



Private Company Multi-Coverage Renewal  
Application

Travelers Casualty and Surety Company of America

**Claims-Made:** The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

**Defense Within Limits:** The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after exhaustion of the limit of liability.

**IMPORTANT INSTRUCTIONS**

This Application will only be accepted for privately held corporations, limited liability companies, and private partnerships. This Application will not be accepted for publicly traded companies, financial institutions, non-profit organizations, or government entities. Some of the information in this Application may be prefilled based on previously provided information. Make appropriate changes if necessary.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

**GENERAL INFORMATION**

Name of Applicant:			Expiring Policy Number:
Street Address:			
City:	State:	Zip:	NAICS Code:
Primary Contact Name and Title:		Telephone Number:	Year Established:
Email Address (optional for Kansas applicants):		Web Address:	

**ORGANIZATION INFORMATION FOR ALL APPLICANTS**

Federal Employer Identification Number (EIN) / Taxpayer Identification Number (TIN):		Additional EINs / TINs, if applicable:
Total assets as of most recent fiscal year-end: \$	Total revenues as of most recent fiscal year-end: \$	

- Employee count (include all leased, seasonal, and temporary employees):
  - Total full-time employees: \_\_\_\_\_
  - Total part-time employees: \_\_\_\_\_
  - Total employees in California: \_\_\_\_\_
  - Total employees in Illinois: \_\_\_\_\_
  - Total employees located outside the United States: \_\_\_\_\_
- Total natural person independent contractors: \_\_\_\_\_
- Total number of locations worldwide: \_\_\_\_\_

4. Do either of the following statements apply to the Applicant? ☐ Yes ☐ No
- The Applicant has ownership interest of 50% or more in, or management control over, any Subsidiary.
  - The Applicant is requesting coverage for any other entity *(for example, an entity related by common majority ownership or an entity without controlling interest but managed by the Applicant via contract or agreement)*.\*

If Yes, complete the following:

Entity Name	Relationship to Applicant**	% Owned	Description of Operations	Entity Type***
		%		
		%		
		%		

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

**\*Entities, other than Subsidiaries as defined in the policy, are not covered unless the Company has agreed to specifically schedule such entities by endorsement.**

**\*\*Relationship to Applicant:** S = An entity that is majority owned or controlled directly by the Applicant or its Subsidiaries;  
A = An entity that is not a Subsidiary but is affiliated with the Applicant or its Subsidiaries through some common ownership or management; O = Other (attach explanation of relationship)

**\*\*\*Entity Type:** FP = For Profit (other than Partnership); GP = General Partnership; LP = Limited Partnership; NP = Non-Profit

### **REQUESTED INSURANCE TERMS**

5. If the Applicant is requesting any changes to the expiring policy limits of insurance or retentions, indicate the requested changes in the table below.

Coverage Requested	Expiring Limit	Requested Limit	Requested Retention
<input type="checkbox"/> Private Company Directors and Officers Liability	\$	\$	\$
<input type="checkbox"/> Employment Practices Liability	\$	\$	\$
<input type="checkbox"/> Fiduciary Liability	\$	\$	\$
<input type="checkbox"/> Crime	\$	\$	\$
<input type="checkbox"/> Kidnap and Ransom	\$	\$	\$
<input type="checkbox"/> Identity Fraud Expense Reimbursement	\$	\$	\$

6. If the Applicant is requesting a limit that is greater than its expiring limit, is any entity or person proposed for this insurance aware of any circumstance that could reasonably give rise to a claim against them under this Private Company Directors and Officers Liability, Employment Practices Liability, or Fiduciary Liability coverage? ☐ Yes ☐ No ☐ N/A

### **FINANCIAL INFORMATION (COMPLETE IF DIRECTORS AND OFFICERS LIABILITY IS REQUESTED)**

7. If the Applicant is not required to attach a separate financial statement (*see REQUIRED ATTACHMENTS*), provide the financial information for the Applicant in the chart below. Indicate negative numbers with "( )" or "-" as appropriate.

Prior year fiscal year-end revenues: \$ \_\_\_\_\_

Provide the following as of the most recent fiscal year-end (month \_\_\_\_\_ / year \_\_\_\_\_ ):

Current Assets	\$ _____
Current Liabilities	\$ _____
Long Term Debt	\$ _____
Net Equity	\$ _____
Net Income (Net Loss)	\$ _____

## PRIVATE COMPANY DIRECTORS AND OFFICERS LIABILITY COVERAGE

**Note:** If the Applicant is a Partnership, do not complete this section. Complete the Private Partnership Liability Coverage Application.

8. In the past 12 months (or in the next 12 months), has there been (or will there be) any changes to the ownership of the Applicant? ☐ Yes ☐ No

If Yes, complete the chart below for all shareholders of the Applicant.

Shareholder Name	Family Relationship?*	Shareholder Type**	% Held (must total 100%)	Director, Officer, or Board Representation?
	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>		%	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

\*If any shareholder has any relationship by blood, adoption, or marriage (past or current) to another shareholder, another director or officer, or any of the original founders of the Applicant, check this box.

\*\*Shareholder Type: C = Corporation; E = Employee Stock Ownership Plan or Trust; I = Individual; P = Partnership; PE = Private Equity Firm; T = Trust; VC = Venture Capital Firm; O = Other

9. Does the Applicant issue different classes of shares? ☐ Yes ☐ No ☐ N/A

If Yes, attach an explanation, including the number of shareholders and number of shares held in each class.

10. In the past 12 months, have there been any changes to the board of directors or senior management of the Applicant for reasons other than retirement or death? ☐ Yes ☐ No

11. In the past 12 months, has the Applicant been in violation of any debt covenant? ☐ Yes ☐ No

12. In the past 12 months, has any auditor issued an opinion expressing substantial doubt that any Applicant can continue to operate as a going concern? ☐ Yes ☐ No

13. Does the Applicant currently file, or does it anticipate filing in the next 12 months, any documents with the Securities and Exchange Commission (SEC) or similar foreign authority regarding any equity or debt securities? ☐ Yes ☐ No

14. In the past 12 months (or in the next 12 months), has the Applicant completed (or is any Applicant considering) the following:
- a. Any private placement of equity or debt securities? ☐ Yes ☐ No
  - b. Any reorganization or arrangement with creditors under federal or state law? ☐ Yes ☐ No
  - c. Any divestiture or merger of any Applicant? ☐ Yes ☐ No

15. In the past 12 months (or the next 12 months), was there (or will there be) a merger or acquisition by any Applicant? ☐ Yes ☐ No

If Yes, what were the total assets of the merged or acquired entity at the time it was merged or acquired?\* \$ \_\_\_\_\_

\*Include this amount in the Total Assets amount under ORGANIZATION INFORMATION FOR ALL APPLICANTS.

If Yes to any question in 10. through 15., attach an explanation.

## EMPLOYMENT PRACTICES LIABILITY COVERAGE

16. Total employees fired (excluding layoffs) in the past 12 months: \_\_\_\_\_ ☐ N/A

17. Total number of employees laid off in the past 12 months: \_\_\_\_\_ ☐ N/A

Attach an explanation of any layoffs including timing and surrounding circumstances.

18. Are any layoffs anticipated in the next 12 months? ☐ Yes ☐ No

Attach an explanation of any layoffs including timing, surrounding circumstances, and number of impacted employees.

19. Do all Applicants have an employee handbook or similar written employment guidelines, policies, and procedures? ☐ Yes ☐ No
20. Do all Applicants consult with employment counsel prior to all terminations? ☐ Yes ☐ No

### **FIDUCIARY LIABILITY COVERAGE**

**Note:** This Application will not be accepted for plans sponsored by a union or a governmental entity, a pooled plan provider, a plan open to multiple employers, or a direct filing entity (DFE).

21. Highest number of participants in any one plan: \_\_\_\_\_
22. Is the policy premium paid by the trust or plan? ☐ Yes ☐ No
23. Complete the chart below for all plans for which coverage is requested.\*

Plan Name	Plan Year	Plan Type**	Total Assets	% Total Assets in Employer Securities	Funded % (DB or W Plans Only)
			\$	%	%
			\$	%	%
			\$	%	%

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

\*Under the Fiduciary Liability policy, plans open to entities, other than Subsidiaries as defined in the policy, are not covered unless the Company has agreed to specifically schedule such plans by endorsement.

\*\*Plan Type: DB = Defined Benefit; DC = Defined Contribution; DE = Employee Stock Ownership Plan; S = Simple IRA Plan; W = Self-Funded or Self-Insured Welfare Benefit Plan; O = Other—Attach explanation

24. Does the Applicant participate in any multiple employer plan or pooled employer plan that they do not sponsor? ☐ Yes ☐ No
25. Are any plan investment decisions made in-house? ☐ Yes ☐ No
26. Are there any outstanding or delinquent plan contributions, or plan loans, leases, or debt obligations that are in default or classified as uncollectible? ☐ Yes ☐ No
27. In the past 3 years, were there any non-exempt transactions with any part-in-interest to any plan? ☐ Yes ☐ No
28. Has the Applicant or any plan entered any voluntary compliance resolution program or similar voluntary settlement program administered by the Internal Revenue Service (IRS), Department of Labor (DOL), or Pension Benefit Guaranty Corporation (PBGC)? ☐ Yes ☐ No
29. If the Applicant has a defined benefit plan or a self-funded welfare plan, answer the following:
- a. In the past 3 years, has any plan amendment resulted in a reduction of benefits? ☐ Yes ☐ No ☐ N/A
- b. In the past 3 years, has any plan been converted to a cash balance plan, merged with another plan, terminated, frozen, or sold? ☐ Yes ☐ No ☐ N/A

If Yes to any of the above, provide details in a separate attachment to the Application.

### **CRIME COVERAGE**

30. Are bank accounts reconciled monthly by someone other than the person responsible for making deposits, withdrawals or signing checks? ☐ Yes ☐ No
31. Is a physical count of inventory conducted at least annually and reconciled with current records? ☐ Yes ☐ No ☐ N/A
32. Are disbursement processes segregated so that one person cannot control a process from beginning to end, including electronic transfers, check issuance, and payroll? ☐ Yes ☐ No
33. Does the Applicant have employee expense submission or credit card statement review and validation procedures? ☐ Yes ☐ No ☐ N/A

34. Does the Applicant:
- a. Have an established vendor list? ☐ Yes ☐ No  
*If Yes, are there procedures in place for changes and additions to the vendor list?* ☐ Yes ☐ No ☐ N/A
  - b. Verify the receipt of inventory, supplies, goods, or services against an invoice before making payment to a vendor? ☐ Yes ☐ No
  - c. Verify all new client and vendor bank account payment information? ☐ Yes ☐ No
35. Are the internal controls listed above in place at all locations and for all Applicants? ☐ Yes ☐ No  
*If No, attach an explanation.*
36. Do the following characteristics or exposures apply to the Applicant's business operations?
- a. Precious metals or gemstones ☐ Yes ☐ No
  - b. Scrap metal ☐ Yes ☐ No
  - c. Warehousing operations ☐ Yes ☐ No
  - d. Art collection(s) or other valuable collectibles ☐ Yes ☐ No
  - e. Funds held in escrow for customers ☐ Yes ☐ No
- If Yes to any of the above, provide details about the exposure(s) in a separate attachment to the Application.*

**Answer the following if the Applicant is requesting an Employee Theft Limit greater than \$250,000.**

37. How are the Applicant's financial statements prepared?  
☐ Internally prepared      ☐ Outside CPA Review or Compilation      ☐ Outside CPA Audit      ☐ Not prepared
38. Does the Applicant have an internal audit department? ☐ Yes ☐ No  
*If Yes, provide the number of audit department employees:* \_\_\_\_\_
39. Have outside auditors stated that there are material weaknesses in the Applicant's system of internal controls? ☐ Yes ☐ No ☐ N/A  
*If Yes, attach an explanation and provide the latest CPA letter to management and management's response.*

**Answer the following if the Applicant is requesting a Social Engineering Fraud Limit greater than \$100,000.**

40. Does the Applicant confirm all payee account set-up and change requests by a direct call to the payee using a pre-determined telephone number (i.e., a number from a confirmed source provided prior to the request)? ☐ Yes ☐ No ☐ N/A
41. Does the Applicant require a telephone call or face-to-face meeting to verify the authenticity of any payment or funds transfer request made by an internal company source or Subsidiary? ☐ Yes ☐ No ☐ N/A

**Answer the following if the Applicant is requesting an Employee Theft of Client Property Limit greater than \$1,000,000.**

42. If the Applicant's employees perform services on a client's premises, are they supervised directly by the client or Applicant while on those premises? ☐ Yes ☐ No ☐ N/A

**KIDNAP AND RANSOM COVERAGE**

Answer the following questions for all Applicants, including Subsidiaries, and any person(s) for which coverage is desired.

43. Do directors, officers, or other employees of the Applicant take trips outside the United States? ☐ Yes ☐ No  
*If Yes, provide anticipated country destination information for the next 12 months below.*

Country Destination

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

44. What is the approximate number of trip days for employees traveling outside the United States? \_\_\_\_\_  
*For example, two employees traveling for one day each equal two trip days.*

45. In the past 12 months, has the Applicant established any new permanent locations outside the United States? ☐ Yes ☐ No

*A permanent location is a premises the Applicant owns or leases where employees perform their labor or services or a premises where remote employees perform their labor or services.*

*If Yes, provide all existing and anticipated foreign locations for the next 12 months below.*

Country	Number of Locations	Number of Employees

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

**Answer the following if the Applicant is requesting a coverage limit greater than \$1,000,000.**

46. In the past 12 months, has the Applicant materially changed:
- its employee travel procedures for travel outside the United States? ☐ Yes ☐ No
  - its safety procedures for employees or permanent locations outside the United States? ☐ Yes ☐ No

*If Yes, attach an explanation.*

### **IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE**

47. Does the Applicant maintain privacy policies pertaining to employee information? ☐ Yes ☐ No
48. Does the Applicant have loss prevention or loss mitigation protocols for addressing a potential information breach? ☐ Yes ☐ No

### **REQUIRED ATTACHMENTS**

As part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application, and the Company may elect to obtain requested information from public sources, including the internet.

Private Company Directors and Officers Liability:

- Most recent year-end financial statement, if policy limit requested is \$3,000,000 or greater, or if Applicant has been in business less than 3 years.
- List of directors and officers, if policy limit requested is greater than \$2,000,000.
- Any private placement memorandum or any documents filed with the Securities and Exchange Commission (SEC) in the past 12 months.
- Interim financial statement, if Applicant has been in business less than 3 years or is a development stage company.
- Private Partnership Liability Coverage Application, if Applicant is a private partnership.

Employment Practices Liability:

- Most recent year-end financial statement, if policy limit requested is \$3,000,000 or greater.
- Employee Handbook, if Applicant has more than 500 employees.
- EEO-1 report, if Applicant has more than 1,000 employees.
- Downsizing Supplemental Application, if layoffs are 10% of workforce or impact more than 100 employees.

Fiduciary Liability:

- Applicant's most recent year-end financial statement, if policy limit requested is greater than \$5,000,000 or if the Applicant sponsors a defined benefit plan, self-funded welfare plan, or Employee Stock Ownership Plan (ESOP).
- Plan financial statements with audit notes, if the Applicant sponsors a self-funded welfare plan, an Employee Stock Ownership Plan (ESOP), or any plan not subject to ERISA, or if the Applicant sponsors a defined benefit plan and the policy limit requested is greater than \$1,000,000.
- Employer Securities Supplemental Application and ESOP Valuation Report, if any plan is Employee Stock Ownership Plan (ESOP) or if any other defined contribution plan invests in Applicant securities.

Crime:

- Most recent year-end financial statement, if policy limits requested are \$5,000,000 or greater.
- CPA Management Letter, if prepared, as well as management's response, if policy limit requested is \$5,000,000 or greater.
- Employee Theft of Client Property Supplemental Application, if Employee Theft of Client Property limit requested is greater than \$3,000,000.
- Social Engineering Fraud Supplemental Application, if Social Engineering Fraud limit requested is greater than \$250,000.

## **ORGANIZATIONS NOT ELIGIBLE FOR COVERAGE**

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Coverage will not be considered for companies involved in whole or in part in paramilitary operations, pornography, adult entertainment, escort services, prostitution, or the manufacturing, distribution, or sale of marijuana.

## **NOTICE REGARDING COMPENSATION**

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For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [\\_\\_\\_\\_\\_](#)

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

## **FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

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**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, 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.

**CALIFORNIA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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.

**KANSAS:** Under Kansas law, 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, commits a fraudulent insurance act.

**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.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**OKLAHOMA:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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.

**PUERTO RICO:** Any person who knowingly and intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

**VERMONT:** 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.

**SIGNATURES**

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

☐ Electronic Signature and Acceptance – Authorized Representative\*

\*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature (Chairperson, Chief Executive Officer, President, Chief Financial Officer, in-house General Counsel, or functional equivalents): <b>X</b>	Authorized Representative Name and Title:	Date:
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date:
Agency:		Agency Phone Number: