMA FRAUD STATEMENT**

**WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **OREGON FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### **PENNSYLVANIA FRAUD STATEMENT**

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.

### **TENNESSEE, VIRGINIA, AND WASHINGTON FRAUD STATEMENT**

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.