



A company of the Allianz Group

APPLICATION FOR A CLAIMS MADE POLICY

COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, OR IF APPLICABLE, DURING THE EXTENDED REPORTING PERIOD. COSTS OF DEFENSE ARE INCLUDED WITHIN THE LIMIT OF INSURANCE.

Section I. Information about the Applicant's organization

1. Name and address of Applicant (Applicant is defined as the Parent Company, unless otherwise indicated):

Phone number: Fax number: E-mail address:

Applicant's website address (if applicable):

2. Date and state of incorporation (if applicable):

3. Date Applicant commenced operations:

4. Nature of Applicant's operations:

5. Operations are: Local State Regional National Europe Asia Other

6. Business form: Corporation Partnership Sole Proprietorship Limited Liability Company Other

Annual revenue past three years: Current \$ Prior \$ Previous \$

7. Please attach the following information on all subsidiaries (including subsidiaries of subsidiaries): If none, check here:

- A. Name and address
B. Percent of ownership
C. Nature of business
D. Name of Parent Company

Section II. Select the insurance requested

1. Check all Coverage Parts for which insurance is requested.

Table with 3 columns: Requested, Coverage Part, Limit of Insurance, Retained Amount. Rows include Directors, Officers and Privately Held Company Liability Insurance, Employment Practices Liability Insurance, Fiduciary Liability Insurance, Multi-Media Liability Insurance.

**Section III. Information about litigation and claims**

1. Has the Applicant, any Subsidiary or any Director, Officer or Employee proposed for this insurance been a party to:
  - A. Any anti-trust, copyright or patent litigation? .....  Yes  No
  - B. Any civil, criminal or administrative proceeding alleging or investigating a violation of any securities laws or regulations? .....  Yes  No
  - C. Any representative action, class action or derivative suit, including suits involving Employment Practices Liability? .....  Yes  No
  - D. Any environmental litigation?.....  Yes  No
  - E. Any other litigation involving a governmental regulatory body? .....  Yes  No

2. For each coverage part requested, is there now or during the past five years, has there been any claim(s) including pending claims against any persons, organizations or entities proposed for this insurance:
  - A. **Coverage Part I**- Against persons acting in their capacity as a Director or Officer of the Applicant? .....  Yes  No
  - B. **Coverage Part II** - Involving allegations of Wrongful Termination, Discrimination or Sexual Harassment to employees, independent contractors, customers, clients or other third parties)? .....  Yes  No

(1) In the past five years, has the Applicant been involved in any charges, inquiries, investigations, grievances or administrative hearings before any of the below agencies and/or or in regards to any of the Acts listed below:

National Labor Relations Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Department of Labor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equal Employment Opportunity Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age Discrimination in Employment Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair Labor Standards Enforcement Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	Americans with Disabilities Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title VII of the Civil Rights Act of 1964	<input type="checkbox"/> Yes <input type="checkbox"/> No	Americans with Disabilities Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Civil Rights Act of 1991	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Medical Leave Act	<input type="checkbox"/> Yes <input type="checkbox"/> No

- C. **Coverage Part III** - Against employee welfare, pension, disability, unemployment or other benefit plans? .....  Yes  No

- (1) Has any fiduciary of any Plan been: (not applicable to residents of Missouri)
  - (a) Found guilty of a breach of trust? .....  Yes  No
  - (b) Found guilty under any criminal act enumerated in Section 411 of ERISA? .....  Yes  No
  - (c) Refused coverage under a fidelity bond? .....  Yes  No

If any answer to the above questions (a), (b), and (c) is yes, please attach details including the name of the fiduciary.

- D. **Coverage Part IV** - Arising out of media activities? .....  Yes  No

If any answer to the above questions is yes, please attach details that include the following:

- Date claim was made
- Nature of claim/allegations made
- Indemnity paid or reserved
- Claimant(s)
- Defense costs paid or reserved
- Current status (if closed, date closed)

**Section IV. Information about the history of your other insurance**

1. For each of the Coverage Parts requested, please provide the following information about any similar insurance the Applicant carries now or carried in the last three years.

Type of insurance	Policy period(s)	Insurer	Limit	Retention or deductible amount	Annual Premium

2. If **Coverage Part IV, Multi-Media Liability**, is requested please provide the following information about the Applicant’s currently in-force Commercial General Liability Insurance:

A. Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_ Limit: \_\_\_\_\_

B. Does this policy cover Personal and Advertising Injury? .....  Yes  No

C. Does this policy cover product, and completed operations? .....  Yes  No

**Section V. For the Coverage Parts requested, please furnish us with the following information.**

**For Coverage Part I. Directors, Officers and Privately Held Company Liability Insurance:**

- A. Last two Annual Reports, including audited financial statements with all notes and schedules;
- B. Indemnification and limitation of liability provisions in the Certificate of Incorporation or Corporate By-Laws or other similar documents;
- C. List of all Applicant’s Directors and their business affiliations including any Director positions on other Boards; and
- D. Conflict of Interest/Related Party Transaction Policies and Procedures.

**For Coverage Part II. Employment Practices Liability Insurance:**

- A. EEO-1 Report (If 100 or more employees);
- B. Employee Handbook;
- C. Sample Employment Applications;
- D. Applicant’s Anti-Harassment/Discrimination Policy; and
- E. Applicant’s Employment-at-will Statement.

**For Coverage Part III. Fiduciary Liability Insurance:**

- A. Most recent Form 5500s for each pension plan with ALL attached schedules required by the IRS or U.S. Dept. of Labor;
- B. Most recent audited financial statements for each Plan for which an audited financial statement is required by ERISA;
- C. Copy of Plan and Trust Documents, and any amendments made thereto; and
- D. If any Plan has filed for exemption from a Prohibited Transaction, a copy of the filing and D.O.L. response.

**For Coverage Part IV. Multi-Media Liability Insurance:**

- A. For all broadcasting activities, copy of the broadcast program schedule;
- B. For all advertising activities, if an independent contractor is used, copy of the independent contractor agreement; and
- C. For all publishing activities, a sample copy of your publication(s).

**Section VI.**

For the purpose of this Application, the undersigned authorized agent of the persons and entity(ies) proposed for this insurance declares that to the best of his/her knowledge the statements herein are true and correct. The Company is authorized to make any inquiry in connection with this Application as it may deem necessary. The signing of this Application does not bind the undersigned to complete the insurance.

It is agreed that this Application and information contained in and submitted with this Application shall be maintained on file with the Company, shall be relied upon by the Company and be the basis of the contract of insurance should a Policy be issued and are to be considered physically attached to the Policy and will become part of it, if issued.

It is agreed that if any of the information supplied on this Application changes between the date of this Application and the effective date of the insurance, the applicant will immediately notify the Company of such changes, and the Company at their sole discretion may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance.

The undersigned authorized Officer declares that the individuals and entities proposed for this insurance understand:

- (A) No fact, circumstance or situation indicating the probability of a Claim or action against which indemnification would be afforded by the proposed insurance, is now known by any person(s) or entity(ies) applying for this insurance other than that which is disclosed in this Application. It is agreed by all concerned that if any person or entity(ies) applying for this insurance has any knowledge of any such fact, circumstance or situation, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance;
- (B) The proposed insurance applies only to claims first made or deemed made against the Insured(s) during the policy period and the extended reporting period (if applicable);
- (C) The Limit of Insurance of the proposed insurance is reduced by amounts incurred as defense costs and such costs shall be subject to the applicable retained amount; and
- (D) In the event the Limit of Insurance contained in the proposed insurance is exhausted by the costs of legal defense, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Insurance of the proposed insurance.

**Fraud Warning:**

**Any person who knowingly 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 hereto, commits a fraudulent insurance act which is a crime, which may be punishable by civil penalties in certain jurisdictions, including imprisonment, fines and denial of insurance benefits. (This paragraph is replaced in AR, CO, DC, FL, KY, LA, ME, MN, NJ, NM, NY, OH, OK, OR, PA, VA by attached form 141874.)**

Applicant: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

Note: This Application must be signed and dated by the Chairman, President, Chief Executive Officer, Chief Financial Officer or Chief Human Resources Executive of the Applicant acting as the authorized agent of the persons and entity(ies) proposed for this insurance.

Submitted by: \_\_\_\_\_