



Executive Risks Surplus Application

THE LIABILITY COVERAGE PARTS, IF PURCHASED, ARE ON A CLAIMS MADE AND REPORTED BASIS AND COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED, AND REPORTED TO THE INSURER AS REQUIRED BY THE POLICY. THE LIMITS OF LIABILITY AND ANY RETENTION SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ CAREFULLY.

INSTRUCTIONS

1. This application and all attachments shall be deemed to be attached to and form a part of the policy, if issued.
2. Complete the General Information and Claims History sections

General Information

1 NAME OF ORGANIZATION

2 WEBSITE(S)

3 What is the organization's address?

ADDRESS

CITY

STATE

ZIP CODE

4 INDUSTRY (PROVIDE ALL INDUSTRIES FOR SUBSIDIARIES, IF APPLICABLE)

5 CORPORATE STRUCTURE

[PRIVATELY HELD](#)

[NOT FOR PROFIT](#)

[PUBLICLY TRADED](#)

[PARTNERSHIP](#)

[JOINT VENTURE](#)

6 How many years has the organization been in business?

7 Is the organization (or any subsidiary) contemplating any merger, acquisition, or consolidation in the next 12 months?

[YES](#)

[NO](#)

[NOT SURE](#)

If yes, please attach an explanation.

8 What is the total number of full-time and part-time employees (including leased, seasonal, and temporary)?

9 What was the average salary, including bonuses and commissions, for all employees, officers, owners, and partners in the organization's most recent year-end?

Crime

1	What is the organization's total revenue?			
2	Is there a separation of duties in place so no one individual can control the banking process from beginning to end (for example, reconcile bank statements, make deposits, make withdrawals, sign checks)?	YES	NO	NOT SURE
3	Is approval by more than one person required to initiate a funds transfer?	YES	NO	NOT SURE
4	Is the responsibility for authorizing vendors, approving invoices, and processing payments assigned to different people?	YES	NO	NOT SURE
5	How many locations does the organization have?			
	LESS THAN 10 10 - 25 MORE THAN 25			

Social engineering

6	Does the organization require a secondary means of communication to validate the authenticity of the following?		
6A	Funds transfer requests (ACH, wire, etc.) before processing a request in excess of \$5,000	YES	NO
6B	Any request to change banking details (ACH, wire, payroll distribution, etc.)	YES	NO

Claims History

- 1 Within the last three years, has the organization had any losses for employee theft, forgery, computer fraud, or other crime? (Crime coverage only) YES NO NOT SURE
- If yes, please attach Loss Runs.

Companies with D&O, EPL, Fiduciary, or Crime coverage in place: Please answer questions 2 – 10

- 2 D&O EXPIRATION DATE D&O PENDING OR PRIOR DATE D&O EXPIRING LIMIT
- 3 Has the policyholder, any subsidiary, or any persons proposed for coverage been the subject of or been involved in a claim brought against the policyholder or individual in her or his capacity as a director or officer of any entity in the past three years? YES NO NOT SURE
- If yes, please attach an explanation.

- 4 How many D&O claims has the organization had in the past three years?

- 5 What is the total cost of all D&O claims in the past three years, including defense and settlement amounts?

- 6 EPL EXPIRATION DATE EPL PENDING OR PRIOR DATE EPL EXPIRING LIMIT
- 7 Has the Policyholder or any subsidiary proposed for coverage been involved in EEOC or any other similar administrative proceeding? YES NO NOT SURE
- If yes, please attach an explanation.
- 8 Has the Policyholder or any subsidiary proposed for coverage been involved in any action or civil suit brought against them by a customer, client, or third party alleging harassment, discrimination, or civil rights violation? YES NO NOT SURE
- If yes, please attach an explanation.

- 9 How many EPL claims has the organization had in the past three years?

- 10 What is the total cost of all EPL claims in the past three years, including defense and settlement amounts?
- If yes, please attach an explanation.

- 11 FIDUCIARY EXPIRATION DATE FIDUCIARY PENDING OR PRIOR DATE FIDUCIARY EXPIRING LIMIT
- 12 During the past three years, has the policyholder or any subsidiary, insured person, fiduciary, or benefit program proposed for coverage been involved in, subject of, accused, found guilty, or held liable for a breach of trust? YES NO NOT SURE
- If yes, please attach an explanation.

- 13 How many Fiduciary claims has the organization had in the past three years?

- 14 What is the total cost of all Fiduciary claims in the past three years, including defense and settlement amounts?

Claims History

15 CRIME EXPIRATION DATE

16 How many Crime claims has the organization had in the past three years?

17 What is the total cost of all Crime claims in the past three years, including defense and settlement amounts?

18 Please attach Loss Runs for all coverages currently in place.

Companies with no D&O, EPL, Fiduciary, or Crime coverage: Please answer question 11

19	Is any person or entity proposed for coverage aware of any fact, circumstance, or situation which they have reason might give rise to any claim that would fall within the scope of the proposed insurance? If yes, please attach an explanation.	YES	NO	NOT SURE
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The Company and the **Insured Persons** declare that the statements set forth herein are true. The signing of this **Application** does not bind the **Insurer**, the **Policyholder**, or its Insured Persons to effect insurance. The undersigned agrees that this **Application**, its attachments, and any materials submitted therewith are true, complete, and accurate as of the date thereof. These representations shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the **Policy**. The **Application**, its attachments, and any materials submitted therewith are considered physically attached to the **Policy** and will be deemed incorporated therein. The **Insurer** is hereby authorized to make any investigation and inquiry in connection with this **Application** that it deems necessary.

The undersigned, on behalf of the **Company** and all **Insured Persons**, agrees that if the information in the Declarations and representations contained in this **Application** and its attachments materially changes between the date of this **Application** and the inception of the proposed coverage, the undersigned will immediately report in writing to the **Insurer** such change, and the **Insurer** may withdraw or modify any outstanding quotations or agreements to bind coverage. The undersigned acknowledges and agrees that the **Insurer's** receipt of such written report, prior to inception of the proposed coverage, is a condition precedent to coverage.

Prior to signing this **Application**, review the applicable statutory fraud notices as they may apply to the applicant's place of domicile.

MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE **POLICYHOLDER** ON BEHALF OF ALL **INSUREDS**.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

Policyholder/Applicant's Signature:

Print Name of Authorized Representative:

Title

Date

Email

Notice to Applicants

NOTICE TO ALABAMA APPLICANTS: 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 is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA APPLICANTS: 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 ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: "Any person who knowingly presents 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 APPLICANTS: 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 DISTRICT OF COLUMBIA APPLICANTS: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KANSAS APPLICANTS: A 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 is guilty of fraud.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 LOUISIANA APPLICANTS: 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 MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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 MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: 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 MEXICO APPLICANTS: 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 NEW YORK APPLICANTS: 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 such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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 APPLICANTS: WARNING: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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 TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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 VERMONT APPLICANTS: 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.