



NOTICE

THE LIABILITY COVERAGE PARTS ARE WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Step 1: Product Selection and Eligibility

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. Complete and submit all requested information and attachments for those Coverage Parts you have checked below. All information and all submitted materials shall be held in confidence.

The Applicant is applying for the following coverage:
(Please check all coverage(s) for which a quote is being requested)

- Directors & Officers Liability
Employment Practices Liability
Fiduciary Liability
Crime Coverage

Does the Applicant have Anti-Harrassment and Anti-Discrimination written policies, guidelines or procedures in place? (Answer for EPL only)

- Yes No

Are any of the Applicant's plans Multi-Employer Plans? (Answer for Fiduciary only)

- Yes No

Step 2. Business Information

1. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Blank lines for name and address

Street Address (No P.O. Box):

City: State: Zip:

Telephone: - -

Website:

2. Proposed effective date of coverage being applied for:

3. a. Ownership structure: Privately Held Not-For-Profit Governmental Foreign Parent

b. SIC Code / Description: Nature of Applicant's Business:

c. Years in Business: # of Locations:

d. Number of Employees:

4. Annual Revenues:

5. Total Assets:



**Step 3: Financials (Complete all items for Directors & Officers Coverage; Complete Total Equity and Net Income for other products)**

Current Assets	<input type="text"/>	Current Liabilities	<input type="text"/>
Long Term Debt	<input type="text"/>	Total Liabilities	<input type="text"/>
Total Equity	<input type="text"/>	Net Income	<input type="text"/>
EBIT	<input type="text"/>	Retained Earnings	<input type="text"/>

**Step 4: General Information Questions**

- In the next 12 months, or during the last 12 months, has the Applicant or any subsidiary:
- Initiated or completed any merger, consolidation or acquisition that would involve more than 50% of the total assets or voting stock or a change in management control?  
 Yes       No
  - Initiated or completed any registration for a public debt or equity offering?  
 Yes       No
  - Initiated or completed any material changes in nature or size of operations?  
 Yes       No
  - Initiated or completed a bankruptcy filing?  
 Yes       No
  - Operated as a federal contractor and subject to executive Order 11246?  
 Yes       No
  - Been involved in any formal investigation by a state or federal regulatory agency?  
 Yes       No
  - Given notice of a claim or notice of potential claim to any carrier for any coverage for which Applicant is applying?  
 Yes       No

If yes, please provide the following whether reimbursed by insurance or

Product	<input type="text"/>	Date	<input type="text"/>	Amount Paid	<input type="text"/>
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Description

If additional space is needed, please attach separately.

**Step 5: Underwriting Questions**

**1. Crime**

Does the Applicant have any employees in foreign countries?

- Yes
- No

If Yes, Number of Employees in foreign countries

Does the Applicant have any employees under client supervision while on client premises?

- Yes
- No

If Yes, Number of Employees on client premises

Is countersignature required on all checks signed by any employee of the Applicant?

- Yes
- No

Are all employees authorized to reconcile the Applicant's bank accounts prohibited from signing checks and making any deposits or withdrawals from any of the Applicant's bank accounts?

- Yes
- No

Does the Applicant or any subsidiary have currency, precious or semi-precious metals or stones (such as gold, silver, platinum, diamonds), or other high value, easily concealed property valued at more than \$10,000 on an Insured premises?

- Yes
- No

Does the Applicant or any subsidiary require signed approval of two or more employees for all purchases not approved by the Insured owner?

- Yes
- No

Number of total retail locations

Does the Applicant or any subsidiary require signed approval of two or more employees for all vendor payments not approved by the Insured owner?

- Yes
- No

Does the Applicant conduct pre-employment screening prior to hiring?

- Yes
- No

Have computer access controls been implemented that include the following? (Check all that apply):

- Passwords are required to be alpha/numeric and 6-9 characters in length?
- User ID's are revoked immediately upon termination of employment?
- None of the above

**2. Employment Practices Liability (EPL)**

Please provide Total Number of Individuals in the following categories:

Full Time Employees (Non-Union)	<input type="text"/>	Full Time Employees (Union)	<input type="text"/>
Seasonal Employees	<input type="text"/>	Temporary Employees	<input type="text"/>
Part Time Employees	<input type="text"/>	Volunteers	<input type="text"/>
Independent Contractors	<input type="text"/>	Total Individuals	<input type="text"/>



Small Business Management Liability Application

Please provide Total Number of Individuals with Annual Compensation (including bonuses) in the following categories:

\$0 - \$50,000 [ ] \$50,001 - \$100,000 [ ] \$100,001 - \$250,000 [ ]
\$250,001+ [ ] Total Individuals [ ]

Please provide the Applicant's voluntary and involuntary employee termination rate in the past 12 months:

Involuntary Termination Percentage (%) [ ] Voluntary Turnover Percentage(%) [ ]

In the next 12 months, or during the last 12 months, has the Applicant or any subsidiary initiated or completed any layoffs, staff reductions or facility closings?

Yes No

If Yes, what percentage(%) of workforce will be affected? [ ]

If the percentage is greater than 25%, please answer the following:

Was a disparate impact analysis completed?

Yes No

Did the Applicant consult with outside counsel familiar with employment and labor laws regarding the reduction in workforce?

Yes No

Does the Applicant have a formal out-placement program for employees terminated as a result of downsizing, layoffs or reduction-in-force?

Yes No

Was or will severence compensation (be) available to all affected employees?

Yes No

Were or are the affected employees required to sign a release for the severance package?

Yes No

Please provide the Total Number of Employees in the top 2 operating states or foreign countries:

State [ ] State [ ]
Country [ ] Country [ ]
Number of Employees [ ] Number of Employees [ ]

Does the Applicant have the following written policies, guidelines, or procedures? (Check all that apply)

- Training for employees on issues of discrimination and sexual and other workplace harassment
Handling of employee grievances or complaints
Classification of the status of each employee as Non-Exempt or Exempt under the rules and regulations of the Fair Labor Standards Act of 1938
None of the Above



3. Director & Officers (D&O)

In the next 12 months, or during the last 12 months, has the Applicant or any subsidiary:

Initiated or completed a crowd funding offer as described in the Jumpstart Our Business Startups Act of 2012?

- Yes No

Initiated or completed a private debt or equity offering?

- Yes No

Did the Applicant or any of it's subsidiaries have negative cash flow from operations in the last fiscal year?

- Yes No

Please provide the following: Shareholder Name and Title; Percentage of Ownership(%); Director or Officer; Family Ownership

Shareholder Name and Title [text box]

Percentage of Ownership (%) [text box] Director or Officer [text box] Family Ownership [text box]

Shareholder Name and Title [text box]

Percentage of Ownership (%) [text box] Director or Officer [text box] Family Ownership [text box]

If additional space is needed, please attach separately.

4. Fiduciary

During the past 24 months or during the next 12 months has (will) any plan been (be) terminated, suspended, merged, dissolved or converted to a cash balance?

- Yes No

In the next 12 months, or during the last 12 months, has the Applicant or any subsidiary offered any fiduciary plans that hold employer securities or offer an investment in employer securities?

- Yes No

Are there any outstanding or delinquent plan contributions?

- Yes No

Are any plan loans, leases or debt obligations considered uncollectible or in default?

- Yes No

Are plan service providers reviewed at least annually with respect to both fees and performance?

- Yes No

If Yes, are the process and results documented?

- Yes No

Please provide Applicant's Federal Employer Identification Number (FEIN) [text box]

Please indicate the type of plans for which insurance is requested: Plan Type; Name of Plan; Assets; Total Plan Participants

Plan Type [text box]

Assets [text box]

Total Plan Participants [text box]

Name of Plan [text box]

If additional space is needed, please attach separately.

**Step 6: APPLICANT REPRESENTATION (To be completed by Applicant)**

The Applicant Representation applies to all coverages that have been completed as part of this Application.

**1. Special Representation applicable to the following Management Liability Coverages only (if to be part of this policy):**

For the coverages checked below, the Applicant has current coverages in place with either CNA or with any other carrier:

<input type="checkbox"/> Directors & Officers Liability <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Fiduciary Liability <input type="checkbox"/> Crime	Coverage has been in place since: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				

The Applicant requests continuity for these coverages and this Applicant Representation does not apply to these coverages. If no checkboxes are checked above then this Applicant Representation applies to any of these coverages for which the Application has been completed subject to the following:

Applicant Representation - None of the individuals to be insured under any coverage Part is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which they have reason to believe might result in a future claim, except as follows:

- Yes, there are exceptions to this Representation (please attach details)
- No, there are no exceptions to this Representation

**2. Special Representation applicable to the Epack Extra Crime Coverage only (if to be made part of this policy):**

The employees of the Applicant have all, to the best of the Applicant's knowledge, always performed their duties honestly. Applicant has no knowledge, except as stated herein of any information that any employees have committed dishonest acts either prior to or during their employment by the Applicant. Such knowledge by a Director or Officer that is signing for the Applicant, of their own personal dishonest acts which are unknown to any other directors and officers of the Applicant, is not imputable to the Applicant.

**3. Representations applicable to all coverages to be made part of this policy** - The Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company (the Company) to whom this Application is made, as soon as practicable, any material changes in all such information after signing the application and prior to issuance of the policy. The Applicant further acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes.

Further, the Applicant understands and acknowledges that:

- a. Completion of this application and any supplemental applications or forms does not bind the Company to issue a policy;
- b. If a policy is issued, the Company has relied upon, as representations, this application, any supplemental application and other statements furnished to the Company in conjunction with this application;
- c. All supplemental applications, statements, and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof;
- d. This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- e. If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. IN such event the company shall not be liable for damages and claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- f. If a policy is issued, claims expenses incurred shall be applied against the deductible or retention amount as provided in the policy;
- g. Applicant's failure to report to its current insurance company:
  - any claim made against it during the current policy term, or
  - any act, omission or circumstances which the Applicant is aware of that may give rise to a claim; before expiration of the current policy may create a lack of coverage.



FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: 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.) (For Florida residents only: 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.) (For Kansas residents only: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.) (For Louisiana residents only: 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.) (For Maine residents only: 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.) (For New York residents only: 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.) (For Oklahoma residents only: 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.) (For Pennsylvania residents only: 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.) (For Puerto Rico residents only: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.) (For Rhode Island residents only: 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.) (For Tennessee residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Oregon residents only: 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 or incomplete 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 be subject to civil fines and criminal penalties.) (For Vermont residents only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.) (For Virginia residents only: 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.) (For Washington residents only: 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.) (For West Virginia residents only: 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.)

**This application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or General Counsel**

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_

**Date:**