



# Executive First® Private Company Portfolio

## Application

**NOTICE: THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE INSURANCE. THE INSURER WILL RELY UPON THE ACCURACY AND COMPLETENESS OF THIS APPLICATION FOR INSURANCE, IN ADDITION TO INFORMATION SUPPLIED VIA ATTACHMENT, AND IN PUBLIC FILINGS. THIS APPLICATION WILL FORM THE BASIS OF, AND BECOME PART OF, ANY RESULTING POLICY. COVERAGE UNDER ANY SUCH POLICY WILL BE ON A CLAIMS-MADE BASIS. NO COVERAGE WILL EXIST FOR CLAIMS FIRST MADE AGAINST AN INSURED AFTER THE END OF THE POLICY PERIOD UNLESS AND TO THE EXTENT THAT AN EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY UNDER SUCH POLICY, AND WILL ALSO BE APPLIED AGAINST THE RETENTION.**

**Instructions: Applicant should complete the sections of the Application relevant to the specific coverages requested. The term "Applicant" shall mean the Parent Organization applying for this insurance and all of its Subsidiaries.**

### I. General Information

1. Name of Applicant:

Address of Applicant:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

2. Nature of Operations and Primary SIC Code:

3. Are there any Subsidiaries with operations that are dissimilar to what is listed above? If so, please describe.

Yes

No

4. Applicant Web Site(s):

5. Years of Continuous Operation:



6. Is the **Applicant** publicly-held or a public reporting company under the Securities Exchange Act of 1934 as amended?

Yes  No

7. a. Has the **Applicant** in the last 12 months completed any:

i) Merger, acquisition or divestment?

Yes  No

ii) Restructuring, reorganization or arrangement with creditors?

Yes  No

iii) Bankruptcy filing?

Yes  No

b. Is the **Applicant** anticipating any of the events shown in 7.a. above in the next 12 months?

Yes  No

If any question above is "Yes," please attach details.

**II. Applicant's Financial Information:** Please complete the below grid for the Applicant's most recent fiscal year ending \_\_\_\_\_ Month \_\_\_\_\_ Year

<b>Total Revenues</b>	\$
<input type="checkbox"/> <b>Net Income or</b> <input type="checkbox"/> <b>Net Loss</b>	\$
<b>Cash flow from Operating Activities</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Negative</b>	\$
<b>Current Assets</b>	\$
<b>Total Assets</b>	\$
<b>Current Liabilities</b>	\$
<b>Long Term Debt</b>	\$
<b>Total Liabilities</b>	\$
<b>Retained Earnings</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Negative</b>	\$
<b>Shareholder's Equity</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Negative</b>	\$

8. Will more than 50% of the total long-term liabilities mature within the next 18 months?  
If "Yes," please provide details by attachment.

Yes  No

Please provide the Applicant's most recent annual financial statements (audited if available).



**III. Insurance Information:** Please place an “X” in the box below for each coverage requested. “Continuity Date” means the policy inception date for which a main form application was most recently completed and coverage continually maintained. If there is no current coverage, please respond “N/A” in the “Limit Currently Purchased” field.

	Coverage Requested	Limit Requested	Limit Currently Purchased	Retention Currently Purchased	Continuity Date	Current Insurer
<input type="checkbox"/>	Directors and Officers Liability					
<input type="checkbox"/>	Employment Practices Liability					
<input type="checkbox"/>	Fiduciary Liability					
<input type="checkbox"/>	Employed Lawyers Liability					
<input type="checkbox"/>	Crime		*	*		

*\*If current Crime program has varying limits and retentions, please provide details by attachment.*

9. Has any prior insurer made any payments, been sent notice of a claim or potential claim, or non-renewed any management liability, crime or similar insurance any time in the past 24 months? If “Yes,” please provide details by attachment.

Yes  No

***Fully complete the Coverage Section Questions for each coverage that is being requested.***



### Directors and Officers Liability Coverage Section Questions

Please answer the following questions if Directors and Officers Liability coverage is being requested

#### Ownership

- |  |                                       |
|--|---------------------------------------|
| 1. Percent of outstanding voting shares or voting rights of the <b>Applicant</b> owned by, directly or indirectly, the Directors and Officers of the <b>Applicant</b>                      | %                                     |
| 2. List any shareholders that own or control more than 5% of the <b>Applicant</b> that are <u>not</u> Directors or Officers of the <b>Applicant</b> (use additional sheets, if necessary): | <b>Voting Shares Owned/Controlled</b> |
|  | %                                     |
|  | %                                     |
|  | %                                     |
|  | %                                     |
| 3. Total number of voting shareholders   |                                       |

#### Transactions & Operations

- |   |  |
|---|--|
| 4. Within the last 18 months, has the <b>Applicant</b> had or attempted a:  |  |
| a) Public or private offering of debt or equity securities, including any offering under the Jumpstart Our Business Startups Act (JOBS Act)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Change in directors or senior officers?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Within the next 18 months, does the <b>Applicant</b> anticipate any:   |  |
| a) Public or private offering of equity securities including any offering under the Jumpstart Our Business Startups Act (JOBS Act)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Public or private offering of debt?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Sale of securities, services, goods or products for the purpose of funding <b>Applicant</b> operations or capital through social networking, crowdfunding, crowdsourcing or similar method?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Has the <b>Applicant</b> , at any time within the past five years, derived more than 10% of its annual revenue or funding from federal, state, local, foreign or other governmental or quasi-governmental sources? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



7. Does the **Applicant** have any direct or indirect insurance operations?

Yes  No

8. Does the **Applicant** perform any professional services for a fee?

Yes  No

9. Is the **Applicant** formed as a partnership or limited partnership or does it or any of its Subsidiaries act as a General Partner for another organization?

Yes  No

If the answer to any question above is "Yes," please attach details.

### Past Activities

10. Has the **Applicant** or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years

a) Anti-trust, copyright or patent litigation?

Yes  No

b) Deceptive trade practices or consumer fraud?

Yes  No

c) Civil, criminal or administrative proceeding alleging violation of any federal or state securities laws?

Yes  No

d) Any other criminal actions?

Yes  No

11. Other than those identified in Question 10 above, has any person or entity proposed for coverage been the subject of, or involved in, any litigation, administrative proceeding, demand letter, or formal or informal governmental investigation or inquiry?

Yes  No

If the answer to any question above is "Yes," please attach details.



### Employment Practices Liability Coverage Section Questions

Please answer the following questions if Employment Practices Liability coverage is being requested

#### Employee Count

1. Domestic (U.S.) Employees:	Current Year	Prior Year
a) Full-time		
b) Part-time (including leased and seasonal)		
c) Independent contractors		
d) Unpaid interns/apprentices		
e) Number or percent hourly employees		
f) Number of employees in a-c above located in CA		
g) Number of employees in a-c above located in FL, MS, NJ, NY, TN, WV		
<b>2. Foreign (non U.S.) Employees:</b>		
<b>3. Changes in Workforce:</b>		
a) Has the <b>Applicant</b> had during the past 12 months (or is the Applicant planning in the next 12 months) any layoffs, office or facility closures, or reductions in workforce?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have more than 25% of the <b>Applicant's</b> officers or senior management left the company in the past 18 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to 3. a) or b) above is "Yes," please attach details.

#### U.S. Salary Ranges

4. Employee Salary Ranges:	% of Employees in Range Current Year	% of Employees in Range Prior Year
Up to \$50,500		
\$50,501 to \$120,000		
Over \$120,000		

#### Policies and Procedures

5. Does the <b>Applicant</b> publish an employee handbook and distribute it to every employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the <b>Applicant</b> have written procedures in place regarding:		
a) Equal Employment Opportunity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Sexual Harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Handling complaints of sexual harassment or discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any question above is "No," please attach details.



**Additional question for Applicants with more than 250 employees**

7. Are all terminations reviewed by a) Human Resources? b) Counsel (Internal or external)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a full-time human resources manager or department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the <b>Applicant</b> conduct training regarding discrimination and sexual harassment policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does labor relations counsel review employment policies, procedures, and material at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If the <b>Applicant</b> is or has been a federal contractor, has the <b>Applicant</b> been subject to an OFCCP (Office of Federal Contract Compliance Programs) audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
12. Does the <b>Applicant</b> have written procedures in place regarding: a) Employment at will? b) ADA (Americans with Disabilities Act) accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are criminal background checks used in the hiring process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to 7 – 12 is “No,” or 13 is “Yes,” please attach details.

**Past Activities**

14. In the past three years, has any <b>Applicant</b> , in any capacity, been involved in any of the following matters? a) EEOC (Equal Employment Opportunity Commission) or other similar administrative proceeding, regulatory action or investigation b) Employment-related civil suit or claim	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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If “Yes,” please attach details.

**Human Resources Manager, or Human Resources contact information (for Helpline Services):**

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### Fiduciary Liability Coverage Section Questions

Please answer the following questions if Fiduciary Liability coverage is being requested

**Plan information:** In the table below please list the names and types of the **Applicant's** employee benefit plan(s). Attach additional pages, if needed. Type of Plan: DC = Defined Contribution Pension (for example a 401(k) plan), DB = Defined Benefit Pension, W = Welfare, O = Other

Name of Plan (as it appears on Form 5500, if applicable)	Current Market Value of Assets (if applicable)	Type of Plan	Is any plan an ESOP or at any time in the past 36 months have assets been held or permitted to be invested in Employer Securities or is any such investment expected in the next 12 months (Yes/No)*	Total Number of Participants	Name of Investment Manager**

\*ESOP means Employee Stock Ownership Plan and Employer Securities means securities of the **Applicant**, the parent of the **Applicant**, any company that is acquired in whole or in part by the **Applicant**, or any former parent of any company that is acquired in whole or in part by the **Applicant**. \*\* "Investment Manager" is the party granted control of or authority to invest plan assets.





1. Current market value of assets of all <b>Sponsored Plans</b> for which coverage is requested:	\$ _____
2. In the past 24 months, has any amendment(s) to any plan been made or considered that has resulted in, or may result in, a reduction of benefits, including but not limited to a change in the formula for calculating benefits, a cessation of medical or post-retirement benefits, or an increase in participants' or the plan's share of costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any plan or part of a plan, been transferred, merged, or terminated or is any such activity under consideration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any overdue employer contributions for any plan, or has a request for a waiver of contributions been made or contemplated for any plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are all defined benefit plans adequately funded in accordance with <b>ERISA</b> or applicable similar common or statutory law of the United States, Canada, the United Kingdom, or any state or other jurisdiction anywhere in the world?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

If the answer to 2, 3 or 4 is "Yes" or the answer to 5 is "No," please attach details.

**Past Activities**

6. In the past three years has there been any claim, lawsuit or regulatory action against, or regulatory investigation or inquiry of any person or entity proposed for coverage, arising out of any plan or alleging a violation of <b>ERISA</b> or <b>Employee Benefit Law</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes," please attach details.



## Employed Lawyers Liability Coverage Section Questions

Please answer the following questions if Employed Lawyers Liability coverage is being requested

	Current Year	Previous Year
1. Total number of Employed Lawyers (including temporary and contract attorneys)		
2. Do any of Employed Lawyers provide legal services in the following practice areas:		
a) Environmental Law and Compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Copyright, Patent, Trademark and/or other intellectual property law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Securities Law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do any Employed Lawyers provide Moonlighting Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has any person proposed for this coverage been the subject of, or been involved in, any of the following arising out of his or her provision of legal services, irrespective of whether such activity arose out of work performed for the <b>Applicant</b> :		
a) Any reprimand, sanction, fine or discipline by, or refused admission to, a bar association, court, administrative or regulatory agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Any civil or criminal litigation, arbitration, claim or administrative or regulatory proceeding during the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes" to any question above, please provide details.

5. Describe the type of work typically referred by the Applicant to outside counsel



### Crime Coverage Section Questions

Please answer the following questions if Crime coverage is being requested

	Current Year	Previous Year
1. Total number employees		
a) US	a)	a)
b) Foreign	b)	b)
2. Number of US locations		
a) Retail	a)	a)
b) Non-retail	b)	b)
3. Number of Foreign locations		
a) Retail	a)	a)
b) Non-retail	b)	b)

**4. Bank Accounts**

a) Are all bank accounts reconciled monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Are bank accounts reconciled by someone not authorized to withdraw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Is countersignature of all checks required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Is the cash exposure at any single location in excess of requested deductible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**5. Audit Procedures**

a) Does the <b>Applicant</b> have an:		
Internal Audit Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporate Security Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IT Audit/Network Security Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) How often are all domestic locations audited?		
c) How often are all foreign locations audited?		
d) Do you provide fraud awareness training for all your staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Were there any material issues in internal controls identified during any of the Applicant's internal or external audits in the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If yes, please explain actions taken to address those issues.**

**6. Computer/Funds Transfer Controls**

a) What is the maximum dollar value of wire transfers per location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Do all wire transfers require at least dual approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do all non-repetitive wire transfers require approved purchase orders and other supporting documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) How often does the <b>Applicant</b> require computer access codes and passwords be changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Have any vendors or other third parties been given access to the <b>Applicant's</b> computer system in the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) (i) Has the <b>Applicant's</b> computer systems/IT department been audited by a third party in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) If yes, were there any issues brought up that required immediate attention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If f) (ii) is "Yes," please provide details of actions taken to address those issues.**



- g) Does the applicant provide any type of "Social Engineering Fraud" training to their employees?
- h) How does the applicant verify the authenticity and accuracy of all Funds Transfer requests?

Yes  No

\_\_\_\_\_

\_\_\_\_\_

**7. Vendor Controls**

- a) Does the **Applicant** maintain a list of all approved vendors on a global basis?
- b) Does the **Applicant** perform background checks on its vendors?
- c) Are there any vendors of the **Applicant** that were not subject to a background check?
- d) Do all purchase orders require dual approval?
- e) How does the **Applicant** verify the authenticity and accuracy of any changes made to a vendors account concerning bank account information, contact information, phone information? \_\_\_\_\_

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

\_\_\_\_\_

\_\_\_\_\_

**8. Clients' Property (complete if requesting coverage)**

- a) What type of work will the **Applicant** be doing for its clients?  
\_\_\_\_\_
- b) Will this work be provided on the clients' premises?
- c) Will the **Applicant's** employees have access to money, securities or tangible property of its clients?
- d) What controls are in place to protect the **Applicant's** clients from employee theft?  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No  
 Yes  No



**FRAUD WARNING**

**DC 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.

**FL 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.

**LA 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.

**MD ONLY:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NJ ONLY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NY 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 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.

**PA 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.

**OK ONLY:** 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.

**OR ONLY:** 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.

**ALL OTHER STATES:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN CO, ME, TN, VA, AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED.



***This question is applicable to the Directors and Officers Coverage Section if no coverage is currently maintained.***

Does any person or entity for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which a reasonable person would believe may give rise to a **Claim** which may fall within the scope of this proposed coverage section?  Yes  No

***This question is applicable to the Employment Practices Coverage Section if no coverage is currently maintained.***

Does any person or entity for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which a reasonable person would believe may give rise to a **Claim** which may fall within the scope of this proposed coverage section?  Yes  No

***This question is applicable to the Fiduciary Liability Coverage Section if no coverage is currently maintained.***

Does any person or entity for whom this insurance is intended have any knowledge or information of any act, error, omission, fact, circumstance or violation of ERISA or employee benefit law which a reasonable person would believe may give rise to a **Claim** which may fall within the scope of this proposed coverage section?  Yes  No

***This question is applicable to the Employed Lawyers Coverage Section if no coverage is currently maintained.***

Does any person or entity for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which a reasonable person would believe may give rise to a **Claim** which may fall within the scope of this proposed coverage section?  Yes  No

**If "Yes" to any question above, please provide details.**

**IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM (WHETHER OR NOT DISCLOSED HEREIN), IS EXCLUDED FROM THE PROPOSED COVERAGE. SUCH EXCLUSION WILL NOT OPERATE AS A WAIVER OF ANY OTHER REMEDIES THE INSURER MAY HAVE. IT IS FURTHER AGREED THAT THIS STATEMENT MADE THEREON SHALL BE DEEMED AN EXPRESS WARRANTY FOR ALL INSUREDS WHICH HAS BEEN RELIED UPON BY THE INSURER PURSUANT TO THE ISSUANCE OF COVERAGE.**

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT, AND HEREBY CERTIFIES THAT THEY HAVE MADE REASONABLE INQUIRIES TO OBTAIN AND PROVIDE THE ANSWERS, INFORMATION AND DOCUMENTATION THAT IS RESPONSIVE TO THE QUESTIONS AND REQUESTS CONTAINED IN THIS APPLICATION, AND REPRESENTS THAT THE ANSWERS, INFORMATION AND DOCUMENTATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**Signature of Chief Executive Officer, Chief Financial Officer, or President of the Applicant**

\_\_\_\_\_  
**Print Name/Title**

\_\_\_\_\_  
**Date**