



Travelers Casualty And Surety Company Of America
Hartford, Connecticut

APPLICATION FOR PRIVATE COMPANIES

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

The term "Applicant" means all corporations, organizations or entities proposed for this insurance including subsidiaries.

AGENCY/ BROKER	CODE	NAME and LICENSE NUMBER	POLICY NUMBER
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Applicant Name:			
Principal Address:			
City, State, Zip			
Date of Incorporation:		Primary Business Activity / SIC Code:	
Nature of Operations:			
Subsidiary Companies:			
If Applicant is a subsidiary of another company (ies), please provide the name of the Parent Company (ies):			

The policy for which application is made includes Risk Management Plus+ OnlineSM, an employment practices loss control program. Unless you wish to delete the Employment Practices Liability coverage as indicated in question #5, please provide the name and contact information for the individual responsible for training supervisors, updating policies and implementing employment related controls.

Contact Name _____ Contact Email _____
 Contact Address _____ Contact Phone _____
 _____ Contact Fax _____

1. CURRENT INSURANCE INFORMATION: Please indicate if Applicant carries the following insurance products:

Policy	Limit	Retention	Insurance Company	Policy Period	Premium
Directors & Officers Liability					
Employment Practices Liability <input type="checkbox"/> indicate if included in D&O					
Fiduciary Liability					
Fidelity					
Umbrella/Excess					
Errors and Omissions					
Commercial GL					

b.) Requested terms for this policy:
 Effective Date: _____ Limit: \$ _____ Retention: \$ _____

(c) [Missouri applicants skip question 1(c)]
 Has Applicant ever been denied Directors and Officers or Employment Practices Liability insurance or had such insurance canceled or non-renewed? Yes No
 If "Yes", please provide details: _____

2. STOCK OWNERSHIP:

- a) Total number of voting shares outstanding: _____
- b) Total number of voting shareholders: _____
- c) Total number of voting shares owned by the **Applicant's** directors and officers (direct and beneficial): _____
- d) Does any shareholder own five percent (5%) or more of the voting shares directly or beneficially? Yes No
If "yes," designate names and percentages of holdings:
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e) Does the **Applicant** have any other securities convertible to voting stock? If yes, please describe fully. Yes No

f) Does the **Applicant** have any equity or debt securities that are publicly traded? Yes No

3. MANAGEMENT INFORMATION:

- a) At the request of the **Applicant**, is any Director or Officer a member of the management of any entity not reflected on the **Applicant's** organizational structure requested as an attachment to this application? Yes No
- b) Have there been any changes in the Board of Directors or Senior Management of the **Applicant** within the past three (3) years for reasons other than death or retirement? Yes No
If "Yes", please explain.
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c) Has the **Applicant** changed outside auditors in the last three (3) years? Yes No
If "Yes", please explain.

d) Have the outside auditors stated there are no material weaknesses in the **Applicant's** system of internal controls? Yes No
If "No", please provide the latest CPA letter to management and management's response.

4. MERGER AND ACQUISITION ACTIVITY:

Has the **Applicant** in the past thirty-six (36) months completed or agreed to, or does it contemplate within the next twelve (12) months, any of the following, whether or not such transactions were or will be completed? If "Yes", please describe the terms of each such transaction, including how many employees were affected and in what manner, as an attachment to this **Application**.

- a) Merge, acquire, create, purchase, sell, close, consolidate or spin-off any corporation, entity, plant, office, subsidiary, branch, or division? Yes No
- b) Downsize, rightsize, lay-off or reduce the number of employees? Yes No
- c) Increase the number of employees other than by merger and acquisition by more than 30%? Yes No
- d) Sell, distribute or divest of any assets or stock other than in the ordinary course of business in an amount exceeding twenty-five percent (25%) of the **Applicant's** consolidated assets? Yes No
- e) Any offering of securities of the Applicant, regardless of whether such offering is required to be registered under federal or state law? Yes No
- f) Reorganization or arrangement with creditors under federal or state law? Yes No

5. EMPLOYEE INFORMATION:

The policy for which application is made includes Employment Practices Liability coverage, unless deleted.

Do you want to delete coverage for Employment Practices Liability?

Yes No

If yes, please skip to question 7 on page 5.

a. Total number of employees for last three years				b. Employee Turnover for the last three years			
Year:				Year:			
Full Time				Terminated: (Involuntary)			
Part Time				Resigned: (Voluntary)			
Total				Retired			
				Layoffs:			

c. How many officers have been terminated in the past two (2) years? _____

d. Number of workers in the following classifications in the previous 12 months:

Temporary		Seasonal	
Labor Unions		Leased	
Independent Contractors			

e. Locations of **Applicant** by state or country (if foreign) and number of employees for each (attach schedule if necessary):

State or Country	# of Employees	# of Locations	State or Country	# of Employees	# of Locations

f) Number of employees that are in the following salary ranges (salary includes bonuses and commissions):

\$30,000 or less:		\$30,001 to \$100,000:		Over \$100,000:	
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g) Does the **Applicant** provide stock options to its employees as compensation or bonus?

Yes No

(i) If yes, what is the percentage of employees eligible to receive stock options? _____%

(ii) What is the largest percentage of any one employee's total compensation consisting of stock options? _____%

6. HUMAN RESOURCES INFORMATION:

a) Does the **Applicant** have a Human Resources department? Number of HR employees: _____

Yes No

If no, who handles Human Resources functions and what are their responsibilities and prior training? Please use an attachment if additional space is needed: _____

b) Who handles Human Resources matters in locations or branch offices other than **Applicant's** principal place of business? _____

If local personnel, are they formally trained in Human Resources matters at least once a year?

Yes No

c) Does the **Applicant** use a written employment application form for all employment applicants?

Yes No

d) Does the **Applicant** have an Employee Handbook?

Yes No

If yes, please answer the following:

(i) Is a copy provided to every employee?

Yes No

If yes, does each employee sign an acknowledgement of receipt and understanding?

Yes No

(ii) When was the most recent update to the Employee Handbook? _____ (Date)

e) Please indicate whether the **Applicant** has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

	Yes	No	Receipt Acknowledged		Yes	No	Receipt Acknowledged
Sexual harassment				Performance evaluations			
Discrimination				Internet usage/employee privacy			
Equal opportunity				Pregnancy leave			
Disabled employees and accommodations				Alternative Dispute Resolution/Arbitration			
Grievances				Hiring and interviewing			
Employee discipline				Internal job postings			
Termination				Employment-at-will			

f) Has legal counsel reviewed the above policies prior to implementation? Yes No

g) Are employee performance evaluations written? Yes No

If yes, are employees provided with a copy of the written evaluations and given the opportunity to provide written comments? Yes No

h) With respect to employee terminations, does the **Applicant**:

(i) Consult with legal counsel or Human Resources personnel prior to every termination? Yes No
If no, please describe procedures on separate attachment.

(ii) Provide severance pay and require releases to be signed by terminated employees? Yes No
If yes, has legal counsel reviewed the release? Yes No
If no, please describe procedures on separate attachment.

(iii) Conduct mandatory exit interviews? Yes No

i) Please indicate whether the **Applicant** conducts training on any of the following:

For Managers and Supervisors

(i) Conducting performance evaluations? Yes No

(ii) Managing employment-related grievances, disputes, notifications, conflicts, or claims? Yes No

(iii) Handling of sexual harassment complaints? Yes No

(iv) Hiring and interviewing? Yes No

For all employees

(i) Sexual harassment? Yes No

j) Does the **Applicant** involve an attorney in employment-related disputes? Yes No

If yes, please identify the name of the attorney(s) who is usually involved, and indicate if he/she is in-house or outside counsel.

k) Does the **Applicant** have access to the Internet? Yes No

l) Is the **Applicant** a Federal Contractor? Yes No

If yes, does the **Applicant** have an Affirmative Action Plan on file with the Office of Federal Contract Compliance (OFCCP) Yes No

7. LOSS INFORMATION:

(a) Have any civil or criminal claims, losses, lawsuits, administrative proceedings, charges, hearings or demands been made against the **Applicant** or any person proposed for this insurance during the past five (5)

years which would fall within the scope of directors and officers liability or employment practices liability insurance, whether or not insured? (including without limitation claims involving employees, temporary or leased employees or independent contractors or alleged state or federal copyright, patent, antitrust, fair trade, and securities violations?) Yes No

If Yes, attach details of each including the type of claim, proceeding, complaint, etc., how resolved, litigation and settlement costs, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.

(b) **Choose one of the following:**

[] **New policy with no prior similar coverage:**

(i) Are there any facts or circumstances which may result in a claim under this policy? Yes No
If Yes, please provide details as a separate attachment.

[] **New policy with prior similar coverage:**

(i) Prior similar coverage has been continuously in effect since _____
At the time of original application to the insurer who wrote such coverage, were there any facts or circumstances which might have resulted in claim being made against any insured? Yes No

(ii) Are there any pending lawsuits or claims? Yes No

(iii) During the past five years have any claims or lawsuits, including employment-related claims or lawsuits, been brought against any entity or person which might involve the requested policy for which the prior carrier was not notified? Yes No

(iv) Is **Applicant** seeking a higher limit of liability than its prior policy? Yes No

If yes, with respect to such increased limit, are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy? Yes No

To the extent that any lawsuit or claim required to be disclosed in response ii, iii or iv above constitutes a “Claim” as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

If yes to any question above, please attach details, including the type of complaint, how resolved, and any corrective procedures implemented. Without prejudice to any other rights and remedies of Travelers, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to 7. (a) or (b) above, is excluded from the proposed insurance.

REQUIRED ATTACHMENTS

- Organizational chart of the **Applicant** describing the relationship between all entities within the corporate structure and the form each such entity takes (i.e. Corporation, limited partnership, limited liability company, etc.)
- Audited financial statements of the **Applicant** with any notes and schedules
- Latest quarterly interim financial statement of the **Applicant**
- Any registration statements filed with the SEC or any private placement memorandums within the last twelve (12) months
- List of all corporations, entities or organizations (include % owned & nature of business) proposed for this insurance
- A complete list of all Directors and Officers of the **Applicant** and their affiliations.
- Summary and status of any litigation filed within the last twenty-four (24) months by or against any person(s) or entity(ies) proposed for this insurance (including any litigation that has been resolved)
- Employee Handbook and/or Policies and Procedures Handbook or equivalent written guidelines, if more than 250 employees.
- Employment/Job application form
- Most recent EEO-1 Report (if required by EEOC) and prior two years
- Sexual Harassment Policy (unless contained in the Employee Handbook)
- Equal Employment Opportunity Policy (unless contained in the Employee Handbook)

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH

CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

Attention: For all Insureds other than those in VA or UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in VA and UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in KY and FL

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

Attention: Insureds in NY

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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.

Signature of **Applicant**
(Must be signed by Chairman of the Board, CEO or President)

Allen Financial Insurance Group (VN26)
Agency/Broker

Dated Signed

Date Signed

Name (printed)

Agent/Broker (Individual)

Title

Address

Attention: Insureds in AR, FL, KY, ME, MN, NJ, OH, and PA

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.

Attention: Insureds in DC:

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.

Attention: Insureds in NY

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.

Attention: Insureds in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Attention: Insureds in TN and VA

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.

Attention: Insureds in LA and NM

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.

Attention: Insureds in OK

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.

Attaches to all Applications