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**PHILADELPHIA**  
 INSURANCE COMPANIES

APPLICATION FOR:

**PRIVATE COMPANY PROTECTION PLUS  
 DIRECTORS AND OFFICERS & PRIVATE COMPANY LIABILITY INSURANCE  
 EMPLOYMENT PRACTICES LIABILITY INSURANCE  
 FIDUCIARY LIABILITY INSURANCE**

**NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITER PURSUANT TO THE TERMS HEREIN. THIS POLICY PROVIDES A LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS THAT SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. FURTHER NOTE THAT DEFENSE COSTS PAID SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

Instructions

- Whenever used in this Application the term **Applicant** shall mean the Named Corporation and its wholly-owned/controlled Subsidiaries and their respective Directors, Officers, Trustees or Governors.
- The **Applicant** is required to complete Sections 1 and 5.
- The **Applicant** should complete the other applicable Section(s) for which coverage is desired. (See chart below)

Check Coverage Desired	Application Section	Requested Limit	Requested Retention	Requested Effective Date
General Information	1	N/A	N/A	N/A
<input type="checkbox"/> Directors & Officers	2	\$	\$	
<input type="checkbox"/> Employment Practices	3	\$	\$	
<input type="checkbox"/> Fiduciary Liability	4	\$	\$	
General Summary	5	N/A	N/A	N/A

**SECTION 1 – GENERAL INFORMATION**  
 (The Applicant must complete this section.)

- Name of Applicant: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_ Website Address: www. \_\_\_\_\_
- Standard Industrial Classification (SIC) Code: \_\_\_\_\_
- 3a. Federal Employer Identification Number (FEIN): \_\_\_\_\_
- Date Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_
- Form of Incorporation (Inc., Ltd., LLC, etc.): \_\_\_\_\_
- Please describe the nature of the **Applicant's** operations:

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

**Section 2 - DIRECTORS & OFFICERS INFORMATION**

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

7. Directors and Officers Liability Insurance has been continuously in force since: \_\_\_\_\_

**8. Ownership Information:**

a) Number of common shares outstanding: \_\_\_\_\_ If LLC, number of membership shares: \_\_\_\_\_

b) Number of common shareholders: \_\_\_\_\_ Number of active members: \_\_\_\_\_

c) Total number of shares owned directly or beneficially by Directors & Officers or Board of Managers: \_\_\_\_\_

d) Does any shareholder(s) or group of affiliated shareholders (including an employee stock ownership plan) own more than five (5)% of the voting shares directly or beneficially?  Yes  No **If yes, please provide details.**

\_\_\_\_\_

e) Are the common shares publicly traded?  Yes  No **If yes, specify the exchange & symbol.**

\_\_\_\_\_

f) Does the **Applicant** have any public debt?  Yes  No **If yes, please attach details.**

g) Are there any other securities which are convertible to common stock?  Yes  No **If yes, please attach details.**

h) Is the **Applicant** owned by another entity?  Yes  No **If yes, indicate the name and principal address of the other entity:**

9. Provide a list of all direct and indirect subsidiaries.

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Percent Owned by the **Applicant**: \_\_\_\_\_ % Date Created/Acquired: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Percent Owned by the **Applicant**: \_\_\_\_\_ % Date Created/Acquired: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Percent Owned by the **Applicant**: \_\_\_\_\_ % Date Created/Acquired: \_\_\_\_\_

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

10. In the past twenty four (24) months or in the next twelve (12) months, has the **Applicant** or will the **Applicant** be involved in any of the following: **If yes, provide details by attachment.**

- |   |  |
|---|--|
| Merger, acquisition or consolidation with another entity?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sales, distribution or divestiture of any assets other than in the ordinary course of business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Changes in the board of directors or senior management (other than death or retirement)?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Change in the <b>Applicant's</b> independent auditors?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

