

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

A. COMMON SECTION

NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO “CLAIMS” FIRST MADE OR DEEMED MADE AGAINST “INSUREDS” DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS “DEFENSE EXPENSES”, AND “DEFENSE EXPENSES” WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY “CLAIM” UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

GENERAL INFORMATION

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

Agency	Code	Agent Name/License Number	Policy Number

Name of **Applicant**: _____
 Street Address: _____
 City, State, ZIP: _____

1. Does the **Applicant** currently file, or do they anticipate in the next twelve (12) months filing, any documents with the Securities and Exchange Commission, or similar foreign authority regarding any equity or debt securities? Yes No

2. Locations of **Applicant**, including all subsidiaries and fifty percent (50%) owned joint ventures under management control, and number of employees for each:

State or Foreign Country	# of Locations	Full Time *Employees	Part Time *Employees		State or Foreign Country	# of Locations	Full Time *Employees	Part Time *Employees

***Employees include Leased, Temporary, Seasonal Employees and Volunteers**
[To enter more information, please attach a separate page to the application](#)

3. Maximum number of employees at any one point during the previous twelve (12) months for the following classifications (regardless of whether they are full or part time):

Labor Unions	Independent Contractors	Temporary	Leased	Seasonal

4. In the next twelve (12) months (or during the past twelve (12) months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
 - a. Any actual or proposed merger, acquisition, or divestiture? Yes No
 - b. Any creation of a new business, subsidiary or division? Yes No
 - c. Any registration for a public offering or a private placement of securities? Yes No

- d. Any reorganization or arrangement with creditors under federal or state law? Yes No
- e. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If any of the above questions were answered "Yes", please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances

CONTACT INFORMATION FOR RISK MANAGEMENT SERVICES

If the key contacts for the Risk Management PLUS+ OnlineSM loss prevention program have changed in the last twelve (12) months, please update their information below.

HR Contact: _____	HR Contact Email: _____	_____
	HR Contact Phone: _____	_____
Chief Financial Officer: _____	CFO Contact Email: _____	_____
	CFO Contact Phone: _____	_____

FINANCIAL INFORMATION

Note: Omit this section if the Applicant is required to submit a separate financial statement as an attachment to this application.

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>[indicate negative figures with "(")]</i>	Most Recent FYE (Month/Year) /	
1. Current Assets		
2. Total Assets		
3. Current Liabilities		
4. Long Term Debt		
5. Retained Earnings/Fund Balance (Accumulated Deficit/Fund Deficit)		
6. Net Equity/Net Assets (Deficit Equity)		
7. Revenues		
8. Net Income (Net Loss)		
9. Is the Applicant currently, or has it been in the past twelve (12) months, in violation of or has it amended any debt covenant? <u>If "Yes", please attach an explanation</u>		Yes No

AUDITOR INFORMATION

- | | | | |
|---|-----|----|-----|
| 1. Has the Applicant changed outside auditors in the last twelve (12) months?
<u>If "Yes", please attach an explanation</u> | Yes | No | N/A |
| 2. Has any auditor issued a "going concern" opinion in any financial statements of the Applicant or any of its subsidiaries during the past twelve (12) months?
<u>If "Yes", please attach an explanation</u> | Yes | No | N/A |

REQUESTED INSURANCE TERMS

Does the **Applicant** desire any changes to the expiring Policy limit(s) of liability/insurance or retention? Yes No

If "Yes", please indicate the desired changes in the tables below

LIABILITY COVERAGES

	(a)	(b)	(c)	(d)
Liability Coverage	Expiring Limit	Requested Limit	Expiring Retention	Requested Retention
Private Company Directors and Officers Liability (D&O)	\$	\$	\$	\$
Employment Practices Liability (EPL)	\$	\$	\$	\$

Fiduciary Liability	\$	\$	\$	\$
Miscellaneous Professional Liability	\$	\$	\$	\$

Do not answer the next question, unless the Requested Limit in Column (b) exceeds the Expiring Limit in Column (a).

Solely with respect to that portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability for any Liability Coverage(s), are there any facts, circumstances, or situations which could give rise to coverage under the portion of the renewal Limit of Liability that exceeds the expiring Limit of Liability? Yes No

If "Yes", please attach an explanation

Without prejudice to any other rights and remedies of the Company, any claim arising from any facts, circumstances, or situations required to be disclosed is excluded from the portion of any renewal Limit of Liability that exceeds the expiring Limit of Liability in the proposed insurance.

CRIME COVERAGES

1. Crime Coverage	Requested Limit	Requested Retention
Fidelity: Employee Theft		
Fidelity: ERISA Fidelity		
Fidelity: Employee Theft of Client Property		
Forgery or Alteration		
On Premises (Money, Securities and Other Property)		
In Transit (Money, Securities and Other Property)		
Money Orders and Counterfeit Money		
Computer Crime		
Funds Transfer Fraud		
Personal Accounts Protection		
Claim Expense		

2. Kidnap and Extortion for Ransom Coverage	Requested Limit	Requested Retention
Kidnap for Ransom		
Extortion for Ransom		
Detention and Hijack		
In Transit/Delivery		
Rest and Rehabilitation Expenses		
Personal Accident		
Additional Expenses		
Legal Liability		

OTHER COVERAGES

Identity Fraud Expense Reimbursement Coverage	Requested Limit	\$ 1,000	\$ 5,000	\$ 10,000	\$ 25,000
	Requested Retention	\$ 0	\$ 100	\$ 250	

Contact information required to verify employment at time of claim.

Contact Name: _____ Email: _____ Phone: _____

B. PRIVATE DIRECTORS & OFFICERS COVERAGE PART

NOTICE: PRIVATE COMPANY DIRECTORS & OFFICERS LIABILITY POLICIES TYPICALLY INCLUDE

EMPLOYMENT PRACTICES LIABILITY COVERAGE. IF THE APPLICANT DESIRES EMPLOYMENT PRACTICES LIABILITY COVERAGE, PLEASE COMPLETE THE EMPLOYMENT PRACTICES LIABILITY COVERAGE PORTION OF THIS APPLICATION.

1. In the next twelve (12) months (or during the past twelve (12) months), do you anticipate any change in any of the following: the number of shareholders; shareholders that own(ed) greater than five percent (5%) of any class of security; class of shares outstanding; or number of shares outstanding? **If “Yes”, please attach an explanation** Yes No
2. In the next twelve (12) months (or during the past twelve (12) months), do you anticipate any change in the Board of Directors or Senior Management of the **Applicant** for reasons other than death or retirement? **If “Yes”, please attach an explanation** Yes No
3. Are there currently outstanding loans to any director, officer, or company affiliated with any director or officer? **If “Yes”, please attach an explanation** Yes No

REQUIRED ATTACHMENTS – PRIVATE COMPANY D&O

As part of this Application, the **Applicant** must submit the following documents:

- Most recent annual financial statement, if limit requested is \$2,000,000 or greater or if the **Applicant** is a Development Stage Company
- Any documents filed with the Securities and Exchange Commission or Private Placement Memorandum(s) in the past twelve (12) months
- Most recent stock valuation or appraisal, if any shareholder is a trust holding securities for the benefit of employees (e.g., Employee Stock Ownership Plan)
- Interim financial statement for Development Stage companies

C. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

Please provide the following turnover figures for each of the last twelve (12) months:

Voluntary Terminations:	Involuntary Terminations:	Layoffs:
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HUMAN RESOURCES

1. During the last twelve (12) months, has the **Applicant** made amendments to any Human Resources policies or procedures or Employee Handbook? **If “Yes”, please provide copies of such policies or procedures or handbook** Yes No
 - a. If the answer to Question 1. above is “Yes,” were the changes reviewed by legal counsel? Yes No N/A
2. What percent of the **Applicant’s** revenue is derived from being a Federal Contractor? _____ %

REQUIRED ATTACHMENTS – EPL

As part of this Application, the **Applicant** must submit the following documents:

- Most recent EEO-1 report, if **Applicant** has 1,000 or more employees
- Most recent annual financial statement, if policy limit requested is \$3,000,000 or greater

D. FIDUCIARY LIABILITY COVERAGE PART

Premium to be Paid By:	Employer or Union	Trust or Plan
Total Number of Plan Fiduciaries:		

PLAN DATA – (COMPLETE CHART FOR ALL PLANS)

Full Plan Name	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current No. of Participants	**Plan Status

*Plan Types: Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O) – Attach Explanation					
**Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)					
List additional plans on a separate attachment					

PLAN UNDERWRITING QUESTIONS

1. Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law; (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits; or (c) invest in or provide an option to invest in employer securities? [If “Yes”, please attach an explanation](#) Yes No
2. Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) experienced an event reportable to the PBGC; (d) filed for an exemption from a prohibited transaction; (e) received an adverse opinion as to its financial condition by an independent public accountant; or (f) not been certified by an actuary to be adequately funded in accordance with ERISA’s minimum funding standard? [If “Yes”, please attach an explanation](#) Yes No
3. Does the **Applicant** anticipate the conversion of any pension plan to a Cash Balance Plan? [If “Yes”, please attach an explanation](#) Yes No
4. Has any plan (a) been amended within the last twelve (12) months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next twelve (12) months; or (b) been merged with another plan, terminated or sold within the last twelve (12) months or anticipated in the next twelve (12) months? [If “Yes”, please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants](#) Yes No
5. Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? [If “Yes”, please attach an explanation](#) Yes No

REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY

As part of this Application, the **Applicant** must submit the following documents:

- Sponsor financial statement if the **Applicant** maintains a defined benefit, self-funded welfare plan, or Employee Stock Ownership Plan (ESOP)
- Sponsor and plan financial statement for each defined contribution plan, if limit requested is greater than \$5,000,000
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- ESOP Questionnaire, if any plan is an ESOP or if any plan has 10% or more of plan assets invested in employer securities
- Most recent Form 5500 for each self-insured welfare plan

E. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART

1. Describe, in detail, all professional services offered by the **Applicant**:

Professional Services	Total Revenue	% of Revenue Sub-Contracted
	%	%
	%	%
	%	%

[To enter more information, please attach a separate page to the application](#)

2. If subcontractors are used, does the **Applicant** require evidence of professional liability insurance? Yes No N/A
3. Are any of the Professional Services described in your response to Question 1. above contract specific? Yes No
 - a. If the answer to Question 3. above was “Yes,” please list all contract specific Professional Services:

4. If the service is non-contract specific, is a written contract or agreement required for each client? Yes No

If “No”, please attach an explanation detailing how responsibilities are defined between the Applicant and their Client

5. Does the **Applicant** provide any services over the Internet? **If “Yes”, please attach an explanation** Yes No
6. Have any Principals/Partners, Officers, or Professional Employees been added in the last twelve (12) months? **If “Yes”, please provide biographical sketches/resumes for such additions** Yes No
7. Has the **Applicant** created or amended any standard contracts or engagement/proposal letters used with clients? **If “Yes”, please provide copies of such contracts or letters** Yes No
8. Describe the **Applicant’s** five largest projects or jobs during the past twelve (12) months:

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job

REQUIRED ATTACHMENTS – MPL

As part of this Application, the **Applicant** must submit the following documents:

- Most recent annual financial statement

F. CRIME COVERAGE PART

1. Please indicate the maximum exposure for each location:

Locations	Cash	Retail Checks	Non-Retail Checks

To enter more information, please attach a separate page to the application

2. Does the **Applicant** use a Safe for storing cash, checks, securities and other tangible property? Yes No

INTERNAL CONTROLS

1. Are owners active in the day to day oversight of business operations? Yes No
2. Does someone other than the person responsible for reconciling bank accounts:
 Make Deposits? Yes No Make Withdrawals? Yes No Sign Checks? Yes No
3. Is countersignature of checks required? Yes No If Yes, what is the dual signing limit? _____
4. Is segregation of duties practiced in the following areas:
 Inventory management? Yes No Cash Receipts? Yes No
 Vendor approval? Yes No Oversight of blank check stock? Yes No
 Purchase Order approval and payment? Yes No Retail checks and credit card receipts? Yes No
 Wire transfer receipts and payments? Yes No N/A
5. Is a physical count of inventory conducted at least annually? Yes No
6. Are the duties of computer programmers and operators separated? Yes No
7. Do you continue to perform any of the following:
 Verification of Prior Employment? Yes No Credit History? Yes No
 Drug Testing? Yes No Criminal History? Yes No
 Education? Yes No

REQUIRED ATTACHMENTS – CRIME

As part of this Application, the **Applicant** must submit the following documents:

- Most recent annual financial statement, if Limit of Insurance requested is greater than \$1,000,000
- CPA Management Letter regarding Internal Controls, if the Limit of Insurance requested is greater than \$5,000,000

G. KIDNAP & EXTORTION FOR RANSOM COVERAGE PART

- | | | | |
|---|-----|----|--|
| 1. Total number of Directors: | | | |
| 2. Has the Applicant materially changed its operations (e.g., new products and services) in the past twelve (12) months? <u>If “Yes”, please attach an explanation</u> | Yes | No | |
| 3. Has the Applicant materially changed its safety procedures as respects employee travel outside the United States in the past twelve (12) months? <u>If “Yes”, please attach an explanation</u> | Yes | No | |
| 4. Has the Applicant materially changed its procedures for safeguarding sensitive client data that exists on its corporate networks and databases in the past twelve (12) months?
<u>If “Yes”, please attach an explanation</u> | Yes | No | |
| 5. Does the Applicant have any knowledge of specific facts or information which may give rise to a claim under the insurance coverage of this policy?
<u>If “Yes”, please attach an explanation</u> | Yes | No | |

FOREIGN TRAVEL AND PERMANENT LOCATIONS

1. Please update the foreign travel (outside the United States and Canada) of the directors, officers and other employees for the past twelve (12) months and the next twelve (12) months.

Country	Number of Trips	Number of Individuals	Average Length of Trips

To enter more information, please attach a separate page to the application

2. Please update the permanent foreign locations (outside the United States and Canada).

Country	Type of Operation (e.g. Sales, Mfg.)	Number of Employees

To enter more information, please attach a separate page to the application

H. SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED ST. PAUL TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY ST. PAUL TRAVELERS. IF THE INFORMATION IN ANY 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.

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: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, 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.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Attention: Insureds in AR, CO, DC, FL, KY, LA, ME, NJ, NM, NY, OH, OK, PA, TN, and VA

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

(In Pennsylvania, 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 or concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.)

(In Washington, 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.)

Signature of **Applicant's** Authorized
Representative (President or CEO)

_____ Title: _____

Name (Printed):

_____ Date: _____

ADDITIONAL INFORMATION

*This page may be use to provide additional information to any question on the Wrap+ application.
Please identify the Section Letter and Question Number (i.e. Section G. #4)*