



**GENERAL INFORMATION  
(ALL APPLICANTS MUST COMPLETE THIS SECTION.)**

**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE IN  
EXECUTIVE RISK INDEMNITY INC.**

**NOTICE: THE LIABILITY COVERAGE SECTIONS OF THIS POLICY (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, UNLESS OTHERWISE PROVIDED HEREIN, BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**Application Instructions**

- Whenever used in this Application, the term "**Applicant**" shall mean the Parent Corporation and all of its subsidiaries, unless stated to the contrary herein.
- **Applicants** are required to complete Application Sections 1 and 10.
- Complete those other Application Sections applicable to the Coverage Sections for which the **Applicant** is applying.
- Include all requested underwriting information and attachments.

**A. REQUESTED COVERAGE**

The **Applicant** has completed Sections 1 and 10 of this Application and the corresponding Application Sections for the Coverage Section(s) requested below:

Yes/ No	Coverage Section	Application Section	Requested Limit	Requested Deductible	Requested Effective Date
	Directors & Officers Liability	2			
	Employment Practices Liability	3			
	Fiduciary Liability	4			
	Miscellaneous Professional Liability	5			
	Internet Liability	6			
	Crime Non-Liability	7			
	Kidnap/Ransom and Extortion	8			
	Workplace Violence Expense	9			



**B. CONTACT INFORMATION**

1. Name of **Applicant**: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. State of incorporation: \_\_\_\_\_ Date established: \_\_\_\_\_
5. Website address: \_\_\_\_\_
6. Executive officer authorized to receive notices and information regarding the proposed policy:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_  
\_\_\_\_\_  
Contact's e-mail address: \_\_\_\_\_

**C. NATURE OF BUSINESS**

1. Nature of the **Applicant's** business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Description of the **Applicant**:  
 Privately held     Limited Liability Corporation (LLC)     Sole Proprietorship     Partnership  
 Co-op     Non-profit     Publicly traded (Ticker Symbol \_\_\_\_\_)\*     Other  
 If this **Applicant** is not privately held, the **Applicant** may be ineligible for ForeFront Portfolio<sup>SM</sup>.

**D. TRANSACTIONAL INFORMATION**

1. In the next 12 months or during the past 18 months is the **Applicant** contemplating or has the Applicant completed or been in the process of completing:
 

(a) Any actual or proposed merger, acquisition or divestment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Any registration for a public offering or a private placement of securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Any layoffs, staff reductions or facility closings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Any change in outside auditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No



2. If the **Applicant** answered "Yes" to any of the above, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. FINANCIAL INFORMATION**

1. Was the most recent: (Check One)  audit,  review or  compilation of the **Applicant's** most recent financial statements complete and unqualified? If "No", please attach an explanation.  Yes  No

Name of the Independent CPA performing such audit, review or compilation:

\_\_\_\_\_

2. In the last 24 months, did an Independent CPA render an "ongoing concern" opinion?  Yes  No

**F. CURRENT/PRIOR INSURANCE COVERAGE INFORMATION**

1. Please complete the following information:

Coverage	Y/N	Limit	Retention	Coverage Trigger Date*	Premium	Insurer	Policy Period
D&O Liability							
Entity Liability							
Employment Practices Liability							
Third Party Liability							
Fiduciary Liability							
Miscellaneous Professional Liability							
Internet Liability							
General Liability							

\*Coverage Trigger Date means the "prior & pending litigation date", the "prior acts date" or "retroactive date" shown on the current policy declarations page (if applicable).

**MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER QUESTIONS 2 AND 3.**

2. Has the **Applicant** been declined, canceled or nonrenewed for any of the liability insurance mentioned above? If "Yes", please attach an explanation.  Yes  No
3. Has the insurer under any other coverages listed above indicated an intent not to offer renewal terms to the **Applicant**?  Yes  No
4. Has the **Applicant** given notice of any claim, circumstance or potential claim to any insurer under any of the coverages above?  Yes  No



If "Yes", attach a full explanation of the claim, circumstance or potential claim.

**G. PRIOR ACTIVITY INFORMATION**

1. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five years?

	<u>Organizations</u>	<u>Persons</u>
(a) Anti-trust, copyright or patent litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Accusations, findings of guilt or liability for a breach of the Employee Retirement Income Security Act of 1974 (ERISA) or any similar law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Civil, criminal or administrative proceeding alleging violation of any federal or state securities law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Any other criminal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Any discriminatory practice violation or litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Any disciplinary action by any regulatory agency or association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Any action where a license was revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If the Applicant answered "Yes" to any of the above, attach a full description of the details.**

**NOTICE**

**Please attach the following additional required underwriting information:**

- The most recent audited, reviewed or compiled financial statements, whichever are available.
- If the **Applicant's** reply to any question in this Application requires additional space, attach additional pages to the applicable Application Section.

**Providing information about a claim or potential claim in response to any question in any Section of this Application does not create coverage for such claim or potential claim.**