

## Application Excess Policy

**1. General Information:**

Entity \_\_\_\_\_  
 Principal Address \_\_\_\_\_  
 Incorporated \_\_\_\_\_  
 Nature of Business \_\_\_\_\_

**2. Coverages Requested:**

**Limits of Liability**

	<u>Each Loss</u>	<u>Each Policy Year</u>
1. Directors and Officers Liability	\$ _____	\$ _____
2. Employment Practices Liability	\$ _____	\$ _____
3. Fiduciary Liability	\$ _____	\$ _____
4. Professional Liability (E&O)	\$ _____	\$ _____
5. Commercial Crime	\$ _____	none
6. Kidnap/Ransom and Extortion	\$ _____	none

**3. Policy Period:**

From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the Entity.

**4. Underlying Information:**

a. Underlying Coverage(s) \_\_\_\_\_

(Directors and Officers Liability, Employment Practices Liability, Fiduciary Liability, Professional Liability (E&O), Commercial Crime, or Kidnap/Ransom and Extortion)

b. Schedule of Underlying Policies

Layer	Insurer	Limit	Policy No.	Term	Premium	Follow-form Policy
1. Primary						
2. Excess						Yes ____ No ____
3. Excess						Yes ____ No ____
4. Excess						Yes ____ No ____

If any of the excess layers are **not** following-form policies, please attach details.

**5. Directors and Officers Liability, Fiduciary Liability, Professional Liability (E&O) and Employment Practices Liability Coverages**

- a. Has any similar primary or excess insurance on behalf of the Entity, its directors, officers or any Insured been declined, canceled or refused renewal? \_\_\_ Yes \_\_\_ No If Yes, please attach details.
- b. Are there or have there been any pending or past claims such as would fall within the scope of the proposed insurance were it now or had it been in force as primary or excess insurance? \_\_\_ Yes \_\_\_ No If Yes, please attach details.
- c. Has the Entity or any of its directors, officers or any Insured given written notice under any similar past or present insurance, primary or excess, of specific facts or circumstances which might give rise to a claim being made against any Insured? \_\_\_ Yes \_\_\_ No If Yes, please attach details.
- d. *It is important that you fill in the blank in this paragraph.* No person proposed for coverage is cognizant of any facts or circumstances which he or she has reason to suppose might give rise to any future claim that would fall within the scope of the proposed coverage, except: (if no exceptions, so state).

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**It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.**

**6. Commercial Crime, Kidnap/Ransom and Extortion Coverages**

Loss Experience:

Please list all individual losses over \$50,000 that have been sustained in the past 5 years as a result of employee dishonesty, forgery, burglary, robbery, disappearance, destruction, extortion or kidnapping.

If none, so state: \_\_\_\_\_

**7. Additional Material**

As part of this application, please attach the following with respect to the Entity (where applicable):

- Latest Annual Report (including balance sheet and income statement).
- Copies of all Underlying Policies.
- Copies of original Directors & Officers Liability, Fiduciary Liability, Employment Practices Liability, Professional Liability (E&O) applications submitted to underlying insurers and most recent renewal applications, including all attachments.
- A copy of the most recent Crime application, including all attachments.

## Declaration and Signature

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the Entity or its directors, officers or Insured Persons to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and form part of the policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

### False Information

Any person who, knowingly and with 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.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_  
Chairman of the Board or President

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false 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 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 Minnesota and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**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 New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or their 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.

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

**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.