

# Application

## APPLICATION FOR DIRECTORS, OFFICERS, LIABILITY INSURANCE INCLUDING EMPLOYMENT PRACTICES



D&o-EPL SME

### SME SHORT FORM

THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INSURED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

#### GENERAL INFORMATION

1. INSURED NAME, ADDRESS, DATE AND STATE OF INCORPORATION. \_\_\_\_\_

2. DESCRIBE THE FUNCTIONS, ACTIVITIES AND GENERAL PURPOSES OF THE ORGANIZATION: \_\_\_\_\_

3. IS THE COMPANY PUBLICLY TRADED? [ ] YES [ ] NO

4. NUMBER OF EMPLOYEES: AS OF TODAY: \_\_\_\_\_ AS OF LAST YEAR : \_\_\_\_\_ AS OF TWO YEARS : \_\_\_\_\_

5. PLANS FOR MERGER, ACQUISITIONS, OR CONSOLIDATIONS BY APPLICANT OR ANY SUBSIDIARY. [ ] YES [ ] NO

6. PLANS TO REDUCE LAY OFF OF SUBJECT EMPLOYEES TO EARLY RETIREMENT BY 10% OR MORE. [ ] YES [ ] NO

7. DO YOU HAVE ANY SUBSIDIARIES? [ ] YES [ ] NO

8. DO YOU HAVE MORE THAN ONE SHAREHOLDER? [ ] YES [ ] NO

9. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED :

LIMITS OF LIABILITY	DEDUCTIBLES

#### CLAIMS INFORMATION

10. THERE HAS NOT BEEN NOR THERE IS NOW ANY PENDING CLAIM(S) AGAINST ANY PROPOSED FOR INSURANCE IN HIS OR HER CAPACITY OF EITHER DIRECTOR OR OFFICER OF NAMED APPLICANT. [ ] YES [ ] NO

11. DO YOU (THE APPLICANT) HAVE KNOWLEDGE OF THE FILING OF ANY CLAIM (ADMINISTRATIVE OR JUDICIAL) OVER THE PREVIOUS 24 MONTHS FOR LEGALLY PROHIBITED DISCRIMINATION; HARASSMENT; RETALIATION; COMPLIANCE WITH THE AMERICAN DISABILITY ACT; COMPLIANCE WITH CIVIL RIGHT ACT OR COMPLIANCE WITH THE FAMILY MEDICAL LEAVE ACT. [ ] YES [ ] NO

#### DECLARATION & ADDITIONAL INFORMATION

IF ANY OF THE ABOVE QUESTIONS WAS ANSWERED WITH A YES, THE APPLICANT MUST COMPLETE A STANDARD NOT FOR PROFIT PROTECTOR APPLICATION OR PRIVATE EDGE APPLICATION. IF THE APPLICANT HAS NOT BEEN PREVIOUSLY PROVIDED WITH A COPY OF THE NOT FOR PROFIT PROTECTOR POLICY FORM OR PRIVATE EDGE APPLICATION, A SPECIMEN WILL BE PROVIDED AT YOUR REQUEST.

PLEASE PROVIDE A COPY OF YOUR HUMAN RESOURCES MANUAL (IF AVAILABLE).

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND DOLLARS (\$5,000) AND NOT EXCEEDING TEN THOUSAND DOLLARS (\$10,000) OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

SIGNED : \_\_\_\_\_ TITLE : \_\_\_\_\_

COMPANY : \_\_\_\_\_ DATE : \_\_\_\_\_