

Management Practices Liability Insurance

New Business Application for
Privately Held Companies



A company of Allianz

By Completing this Application the Applicant is Applying for Coverage with One of the Fireman's Fund Insurance Companies

Notice: this is a claims made policy. The policy is limited to liability for only those claims that are first made against the insured during the policy period or the extended reporting period, if applicable, and in accordance with the reporting requirements of this policy. The limit of liability to pay damages or settlements will be reduced and may be exhausted by "claim expenses" and "investigative costs," and "claim expenses" and "investigative costs" will be applied against the retained amount. In no event will the company be liable for "claim expenses" and "investigative costs" or the amount of any judgment or settlement in excess of the applicable limit of liability. Read the entire application carefully before signing.

Application Instructions:

1. Whenever used in this application, the term "Applicant" shall mean the Organization applying for this insurance as identified below.
2. Include all requested underwriting information and attachments.
3. Provide a complete response to all questions and attach additional pages as needed.

I. Requested Coverage – Privately Held Companies ONLY

Coverage Sections Requested	Limit of Liability Requested	Retained Amount (Deductible) Requested
<input type="checkbox"/> Directors & Officers Liability		
<input type="checkbox"/> Entity Liability		
<input type="checkbox"/> Employment Practices Liability		
<input type="checkbox"/> Fiduciary Liability		

1. Applicant requests coverage for Independent Contractors: Yes No

II. General Information

1. Legal name of Applicant: _____

2. Applicant's principal address: _____

City: _____

State: _____

Zip Code: _____

3. State of incorporation: _____

Date Established: _____

Web site address: _____

4. Executive officer authorized to receive notices and information regarding the proposed policy:

Name: _____

Title: _____

5. Contact's e-mail address: _____

Phone: _____

Fax: _____

Email addresses are solely used for sending important messages. They are never sold.

For Employment Practices Loss Prevention eligibility, indicate the individual responsible for human resources or employment law matters:

Name: _____

Title: _____

e-mail: _____

Address: _____

City: _____

State: _____

Zip: _____

III. Specific Information

1. Nature of the Applicant's business:

2. Primary SIC Code(s):

3. Does the Applicant now have recognized tax-exempt status under the U.S. Internal Revenue Code? Yes No

4. (a) Does the Applicant have any subsidiaries Yes No

(b) Does the Applicant or any subsidiary render any professional services, including but not limited to conducting any standard setting, accrediting, credentialing or licensing activities, for others for a fee? Yes No

If Yes, describe:

5. Applicant's most recent year end: Total Revenue:

Total Assets: Total Liabilities:

6. Applicant is: C-Corporation S-Corporation Partnership Sole Proprietorship

Limited Liability Corporation Other (describe)

7. Does any shareholder or member own or control (directly, indirectly or beneficially) 5 percent or more of the outstanding stock or shares of Applicant? Yes No

8. Number of years Applicant operated under present ownership?

9. In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing):

(a) Any changes to its Board of Directors or Officers? Yes No

(b) Any actual or proposed merger, acquisition, or divestment? Yes No

If Yes, please complete the chart below:

Entity Name and Address	Date of Acquisition, Creation or Divestiture	Percentage of Ownership	Nature of Business	Parent Company

(c) The sale, distribution or divestiture of any assets or stock other than in the ordinary course of business in an amount exceeding 25% of the Applicant's consolidated assets within the past three years? Any change in outside auditors? Yes No

(d) Any registration for a public offering or a private placement of securities? Yes No

(e) The issuance of any securities that are convertible into common stock? Yes No

10. Does Applicant, its parent company or subsidiaries have under consideration any acquisition, tender offer, merger, consolidation or divestiture, or purchase or sale of assets exceeding 10% of its consolidated assets? Yes No

IV. Employment Practices Information

(Applicant: Please complete this section only if requesting this coverage.)

1. Applicant's employee count:

(a) Current Year:

Entity Name	Location (city and state)	Full-time employees	Part-time employees	Seasonal employees	Volunteers	Independent contractors	Total number of employees per location

(b) Previous Year:

Entity Name	Location (city and state)	Full-time employees	Part-time employees	Seasonal employees	Volunteers	Independent contractors	Total number of employees per location

(c) Union Employees:

Does Applicant have union member employees?

Yes No

If Yes, what percentage?

2. For each of the past 3 years compute Applicant's overall turnover of employees. (Calculated as the number of separations during the year divided by the average number of employees on the payroll for each year.)

Past Year: _____ % 1 Year Previous: _____ % 2 Years Previous: _____ %

3. In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed, or been in the process of completing):

(a) Any reorganization or arrangement with creditors under federal or state law?

Yes No

(b) Any branch, location, facility, or office closings or consolidations?

Yes No

(c) Any layoffs, reductions in force?

Yes No

If Yes to any part of Question 3, please attach an explanation to this application, including whether or not any individuals involved in any layoffs, reductions in force or terminations received paid severance or any remuneration in exchange for an executed release.

4. Does the Applicant:

(a) Have written procedures in place regarding:

Yes No

(i) Equal Opportunity Employment:

Yes No

(ii) Anti – Discrimination of employees

Yes No

(iii) Anti - Sexual Harassment of employees:

Yes No

(iv) Anti – Discrimination of non-employees:

Yes No

(v) Anti - Sexual Harassment of non-employees:

Yes No

(vi) Employment at Will:

Yes No

(vii) Progressive Discipline and Termination: Yes No

(viii) Handling complaints of sexual harassment or discrimination: Yes No

(ix) Family and Medical Leave Act ("FMLA") Yes No

(b) If No to any of the above, please attach a full explanation.

5. Does the Applicant:

(a) Distribute its employee handbook to, and document its receipt by, all employees? Yes No

(b) Have written procedures in place that are distributed to each employee if the Applicant does not have an employee handbook? Yes No

(c) Have an established internal dispute resolution or grievance process? Yes No

(d) Have a written disciplinary process? Yes No

(e) Use any tests to screen applicants for employment, or to screen existing employees for continued employment or for promotion? Yes No

If Yes, please describe:

(f) Review all terminations with human resources and in-house or outside counsel? Yes No

(g) Have a full-time human resources manager or department? Yes No

(h) Require face-to-face training regarding anti-discrimination and anti-sexual harassment policies and procedures to be conducted by:

(i) In-house human resource staff? Yes No

(ii) An outside vendor? Yes No

(i) Require mandatory periodic education for supervisory employees on anti-harassment and anti-discrimination? Yes No

If Yes, how often is the education conducted?

If No, please explain:

(j) Require mandatory periodic education for non-supervisory employees on anti-harassment and anti-discrimination? Yes No

If Yes, how often is the education conducted?

If No, please explain:

6. During the past 3 years, has any Applicant in any capacity, been involved in any of the following matters?

(a) EEOC, NLRB or other similar administrative proceeding? Yes No

(b) Employment-related civil suit? Yes No

If No, please explain:

7. (To be completed only if the Applicant is or has been a federal contractor or subcontractor):

(a) Does the Applicant currently have an Affirmative Action Plan in place? Yes No

If No, please attach an explanation.

(b) Has the Applicant been subject to an Office of Federal Contract Compliance Programs ("OFCCP") audit? Yes No

If Yes, please attach an explanation including full details of any resulting conciliation and/or settlement with the OFCCP, and attach copies of any settlement documents.

8. How many involuntary terminations have occurred in: Past Year: 1 Year Previous:

9. Does the Applicant

(a) Have a manual containing its human resources procedures? Yes No

If Yes, please indicate the date it was last revised: _____

(b) Provide formal training for its supervisors in administering these procedures? Yes No

10. For discrimination and harassment complaints, how are the investigations conducted? Internally Externally
Who provides this training?

11. Does the Applicant have a written employee appraisal process? Yes No

If Yes, are employees evaluated: Annually Semi-annually Both

12. Are pay practices reviewed for inequities with women and minorities? Yes No

13. Are job assignments and promotion practices reviewed for adverse impact on protected classes? Yes No

14. Is a job posting system consistently followed? Yes No

15. Is a self-critical analysis of workforce diversity performed? Yes No

16. Does Applicant's facilities have handicapped accommodations that comply with ADA requirements? Yes No

17. Does Applicant maintain confidential and segregated employee medical records? Yes No

18. Does Applicant review any other employment matters with outside counsel? Yes No

If Yes, please explain:

V. Optional Third Party Information
(Applicant: Please complete this section only if requesting this coverage.)

1. Does Applicant have written established policies or procedures:

(a) Outlining employee conduct when dealing with third parties, including non-discrimination and non-harassment statements? Yes No

(b) For responding to complaints of harassment, discrimination or civil rights violations from third parties? Yes No

2. What percentage of Applicant's employees and volunteers have direct contact with the general public (i.e., customers, clients, suppliers, vendors, etc.)? %

3. Does Applicant have a formal customer service and/or public interaction harassment and discrimination training program? Yes No

If Yes, does the program include "No Tolerance" training? Yes No

If Yes, please explain:

4. Has Applicant ever had any complaint, action or civil suit brought against it, its parent company or its subsidiaries by a customer, client or third party alleging harassment, discrimination, or civil rights violations? Yes No

If Yes, please attach a full description of the details, including any damages sought or settlements paid.

VI. Fiduciary Information
(Applicant: Please complete this section only if requesting this coverage.)

1. Please complete the following information regarding Applicant's employee benefits plan(s).

Full Plan Name (List all Plans of the Sponsored Organization and Subsidiaries) Do not include health and welfare plans	Plan Type*	Plan Year	Fund Status**	Plan assets \$ (000)	Underfunded by more than 25%? (DBP only)	Annual Contributions By Participating Employer \$ (000)	Total number of employees per location	Plan Status***

*Plan Type: Defined Benefit Plan = DBP Excess Benefit Plan or Top Hat Plan = EBP
Non-ERISA Plans = NEP (please explain)

** Fund Status: Trust Only = 1
Trust & Insurance = 2
Insurance Only = 3
Funded exclusively from general assets of Sponsor (unfunded) = 4
Funded partially from insurance & partially funded from assets of Sponsor = 5

***Plan Status: A = Active F = Frozen M = Merged last 6 years T = Terminated last 6 years S = Sold (spun-off)
If a Plan has been merged, terminated or sold, include the date that such took place.

2. In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) any changes with regard to funding or contributions to any of the plans noted in Question 1 above. (a) Use an outside investment manager(s)? Yes No

If Yes, please attach an explanation.

3. Does Applicant:
(a) Use an outside investment manager(s)? Yes No

(b) Handle any investment decisions in-house? Yes No

If Yes, please describe:

(c) Have any outstanding delinquent contributions to any employee benefit plan(s)? Yes No

If Yes, please explain:

4. During the past 12 months have there been any changes regarding Applicant's outside professional managers or investment advisors? Yes No

If Yes, please provide details below:

Type of Consultant	Name, firm name, city and state	Year Hired	Registered ICA 1940?
Administrator/Record Keeper; Actuary Auditor/CPA Legal Counsel, Investment Advisor, Other			

5. During the past 12 months has Applicant (or any of its directors or employees) acquired a financial, equity or other interest in any consultant shown above in Question 4? Yes No

6. In the past two (2) years, has Applicant merged or terminated any employee benefit plan(s)? Yes No
If Yes, provide details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance.

7. How many investment options are offered to Applicant's 401(k) participants?

8. Past activities:

(a) Has any fiduciary been:

(i) Accused of, found guilty of, or held liable for a breach of trust? Yes No

(ii) convicted of criminal conduct? Yes No

(b) Has there been any assessment of fees, fines or penalties against any of Applicant's employee benefit plans under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority? Yes No

If Yes, to any of the above, please attach a full description of the details.

(c) During the past 12 months:

(i) Has a merger, transfer of assets, or termination of a Plan been completed or agreed to? Yes No

(ii) Have the names of any Plans changed? Yes No

(iii) Have inquiries been made from any regulatory agencies (e.g., Dept of Labor, PBGC) with regard to any Plan? Yes No

(iv) Has any actuary certified that the Plans are adequately funded in accordance with ERISA's minimum funding standard? Yes No

(v) Did any Plan hold employer securities or employer real property in violation of ERISA or excess of ERISA limits? Yes No

(vi) Has the IRS withdrawn or threatened to withdraw the tax-exempt status of any Plan? Yes No

(vii) Has any Plan filed for exemption from a Prohibited Transaction Yes No

(viii) Are there any outstanding delinquent Plan contributions? Yes No

(ix) Has any Plan experienced an event reportable to the PBGC? Yes No

(x) Is any Plan loan (other than a participated loan), lease or debt obligation in default or classified as uncollectible? Yes No

(xi) Is Any Trust or Plan amendments or are any Trust or Plan amendments anticipated which will result in a reduction of benefits? Yes No

9. If any plan has been terminated, were benefits secured with the purchase of annuities? Yes No

10. In the next 12 months is any merger, transfer or termination of a Plan under consideration? Yes No

11. Does each of Applicant's employee benefit plans conform to the standards of eligibility, participation, vesting and other provisions of ERISA? Yes No

If No, please explain:

VII. Current And Prior Insurance Coverage

1. Please specify Applicant's current insurance coverage.

If Applicant is not currently insured, please explain:

2. Please complete the chart below:

- List the professional liability insurance currently purchased by Applicant;
- List any prior professional liability insurance carried by Applicant over the past five (5) years; and
- Attach a copy of all applications submitted by Applicant to the current insurer or any prior insurers:

Liability Coverage	Yes	No	Insurance Carrier and Policy Number	Limits of Liability	Retained Amount (Deductible)	Policy Period
Directors and Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>				
Entity Liability	<input type="checkbox"/>	<input type="checkbox"/>				
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>				
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>				

3. If there are any gaps in coverages within Applicant's response to Question 2 above, please explain:

4. **IMPORTANT:** The Company will be relying upon the declarations and statements contained in such prior application(s) and Applicant understands and agrees those declarations and statements shall be considered to be incorporated in, and form part of any policy issued by the Company.

MISSOURI APPLICANTS: DO NOT ANSWER QUESTION 5.

5. Has any insurer declined, canceled or non-renewed similar insurance for which Applicant is applying? Yes No

If Yes, provide details. (Not applicable in Missouri)

VIII. Claims History

1. Have any professional liability claims or suits ever been made against Applicant, Applicant's predecessors in business or against any of Applicant's past or present partner(s)? Yes No

If Yes, please attach a detailed explanation with this application:

2. Have any professional liability claims or suits ever been made against Applicant's employees or any member, stockholder Yes No

If Yes, please attach a detailed explanation with this application:

3. Have any claims or suits for alleged sexual misconduct ever been made against Applicant or Applicant's employees or any member, stockholder or partner of Applicant's professional association, professional corporation or partnership? Yes No

4. Has Applicant or any person proposed for coverage been the subject of, or involved in, any of the following in the past five years:
- (a) Anti-trust, copyright or patent litigation? Yes No
- (b) Any criminal actions? Yes No
- (c) Any litigation or other proceeding involving any allegation of discrimination? Yes No
- (d) Any action or proceeding for revocation or suspension of a license? Yes No
- If Yes to any of the above, attach a full description of the details.

5. Other than those identified in your response to Question 2, has any claim been brought at any time during the last 5 years against: (i) any Applicant or (ii) any proposed insured individual in his or her capacity as a director, officer or trustee of any entity? Yes No
- If Yes to any of the above, attach a full description of the details.

6. Has Applicant given notice of any claim, circumstance or potential claim to any insurer under any of the coverages to which this application relates? Yes No
- If Yes, attach a full explanation of the claim, circumstance or potential claim and amount of payment made by any insurer, if any.

IX. Representation: Prior Knowledge Of Acts, Circumstances Or Situations

1. No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except:
- NONE or

X. Prior Knowledge

Applicant must complete the Prior Knowledge Statement below:

- If Applicant answered "No" to Section IX, REPRESENTATION listed above; or
- If Applicant is requesting larger limits in Section I, REQUESTED COVERAGE, than are currently purchased as indicated in Section VII, CURRENT AND PRIOR INSURANCE COVERAGE, Question (2) of this application.

The Applicant understands and agrees that the Prior Knowledge Statement below applies to coverages that the Applicant has requested in this application for which no coverage is currently maintained by the Applicant; and to coverages for which the Applicant is requesting limits of liability greater than Applicant currently maintains.

PRIOR KNOWLEDGE STATEMENT: No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant does not currently maintain insurance, or within any of the larger limits of liability sought by the Applicant, except:

NONE or

Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

XI. Material Change

If there is any material change in the answers to the questions in this application before the policy inception date, the Applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

XI. Declarations, Fraud Warning and Signatures

The Applicant's submission of this application does not obligate the Company to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the application for coverage is accepted. The Applicant hereby authorizes the Company to make any inquiry in connection with this application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this application and in any attachments or other documents submitted with this application are true and complete. The undersigned agree that this application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico 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, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia, Maine, Tennessee and Virginia Applicants: 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.

Notice to Florida and Oklahoma 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 (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act 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 Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

Date	Signature*	Title
_____	_____	Authorized Representative
_____	_____	Authorized Representative

* This application must be signed by the sole proprietor, owner, president, or principal of the Applicant and his/her counsel (if applicable) acting as the Authorized Representatives of the person(s) and entity(ies) proposed for this insurance.

Please attach a copy of the following for every Applicant seeking coverage:

Most recent CPA prepared financial statements

- Most recent CPA Letter to Management and management’s response (if this Letter is not issued, so indicate)
- Experience resume of each Director/Officer;
- Claim report for past 5 years
- Current financial statement; and
- Any general information that would be helpful in evaluating the Applicant.

For Employment Practices Liability Coverage

- Applicant’s Employee Handbook;
- Applicant’s Employee Application;
- Applicant’s At Will Statement;
- Applicant’s Harassment & Discrimination Policy; and
- Applicant’s most recent EEO-1 Report (if 100 or more employees).

For Fiduciary Liability Coverage

- Most recent audited financial statements for each Plan for which an audited financial statement is required by ERISA;
- Most recent Form 5500s for each pension plan with ALL attached schedules required by the IRS or U.S. Dept. of Labor;
- Copy of any amendments made to any Plan or Trust Documents; and
- If any Plan has filed for exemption from a Prohibited Transaction, a copy of the filing and D.O.L.

Produced By: _____

Agency: _____

Agency Taxpayer ID or SS No.: _____

Agent License No.: _____

Address (Street, City, State, Zip): _____