

Excess Application



Notice

THIS POLICY IS A CLAIMS MADE POLICY AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS.

Applicant information

Name of applicant	Date		
Applicant's principal address	City	State	Zip code
Telephone number			

General information

Officer designated to receive correspondence and notices from the insurer:

Name of officer	Title
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Please provide the following information with respect to the applicant:

Nature of business	State of incorporation
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Website address

Please list all subsidiary companies:

Name of entity	Nature of operations	Date acquired or created	% of ownership

Employee profile

Total worldwide employee count	Number of in-house counsel
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Financial information

Please provide the following information for the applicant and its subsidiaries. Information must be based on the most recent fiscal year end audited financials or interim financials (indicate month/year). Attach copies of the latest consolidated audited or interim financial statements.

Requested information	Current fiscal year	Prior fiscal year
Total revenue		
Current assets		
Total assets		
Current liabilities		
Long term debt		
Total liabilities		
Retained earnings		
Shareholder equity		
Net income		
Cash flow from operations		

1. Has the applicant or any of its subsidiaries changed auditors in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the applicant or any of its subsidiaries involved in any joint ventures, general partnerships or limited partnerships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the applicant a public/governmental entity, a tax exempt/nonprofit entity, an organization with publicly traded/issued securities or an organization subject to tribal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the applicant in the last 24 months transacted or does the applicant anticipate in the next 12 months:		
a. Any actual, negotiated or attempted merger, acquisition, consolidation or divestment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Any restructuring or legal or financial reorganization or filing for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Any branch, location, facility, office or subsidiary closings, consolidations or reductions workforce?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the applicant perform any professional services for a fee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, to any of questions 1 through 5 attach full details.

Announced changes

Is there any shareholder or group of affiliated shareholders who own 5% or more of the applicant's outstanding common equity shares, directly or beneficially?

☐ Yes ☐ No

If yes, attach full details.

During the last 12 months or reasonably likely within the next 12 months

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|---|------------------------------|-----------------------------|
| a. Has the applicant or any subsidiary filed a registration statement with the Securities and Exchange Commission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has the applicant or any subsidiary been involved in, or publicly disclosed, any actual, attempted or contemplated merger, consolidation, acquisition, tender offer, divestment or the sale of more than 10% of its total stock outstanding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the applicant suspended its dividend payments or is it currently contemplating such suspension? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has the applicant or any subsidiary been in material breach of any of its debt covenants, loan agreements or contractual obligations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has the applicant or any subsidiary been involved in a bankruptcy proceeding, legal or financial reorganization or arrangement with creditors under federal or state law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above, attach full details.

During the last 12 months, have any of applicant's outside auditors stated that there are any material weaknesses in any of the applicant's system of internal controls?

☐ Yes ☐ No

If yes, attach full details.

Has the President, Chief Executive Officer, or Chief Financial Officer of the applicant left office within the last three (3) years for any reason other than poor health, death or retirement at normal retirement age?

☐ Yes ☐ No

If yes, attach full details.

Does applicant's President, Chief Executive Officer, or Chief Financial Officer have knowledge of any matter which may cause applicant or any subsidiary to, within the next twelve (12) months, restate any its financial statements?

☐ Yes ☐ No

If yes, attach full details.

Loss/Claims history

1. Within the past three (3) years, has any insurer cancelled or refused to renew any of Applicant's or Subsidiary's directors and officers liability insurance, whether primary or excess? ☐ Yes ☐ No

If yes, attach full details.

2. Are there any pending claims against any proposed insured which may fall within the scope of coverage afforded by any policy presently or previously in effect and that provides coverage similar to insurance under the proposed policy? ☐ Yes ☐ No

If yes, attach a summary description of each Claim and any loss payments by any insurers.

3. Has any proposed insured given notice, under any provision of any other previous or current similar primary or excess insurance policy, of any fact or circumstance that may give rise to a claim? ☐ Yes ☐ No

If yes, attach full details.

It is understood and agreed that with respect to questions 2 and 3 above, if such claim or notice of fact or circumstance exist, then that claim(s) and any other related claim(s) is excluded from this proposed insurance.

Prior knowledge

Does any proposed insured have any knowledge or information of any actual or alleged act, error, omission, fact or circumstance which may give rise to a claim? ☐ Yes ☐ No

If yes, attach full details.

It is understood and agreed that if a proposed insured has such knowledge or information, then any claim against such insured arising therefrom is excluded from the proposed insurance.

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate, on the effective date of the insurance, immediately notify the insurer or such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Fraud warnings

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.

Notice to Alaska residents: "A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."

Notice to Arizona residents: "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

Notice to California residents: "For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Notice to Colorado residents: "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."

Notice to Delaware residents: “Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Florida residents: “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.”

Notice to Idaho residents: “Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Indiana residents: “A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.”

Notice to Kansas residents: “A ‘fraudulent insurance act’ means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.”

Notice to Kentucky residents: “Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits an fraudulent insurance act, which is a crime.”

Notice to Maryland residents: “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.”

Notice to Maine residents: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

Notice to Minnesota residents: “A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

Notice to New Hampshire residents: “Any person who, with a purpose to injure defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.”

Notice to New Jersey residents: “Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

Notice to New Mexico residents: “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 civil fines and criminal penalties.”

Notice to Ohio residents: “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Notice to Oklahoma residents: “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive and insurer , makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Pennsylvania residents: “Any person who knowingly and with intent to defraud any insurance company or other person files a 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.”

Notice to Tennessee, Virginia and Washington residents: “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.”

Notice to Texas residents: “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

Notice to New York residents: “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 violation.”

Signatures

Applicant's name (please print)

Title (please print)

Applicant's signature

Date

Name (please print)

Title (please print)

Signature

Date

If this application is completed in Florida, please provide the Insurance agent's name and license number as designated. If this application is completed in Iowa, please provide the Insurance agent's name only.

Name of insurance agent

License number

A policy cannot be issued unless the application is properly signed and dated.