

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: \_\_\_\_\_

- 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
- 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](#)

- 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

- 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:
  - Any actual or proposed merger, acquisition, or divestiture? Yes    No
  - Any creation of a new business, subsidiary or division? Yes    No
  - 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+ Online<sup>SM</sup> loss prevention program have changed in the last twelve (12) months, please update their information below.

HR Contact: \_\_\_\_\_ HR Contact Email: \_\_\_\_\_  
 Chief Financial Officer: \_\_\_\_\_ HR Contact Phone: \_\_\_\_\_  
 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 <b>Applicant</b> 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?  
If "Yes", please attach an explanation 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?  
If "Yes", please attach an explanation 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
<b>Private Company Directors and Officers Liability (D&amp;O)</b>	\$	\$	\$	\$
<b>Employment Practices Liability (EPL)</b>	\$	\$	\$	\$

<b>Fiduciary Liability</b>	\$	\$	\$	\$
<b>Miscellaneous Professional Liability</b>	\$	\$	\$	\$

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**

<b>1. Crime Coverage</b>	<b>Requested Limit</b>	<b>Requested Retention</b>
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		

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

**OTHER COVERAGES**

<b>Identity Fraud Expense Reimbursement Coverage</b>	<b>Requested Limit</b>	\$ 1,000	\$ 5,000	\$ 10,000	\$ 25,000
	<b>Requested Retention</b>	\$ 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**

<b>Premium to be Paid By:</b>	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

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

## 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 <b>Applicant</b> 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 <b>Applicant</b> 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 <b>Applicant</b> materially changed its procedures for safeguarding sensitive client data that exists on its corporate networks and databases in the past twelve (12) months?<br><u>If “Yes”, please attach an explanation</u> | Yes | No |  |
| 5. Does the <b>Applicant</b> have any knowledge of specific facts or information which may give rise to a claim under the insurance coverage of this policy?<br><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



## 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)*