



**II. FINANCIAL INFORMATION**

1. Scope of financial statement preparation:

Internal  CPA Compilation  CPA Review  CPA Audit  None

Note: Omit Question 2. if the **Applicant** is required to submit a separate financial statement as directed in the applicable Required Attachments section(s).

2. For your most recent fiscal year end (\_\_\_\_/\_\_\_\_/\_\_\_\_) please complete the following financial information:

\$ _____	Current Assets	\$ _____	Revenues
\$ _____	Total Assets	\$ _____	Net Income (Net Loss)
\$ _____	Current Liabilities	\$ _____	Cash Flow from Operations
\$ _____	Long Term Debt	\$ _____	Net Equity/Net Assets (Deficit Equity)

**III. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS**

1. Does the **Applicant** desire any changes to the expiring policy limit or retention? Yes  No   
 If Yes, please indicate the desired changes in the table below:

Liability Coverage	(A) Expiring Limit	(B) Requested Limit
Non-Profit Organization Directors and Officers	\$ _____	\$ _____
Employment Practices	\$ _____	\$ _____
Fiduciary	\$ _____	\$ _____

Do not answer the next question unless the Requested Limit in Column (B) exceeds the Expiring Limit in Column (A).

2. Solely with respect to the higher limits requested or that may ultimately be issued for the proposed renewal, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage? Yes  No   
 If Yes, please attach an explanation.

Solely with respect to any portion of the Limit for this Liability Coverage in the proposed policy that exceeds the amount of the Expiring Limit for this Liability Coverage in the expiring policy, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

3. Does the **Applicant** desire any changes to the expiring policy limits of insurance or retentions? Yes  No   
 If Yes, please indicate the desired changes in the tables below:

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	\$ _____	\$ _____

Kidnap and Ransom Coverage	Effective Date	Requested Limit	Requested Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ _____	\$ _____

Identity Fraud Expense Reimbursement Coverage	Effective Date	Requested Limit	Requested Retention
Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ 1,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>	\$ 0 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/>

**IV. DIRECTORS AND OFFICERS LIABILITY INFORMATION**

- Is the **Applicant** managed or administered by any third party under contract or agreement? Yes  No   
*If Yes, please attach an explanation.*
- Does the **Applicant** currently carry General Liability Insurance? Yes  No

**V. REQUIRED ATTACHMENTS – DIRECTORS AND OFFICERS LIABILITY**

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*) if **Applicant**:

- Receives Government funding or limit requested is \$3,000,000 or greater, most recent annual audited financial statement

**VI. EMPLOYMENT PRACTICES LIABILITY INFORMATION**

- Indicate the total number of:
 

	<i>As of Application Date</i>	<i>Previous 12 Months</i>
Full Time Employees*	_____	_____
Part Time Employees*	_____	_____

*\* Include leased, seasonal, and temporary employees.*
- Total number of union employees: \_\_\_\_\_
- Number of employees involuntarily terminated\*\* (a) in the current year: \_\_\_\_\_ (b) in the prior year: \_\_\_\_\_  
*\*\* Do not include terminations due to layoffs.*
- Is Human Resource personnel or employment counsel consulted prior to terminations? Yes  No
- During the past 12 months, has the **Applicant** made amendments to any Human Resources policies or procedures or Employee Handbook? Yes  No   
a. If Yes, were the changes reviewed by legal counsel? Yes  No

**VII. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY**

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement, if policy limit requested is \$3,000,000 or greater
- Has locations in more than one state or foreign country, attach a list including employee counts, of the **5 states or foreign countries** with the greatest number of **Applicant** employees

**VIII. FIDUCIARY LIABILITY INFORMATION**

- Premium to be paid by: Employer:  Trust or Plan:
- Complete the chart for all plans for which coverage is requested.

Full Plan Name	*Plan Type	Current Asset Value	Latest FYE Annual Contributions	Current # of Participants	**Plan Status
		\$	\$		
		\$	\$		
*Plan Types: Defined Contributions (DC) Defined Benefit (DB) ESOP (E) Welfare Benefit Plan (W) Other (O) – Attach Explanation					
**Plan Status: Active (A) Frozen (F) Sold (S) Terminated (T)					

List any additional plans on a separate attachment.

3. During the past 24 months has (or during the next 12 months will) any plan for which coverage is requested:
- a. Been (Be) amended in a way that will result in the reduction of benefits? Yes  No
  - b. Been (Be) merged with another plan, terminated or sold? Yes  No
  - c. Been (Be) the subject of an investigation by the DOL, IRS, or any similar foreign agency? Yes  No
  - d. Filed (File) for an exemption from a prohibited transaction? Yes  No
  - e. Had (Have) any outstanding or delinquent contributions? Yes  No

*If any of the questions 3. a.-e. above are answered Yes, attach an explanation detailing the implementation, disclosure and any relevant blackout periods.*

**IX. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY**

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Sponsor financial statement if **Applicant** maintains a defined benefit, or a self-funded welfare plan.
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- Sponsor financial statement and plan financial statements for each defined contribution plan, if limit requested is greater than \$5,000,000
- Most recent 5500's for all plans

**X. CRIME INFORMATION**

1. Does someone other than the person responsible for reconciling bank accounts:
 

Make deposits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Make withdrawals? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sign checks? Yes <input type="checkbox"/> No <input type="checkbox"/>
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2. Is countersignature of checks required? Yes  No
3. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes  No
4. Is segregation of duties practiced in the following areas:
 

Inventory management? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cash receipts? Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor approval? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oversight of blank check stock? Yes <input type="checkbox"/> No <input type="checkbox"/>
Purchase order approval and payment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retail checks and credit card receipts? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is a physical count of inventory conducted at least annually? Yes  No
6. Is dual authorization required for all wire transfers? Yes  No
7. Are the duties of computer programmers and computer operators separated? Yes  No
8. Indicate the total amount of specified property *INSIDE* the premises for all locations combined:
 

Cash \$ _____	Retail Checks** \$ _____	Credit Card Receipts	\$ _____
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9. Indicate the total amount of specified property being transported by a messenger *OUTSIDE* the premises for all locations combined:
 

Cash \$ _____	Retail Checks** \$ _____	Credit Card Receipts	\$ _____
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\*\* *Retail Checks are only those checks that are accepted as immediate payment for retail products or services.*

**XI. REQUIRED ATTACHMENTS - CRIME**

As part of this Application, please submit the following documents:

- Most recent annual financial statement, and CPA Management Letter, for limit requests of \$5,000,000 or greater
- If coverage for Employee Theft of Client Property is requested, submit separate Third Party Crime Application
- For each additional entity for which coverage is requested please attach a separate page or an organization chart which includes the name, description of operations, employee count and locations. *Important Note: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.*
- Attach a list of all foreign locations including a description of operations and employee count.

**XII. KIDNAP AND RANSOM INFORMATION**

1. Has the **Applicant** materially changed its operations (e.g., new products and services) in the past 12 months? Yes  No   
*If Yes, please attach an explanation.*
2. Has the **Applicant** materially changed its safety procedures as respects employee travel outside the United States in the past 12 months? Yes  No   
*If Yes, please attach an explanation.*
3. Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? Yes  No
4. Update the foreign travel (outside the United States and Canada) of the Directors, Officers and other employees for the past 12 months and anticipated in the next 12 months:

City and Country of Destination	Number of Trips	Number of Individuals	Average Length of Trips

*To enter more information, please attach a separate page to the Application.*

5. Update the permanent foreign location (outside the United States and Canada):

City and Country	Number of Locations	Type of Operation	Number of Employees

*To enter more information, please attach a separate page to the Application.*

**XIII. IDENTITY FRAUD EXPENSE REIMBURSEMENT INFORMATION**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**XIV. COMPENSATION NOTICE****Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

**XV. FRAUD WARNINGS****Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Colorado**

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.

**Attention: Insureds in Florida**

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.

**Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and 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 concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and 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.

**Attention: Insureds in Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Puerto Rico**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**XVI. SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, EXECUTIVE DIRECTOR OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY 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, IN ALL STATES OTHER THAN NC 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.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature\* of **Applicant's** Authorized Representative  
(President, CEO, Executive Director)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

**XVII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number