

Management Liability Application for Private Companies

This information will generate a premium indication. Prior to binding coverage, you must complete the insurance carrier's specific application and obtain their final approval. (01/08 Edition)

General Information:						
1	Name of Applicant Organization:					
2	Address:					
3	Nature of Operations:					
4	Date Established:					
5	Website and Phone Number:					
6	Please list any subsidiaries or affiliates:					
Coverage Requested:						
	Seeking Coverage?		Limit Requested	Retention Requested	Currently Purchased?	
D&O	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EPL	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fiduciary	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crime	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Financial Information:						
7	Current Assets: \$			Total Assets: \$		
8	Long-term Liabilities: \$					
9	Annual Revenues: \$					
10	Net Income/Loss: \$			Positive/Income <input type="checkbox"/> Negative/Loss <input type="checkbox"/>		
*Please attach the most recent income statement and balance sheet, if available.						
Directors & Officers Liability:						
11	What type of organization is the Applicant? (Corporation, Partnership, LLC, etc)					
*Please attach an organizational chart, if available.						
12	Please list all shareholders:				Director, Officer, or Board Representation?	
	Name:	%			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name:	%			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name:	%			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name:	%			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name:	%			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name:	%			Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Please attach a capitalization table, if available.						
13	Over the past 18 months, or in the next 12 months, has the Applicant been involved in or anticipate any merger, acquisition, divestment, restructuring, or bankruptcy?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
*If yes, please provide details on a separate sheet.						
14	a. Over the past 18 months, or in the next 12 months, has the Applicant transacted, attempted to transact, or anticipate any private debt or equity offering?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	b. Any public debt or equity offering?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
*If yes, please provide details on a separate sheet						
Employment Practices Liability:						
15	Employee count:					
	Full-time employees:		Seasonal, temporary, or leased employees:			
	Part-time employees:		Independent contractors:			
16	Does the Applicant have written policies and procedures in place which address anti-discrimination, anti-sexual harassment, and handling of employee grievances and complaints?				Yes <input type="checkbox"/> No <input type="checkbox"/>	

17	Does the Applicant have written procedures in place for responding to complaints from customers, vendors, or other third parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Do managers/supervisors attend HR training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Over the past 18 months, or in the next 12 months, has the Applicant been involved in or anticipate any layoffs, staff reductions, or facility closings? *If yes, please provide details on a separate sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fiduciary Liability:

20	Total number of employees enrolled in all plans:	
21	Total combined asset value of all plans:	
22	Please list all pension plans (401k, Defined Contribution, Defined Benefit, Profit Sharing, etc.) and any Employee Stock Ownership Plan that coverage is desired for:	

Crime Coverage:

23	What Insuring Clauses is the Applicant requesting?	
	a. Employee Dishonesty	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Employee Dishonesty for ERISA Plans	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. Premises Coverage (Inside)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. In Transit / Outside Premises Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e. Computer Fraud	Yes <input type="checkbox"/> No <input type="checkbox"/>
	f. Funds Transfer Fraud	Yes <input type="checkbox"/> No <input type="checkbox"/>
	g. Forgery / Alterations	Yes <input type="checkbox"/> No <input type="checkbox"/>
	h. Money Orders and Counterfeit Money	Yes <input type="checkbox"/> No <input type="checkbox"/>
	i. Client Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
	j. Expense Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
24	How many employees handle, have custody, or maintain records of money, securities, or other property?	
25	Are bank accounts reconciled by someone not authorized to make deposits or withdrawals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26	Are books and accounts audited or reviewed by an independent CPA on an annual basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27	Is countersignature of checks required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Loss History:

28	Has the Applicant been involved in any claims, losses, lawsuits, EEOC charges (or similar), or other regulatory investigations in the past 5 years? *If yes, please provide details on a separate sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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