

6. Please provide a list of all subsidiaries.

Name	Type of Business	% Owned by Applicant	Date Created/Acquired
		%	
		%	
		%	
		%	
		%	

7. The Officer of the Applicant designated to receive any and all notices from the Underwriter or their authorized representative concerning this insurance is:
Name:

7A. Risk Management Contact:
Email:

Phone:

8. Financial Information

	Most Recent Fiscal Year (12 Months)	Previous Fiscal Year (12 Months)
Currents Assets	\$	\$
Total Assets	\$	\$
Current Liabilities	\$	\$
Long Term Debt	\$	\$
Annual Revenue	\$	\$
Retained Earnings/ Accumulated Deficit	\$	\$
Cash Flow From Operations	\$	\$
Net Assets/Owners Equity	\$	\$
Net Income/(Net Loss)	\$	\$

Please attach the most recent annual financial statements if D&O coverage is requested or Total Employee account exceeds 300.

9. Employee Information

Located in the United States	Currently	One Year Ago
Full Time:		
Part Time:		
Temporary/ Leased:		
Independent Contractors:		
Volunteers:		
Total Located in the United States		
Total Located outside of the United States		

Total Number of Employees Per the Following States	Currently	One year Ago
California		
Illinois		
Florida		
New Jersey		
New York		
Texas		
Washington		

SECTION II - DIRECTORS & OFFICERS INFORMATION

(Complete this section **only** if Directors & Officers Liability coverage is desired.)

N/A

1. Is the Applicant 100% owned by its Directors and Officers? Yes No
 If no, does the Applicant have any shareholders/ owners with greater than 5% ownership interest that are not Directors, Officers or directly represented on the Board of Directors? Yes No
2. Is the Applicant majority owned by a Parent Company, Employee Stock Ownership Plan (ESOP), Venture Capital Firm, Private Equity Firm or another entity? Yes No
 If yes, please provide details:
3. Is the Applicant owned by any family(ies) or have owners or shareholders that are related to each other biologically, ancestrally or legally? Yes No
 If yes, please provide details:

4. Please provide a list of shareholders/ owners below:

Shareholder Name (Individual, Corporate Name or ESOP Name)	Shares Owned	Director or Officer or Board Representative		Related by Family to Any Shareholder	
		Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No

Total share percentage must equal 100%.

If there are more than 5 shareholders, please attach a detailed capitalization table.

5. Please provide a list of any joint ventures and/ or partnerships (including limited partnerships).

If additional space is needed, please attach a separate page or use the additional information page provided at the end of the application.

6. In the next twelve (12) months, does the Applicant anticipate being involved in any of the following :
 If yes, provide details by attachment.
- a. Merger, acquisition or consolidation with another entity? Yes No
- b. Sales, distribution or divestiture of any assets other than in the ordinary course of business? Yes No
- c. Changes in the Board of Directors or senior management (other than death or retirement)? Yes No
- d. Change in the Applicant's independent auditors? Yes No

7. Offering of Securities Information
- a. Within the next twelve (12) months is the Applicant contemplating any private offering of debt or equity of securities? Yes No
 If yes, please attach the offering memorandum or prospectus describing the essential terms of each transaction, including the effective date, the professionals used, and the amount of the offering and the current status of each such transaction.
8. Financial Information
- a. Within the next twelve (12) months, is the Applicant contemplating any bankruptcy, reorganization or arrangement with creditors under federal or state law? Yes No
- b. Is the **Applicant** in violation of any of its debts or loan covenants? Yes No
- c. In the past twelve (12) months, did an Independent CPA render a “going concern” opinion? Yes No
- Note: If the Applicant answered yes to 10 (a), (b), or (c) please attach details including the most recent financial audit, review or compilation with the auditors notes.
9. Outside Directorship
- Does the Applicant direct or request any individual to serve as Director, Officer, Governor or Trustee of any other entity? Yes No
 If yes, please complete questions a – g below.
- a. Name of individual director, officer, governor or trustee:
 Position held:
- b. Name of outside entity:
- c. Nature of entity’s business:
- d. Percentage of ownership by Applicant: _____ % Domestic or Foreign:
- e. Does the outside entity provide indemnification to its Directors and Officers? Yes No
- f. Complete the following information regarding the Directors and Officers Liability Insurance carried by the outside entity:
 Insurer: _____ Limit of Liability: \$ _____
 Policy Period: _____
- g. Has the outside entity or its Directors and Officers been involved in any Directors and Officers Liability litigation? Yes No

SECTION III - EMPLOYMENT PRACTICES INFORMATION (Complete this section only if Employment Practices Liability coverage is desired.)	N/A
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1. How many employees have been terminated or demoted in the past twelve (12) months?
 Voluntary: _____ Involuntary: _____ Laid Off: _____
2. Is any reduction of employees or change of status anticipated or being contemplated in the next year? Yes No
 If yes, number estimated: _____
3. Total number of current employees with annual compensation:
 Between \$100,000 - \$149,999: _____
 Between \$150,000 - \$249,999: _____
 Greater than \$250,000: _____
4. What percentage of the Applicant’s employees are exempt? _____ %
5. Does the Applicant have a human resources department? Yes No
 If no, describe how this function is handled.

6. Human Resource Policies and Procedures
 Has the Applicant updated existing or implemented any new employment policies or procedures over the past twelve (12) months? Yes No
 If yes, please provide details.

SECTION IV - FIDUCIARY LIABILITY COVERAGE
 (Complete this section **only** if Fiduciary Liability coverage is desired.) N/A

1. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Assets/ Contributions	Type*	Participants	Administrator
<i>Example: The ABC Manufacturing Corp 401K Plan</i>	<i>2000</i>	<i>\$1,000,000</i>	<i>3</i>	<i>75</i>	<i>self</i>
		\$			
		\$			
		\$			
		\$			
		\$			

- * 1 = Employee Welfare Benefit Plan (as defined by ERISA)
 2 = Defined Contribution Plan (as defined by ERISA)
 3 = Defined Benefit Plan (as defined by ERISA)
 4 = Other If "Type" is an ESOP a Fiduciary Liability - ESOP Supplement must be completed.

If additional space is needed, please attach a separate page or use the additional information page provided at the end of the application.

2. Have there been any changes to any plan listed above? Yes No
 If yes, provide details by attachment.
3. Has any plan requested or contemplated filing a request for termination? Yes No
 If yes, provide details by attachment.
4. Has any plan been spun-off (sold), transferred or terminated? Yes No
 If yes, provide details by attachment.

Please attach the most recent tax form 5500 for each plan listed above.

SECTION V - GENERAL SUMMARY
 (The Applicant must complete this section.)

1. Please provide details on the following insurance coverage currently in place:

Coverages	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates
General Liability		\$	\$	
Cyber Liability		\$	\$	
Professional Liability		\$	\$	

- | | | |
|--|-----|----|
| 2. Has the Applicant been the subject or involved in any litigation in the past twelve (12) months?
If yes, provide details by attachment. | Yes | No |
| 3. In the next twelve (12) months, does the Applicant anticipate any substantial change or reorganization of operations?
If yes, provide details by attachment. | Yes | No |

Material Change

If there is any material change to the answers of this Application's questions prior to the policy inception date, the Applicant must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

False Information

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

APPLICABLE IN OREGON: 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 MAY COMMIT A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THAT PERSON TO CRIMINAL AND CIVIL PENALTIES.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR,
OR CEO)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)