

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.

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**I. GENERAL INFORMATION SECTION**

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1. (a) Name of Organization: \_\_\_\_\_

(b) Organization Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date Organized: \_\_\_\_\_

3. Nature of Operations: \_\_\_\_\_  
\_\_\_\_\_

4. Has the Organization acquired or created any Subsidiaries within the last twelve (12) months or is the Organization currently contemplating any merger or acquisition? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Stock Ownership

(a) Number of common shares outstanding: \_\_\_\_\_

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

(c) Number of common stock shareholders: \_\_\_\_\_

(d) List any shareholder that owns directly or beneficially five percent (5%) or more of the common shares (include shareholders relationship to the Organization, if any):  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Please answer separately for each class of common stock.

(e) Preferred Stock

Attach details of preferred stock including number of shares and schedule of ownership.

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6. Securities Offerings

(a) List details of all securities offerings (including debt offerings) made in the last twelve (12) months including date of offering and amount of capital raised:

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(b) Does the Organization contemplate any security offerings (including debt offerings) in the next twelve (12) months? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
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**II. EMPLOYMENT PRACTICES LIABILITY SECTION**

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1. Number of Employees:

	<u>Union</u>	<u>Non-Union</u>
Full time:	_____	_____
Part time:	_____	_____
Total:	_____	_____

2. List total number of Employees in the following states:

CA \_\_\_\_\_ NJ \_\_\_\_\_ NY \_\_\_\_\_ MA \_\_\_\_\_ TX \_\_\_\_\_

3. How many Employees or Officers have been terminated within the last twelve (12) months?

Number of Employees: \_\_\_\_\_ Number of Officers: \_\_\_\_\_

4. Turnover percentage of Employees within the last twelve (12) months? \_\_\_\_\_

5. Does the Organization anticipate making any reductions in the work force within the next twelve (12) months? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
\_\_\_\_\_

6. Did the Organization make any changes to its Employee manual or handbook, or employment application within the last twelve (12) months? Yes  No

(If "Yes", please give details) \_\_\_\_\_  
\_\_\_\_\_

The undersigned authorized Officer of the Organization, on behalf of the Directors and Officers of the Organization, declares that to the best of his/her knowledge and belief the statements set forth herein are true. The undersigned agrees that this renewal application is a supplement to the application completed for the issuance of the first policy, and that application together with this renewal application and information, particulars, documents, representations and statements furnished pursuant hereto shall be the basis of the contract should a policy be issued and such applications will be attached and become part of the 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 \_\_\_\_\_

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

- (a) COMPLETE COPY OF LATEST ANNUAL REPORT. IF AUDITED FINANCIALS, PLEASE INCLUDE AUDITORS NOTES.
- (b) COPY OF LATEST INTERIM FINANCIAL STATEMENT
- (c) COPY OF THE INDEMNIFICATION PROVISION OF THE ORGANIZATION
- (d) CURRENT LIST OF DIRECTORS AND OFFICERS
- (e) EEO-1 REPORT (IF REQUIRED BY FEDERAL LAW)
- (f) SHAREHOLDER (COMMON STOCK AND PREFERRED STOCK) LISTING WITH OWNERSHIP PERCENTAGES

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

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**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

**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.

**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.

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## **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.

## **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.

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### **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.