



The Solution Renewal Application

Notice

The liability coverage parts provide claims made coverage, which applies only to claims first made against the Insureds 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

Applicant name

Applicant address

Describe any changes in nature of operations during last 12 months or proposed for next 12 months:

In the past 12 months or in the next 12 months is the Applicant contemplating 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

Any reorganization or arrangement with creditors under federal or state law? Yes No

Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

In the last 12 months:

Has the Applicant or any Subsidiary been in breach of any debt covenant, loan Yes No

Agreement or contractual obligation?

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.

Financial Statement Information

Most recent annual financial report with notes and interim financial statements required

Has there been any change in auditor during last 12 months? Yes No

Any plans to change auditor during next 12 months? Yes No

Complete the following

	Current	Prior Year
Current Assets		
Total Assets		
Current Liabilities		
Total Liabilities		
Revenue		
Net Income		
Cash Flow From Operations		

Directors & Officers Liability Coverage Part

Does the Charter or By-laws of the Organization provide indemnification to its Directors and Officers to the fullest extent permitted by law? Yes No

Are there any securities that are convertible to voting stock? Yes No
If "yes" attach explanation

Have there been any changes in the Board of Directors or Senior Management of the Applicant within the past 12 months for reasons other than death or retirement? Yes No
If "Yes", please attach an explanation

Do all Shareholders that own 10% or more of the voting shares, either directly or beneficially, have a representative on the board of Directors? Yes No
If "No" please attach an explanation

Is any shareholder a trust that qualifies as an Employee Stock Ownership Plan under ERISA or holds securities for the benefit of employees? Yes No

Employment Practices Liability Coverage Part

With respect to employee terminations, does the Applicant consult with legal counsel or Human Resources personnel prior to every termination? Yes No
If "No", please attach an explanation describing your procedures

Please indicate whether the Applicant conducts human resources training, including sexual harassment training for managers and supervisors? Yes No

Is the company subject to Office of Federal Contract Compliance Programs (OFCCP) oversight? Yes No

Have employment policies and procedures been reviewed by legal counsel within the past 12 months? Yes No

Complete the following

Employee Count	Current	Prior Year
U.S. Full Time		
U.S. Part Time		
U.S. Seasonal		
U.S. Temporary		
Independent Contractors		
Leased Contractors		
Volunteers		
Foreign Full Time		
Foreign Part Time		

Provide % of Employees by State	Current	Prior Year
AL, CA, TX		
AK, AZ, CO, FL, GA, IL, IN, NM, PR		
AR, DC, HI, NY, VA		
CT, DE, KS, KY, LA, MA, MN, MS, MO, NV, NJ, NC, OR, PA, SC, TN		
All Other		

Fiduciary Liability Coverage Part

Complete Chart for all Plans for which coverage is requested

Full plan name	Plan type*	Current asset value	Latest FYE annual contributions	Current number of participants	Plan status**
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*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)

Has any plan been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any plan been merged with another plan, terminated or sold within the past two years or anticipated in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>If "Yes", please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants</small>		
Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all plans have a written investment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>If "No" explain by attachment</small>		
Are all plan assets managed by a third party investment manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, does the third party investment manager have full investment discretion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all Employee Benefit Plans in compliance with the Health Insurance Portability and Accountability Act (HIPPA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is each plan reviewed every 24 months to assure there are no violations of ERISA? (e.g., prohibited transactions or party-in-interest rules)? If "No", please attach an explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide name of firm(s) providing the following services:

CPA	Attorney	Actuary	Investment advisor
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Crime – coverage part

Are owners active in the day to day oversight of business operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does someone other than the person responsible for reconciling bank accounts:		
Make Deposits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make Withdrawals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is countersignature of checks required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>If Yes, what is the dual signing limit?</small>		
Is segregation of duties practiced in the following areas:		
Inventory management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash receipts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oversight of blank check stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase order approval and payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retail checks and credit card receipts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wire transfer receipts and payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there controls in place so that no single person can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all incoming checks stamped "for deposit only" immediately upon receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a physical count of inventory conducted at least annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>If Yes, who conducts the inventory?</small>		
Is dual authorization required for all wire transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>If No, at what amount is dual authorization required?</small>		

Do you perform any of the following on candidates for new employment:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Verification of Prior Employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Credit History? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal History? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Education Verification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does the applicant have custody or control over any funds, accounts, or materials of any of its clients? Yes No

If the company is requesting Client Coverage, please describe the services provided to Clients

Unique/significant exposures

Please indicate any of the following characteristics or exposures that apply to your business operations:

- | | |
|---|--|
| <input type="checkbox"/> Precious Metals or Gemstones | <input type="checkbox"/> Proprietary credit cards |
| <input type="checkbox"/> ATM | <input type="checkbox"/> Armored car |
| <input type="checkbox"/> Prepaid debit/calling cards | <input type="checkbox"/> Managed Assets of Others |
| <input type="checkbox"/> Computer chips | <input type="checkbox"/> Art collection or other valuable collectibles |
| <input type="checkbox"/> Proprietary Trading Activity | <input type="checkbox"/> Warehousing operations |
| <input type="checkbox"/> Joint Ventures | <input type="checkbox"/> Narcotics |
| <input type="checkbox"/> None Applicable | |

If you checked any of the characteristics or exposures above, please provide details that quantify the exposure and briefly describe the controls in place to protect you from loss in a separate attachment

Material change

If there is any material change in the answers to the questions in this Application before the policy inception date, the applicant must immediately notify the Insurer in writing, and any outstanding quotation may be modified or withdrawn.

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 a 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 an 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 Oregon residents: “Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.”

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 Vermont residents: “Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.”

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

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

Required Attachments

General

- Most recent annual financial report with notes
- Interim financial statements
- List of all subsidiaries including: nature of operations, percentage ownership, and whether such subsidiaries are foreign or domestic

Directors and Officers Liability

- List of Directors with corporate affiliations

Employment Practices Liability

- Copies of any amendments to employment handbook, policies and procedures during last 12 months
- Most recent EEO-1 report, if Applicant has 1,000 or more employees

Fiduciary Liability

- Most recent Form 5500 for each plan.
- Plan financial statements for defined benefit plans and self-insured welfare plans.
- ESOP Valuation, if any plan is an ESOP or if any plan has 10% or more of plan assets invested in employer securities