



RENEWAL 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 Application 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

1. Name of **Applicant**: _____
 2. Change in Address: None or _____
 3. Change in website address: None or www. _____
 4. Have there been any changes in the **Applicant's** operations?: Yes No **If yes, please provide details.**
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5. 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.)

6. Ownership Information:

- a) Number of common shares outstanding: _____ If LLC, number of membership shares: _____

Directors & Officers information cont'd

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 there any changes in ownership from the prior year? Yes No **If yes, please provide details.**

7. 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.

**8. In the next twelve (12) months, does the Applicant anticipate being 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 Applicant's independent auditors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. 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, the amount of the offering and the current status of each such transaction.**

10. 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

