



TORUS SPECIALTY INSURANCE COMPANY

RENEWAL APPLICATION

PRIVATE COMPANY MANAGEMENT LIABILITY INSURANCE

APPLICATION FOR CLAIMS-MADE AND REPORTED PROFESSIONAL LIABILITY INSURANCE POLICY, LIMITED TO ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE.

THIS APPLICATION APPLIES TO MANY COVERAGE PARTS. ACCORDINGLY, IT IS ONLY NECESSARY TO COMPLETE THOSE PORTIONS OF THIS APPLICATION THAT EXPLICITLY APPLY TO:

- (i) ALL COVERAGE PARTS; AND
- (ii) THOSE PARTICULAR COVERAGE PARTS FOR WHICH COVERAGE IS CURRENTLY BEING SOUGHT.

It is agreed that in granting coverage under this Policy, the Insurer has relied upon the information and materials described below and any other material submitted by the Applicant in connection with the underwriting of this Policy.

I. GENERAL INFORMATION

Applicant Name _____

Street Address _____

Suite _____

City _____

County _____

State _____

Zip Code _____

FEIN _____

Website Address _____

Officer designated to receive correspondence and notices from the Insurer:

Primary Contact Name _____

Title _____

Email _____

Telephone Number _____

Fax Number _____

REQUESTED COVERAGE: IF DIFFERENT THAN EXPIRING

	Coverage Requested	Limit	Retention	Shared Limits (Y/N)
Directors & Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	
Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	
Fiduciary	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	

II. FINANCIAL INFORMATION (in US \$)

1. Provide the following financial information with respect to the Applicant: *(D&O coverage requires complete financials)*

	Most recent Year End (MM/YY): _____	Interim: (MM/YY) _____
Total Assets	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____
Revenues	\$ _____	\$ _____
Nonprofit only:		
Fund Balance	\$ _____	\$ _____

2. Is the Applicant currently in violation of or made any amendments to any debt covenants? Yes No

3. Has the Applicant changed outside auditors in the last year? Yes No

If "Yes" to 2 or 3, attach details.

4. During the last year, has an outside auditor stated there is a material weakness in the Applicant's systems or controls or issued a "going concern" opinion for the Applicant's financial statements? Yes No
If "Yes", attach explanation, provide the CPA letter, and management response.

5. Has the Applicant implemented the auditor's recommendations? If "No", attach details. Yes No



III. DIRECTORS & OFFICERS COVERAGE (ONLY APPLICABLE TO PRIVATE COMPANIES)

- 1. Have there been changes to Security Holders owning more than five (5) percent of Total Outstanding Common Stock, Membership Units or Preferred Stock? If "Yes", attach details.
2. During the last year, have there been changes to the Board of Directors or Key Executives? If "Yes", attach details.
3. During the last year, have there been changes to the Audit, Compensation or Nominating committees? If "Yes", attach details.
4. In the next twelve (12) months, is the Applicant contemplating any of the following:
a. Any actual or proposed merger, acquisition, or divestiture?
b. Any creation of a new organization, subsidiary, or division?
5. In the next twelve (12) months, does the Applicant plan to file any documents with the Securities and Exchange Commission regarding any equity or debt offering including private placements?
6. Attach an updated list of any and all subsidiaries or affiliates for which coverage is being requested.

IV. DIRECTORS & OFFICERS COVERAGE (ONLY APPLICABLE TO NOT-FOR-PROFIT COMPANIES)

- 1. Is the Applicant a membership association? If "Yes", how many members or chapters are there?
2. Does the Applicant have tax exempt status under:
a. the United States Internal Revenue Code?
b. Classification (e.g. 501c)?
3. Does the Applicant have any For-Profit subsidiaries? If "Yes", provide name, operations, and financials by attachment.

V. EMPLOYMENT PRACTICES COVERAGE

Table with 3 columns: Number of Employees, Current Year - Union, Current Year - Non-Union. Rows include Full Time Employees, Part Time / Seasonal / Temporary Employees, Independent Contractors, Foreign Employees, and Total Employees (inclusive of all of the above).

Table for current percentage of employees in the following states: California, Florida, Michigan, New Jersey, New York, Texas. Each state has a corresponding percentage column.

- 3. Employee turnover percentage for the last year?
4. During the last year, have there been changes to the Employee Handbook, Human Resource manual or equivalent written management guidelines? If "Yes", attach details. If "Yes", have changes been reviewed by Legal Counsel?
5. Is the Applicant or any of its subsidiaries currently undergoing or during the next twelve (12) months contemplating any employee layoffs or early retirements (including ones resulting from any type of company restructuring or location closing)? If "Yes", attach details.



VI. FIDUCIARY COVERAGE

Complete the following questions for each plan for which coverage is being requested:

Table with 6 columns: Plan Name, Plan Type*, Plan Assets, Number of Participants, Percent funded (DB only), Plan Status**. Rows for data entry.

* Plan Type: DC = Defined Contribution, DB = Defined Benefit, ESOP = Employee Stock Ownership Plan, W = Welfare, O = Other

**Plan Status: A = Active, F = Frozen, M = Merged, T = Terminated

- 1. Do all plans conform to the standards and requirements of ERISA?
2. Has any plan:
a. been the subject of any investigation by the Department of Labor, IRS, or similar agency?
b. had its tax exempt status withdrawn or threatened to be withdrawn by the IRS?
c. filed for exemption from a prohibited transaction?
d. received an adverse opinion as to its financial condition by an independent public accountant?

If "Yes" to any above, attach details:

Questions 3 and 4 are for Defined Benefit Plans Only:

- 3. Has any Defined Benefit Plan:
a. experienced an event reportable to the Pension Benefit Guaranty Corporation?
b. not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard?
c. been converted into a cash balance plan or is any such conversion expected in the next 12 months?

If "Yes" to any above, attach details:

- 4. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible?

Questions 5 and 6 are for ESOP plans only:

- 5. Is the ESOP plan leveraged?
If "Yes", what percentage?
6. Provide most recent ESOP valuation and audit.

LOSS INFORMATION

- 1. During the past five (5) years and with respect to each liability coverage requested, has the company, any individual, or any other entity proposed for coverage under this insurance policy currently involved in or been a party to, or subject of, any administrative or regulatory proceedings or investigation, civil or criminal charges, hearings, demands or lawsuits?
(If "Yes", attach full details.)

IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, OR IN ANY WAY INVOLVING ANY FACT OR CIRCUMSTANCE SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN QUESTION 1. ABOVE WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.



READ CAREFULLY

The undersigned, acting on behalf of the Applicant and all proposed insureds, declare that the statements set forth herein are true and accurate and that thorough efforts have been made to obtain sufficient information from each proposed insured in order to facilitate proper and accurate completion of this Application.

The undersigned agree that the Application and all other materials submitted to the insurer are their statements, are incorporated in and constitute a part of the Policy, and shall be deemed attached to the Policy as if physically attached. The undersigned represent that the statements and representations in the Application and all other materials submitted to the insurer shall be deemed material to the acceptance of the risk and that the Policy is issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by the undersigned, this Application, together with any other materials submitted to the insurer, have been completed as respects to the entire Applicant and all proposed insureds.

The undersigned further declare that if any significant change in the condition of the Applicant or proposed insureds is discovered, between the date this Application was signed and the effective date of the policy, which would render the information in this Application inaccurate or incomplete, any such information will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The undersigned and insurer agree that the signing of this application does not bind the undersigned to purchase the insurance.

Signature of President, Chief Executive Officer, Chief Financial Officer, or Managing Partner Date

Print or Type Name Title



ALL STATES (UNLESS A STATE-SPECIFIC FRAUD WARNING APPLIES)

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE-SPECIFIC

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 INSURANCE 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 KENTUCKY APPLICANTS: 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 LOUISIANA 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 MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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 OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO 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 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 INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.