



Return application to:
 CB Malaga Insurance Services LLC
 tel: 877-245-5887
 fax: 805-426-8540
 email: info@cbspecialty.com

Wrap +[®]
Non-Profit Organization
Multi-Coverage Application

Travelers Casualty and Surety Company of America

Travelers Casualty and Surety Company (only applicable in Guam, Puerto Rico, and the Virgin Islands)

NOTICE

ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT, UNLESS OTHERWISE SPECIFICALLY PROVIDED BY ENDORSEMENT TO THE LIABILITY COVERAGE. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

A. COMMON SECTION

I. GENERAL INFORMATION

1. **Applicant** Information:

Name of **Applicant**: _____
 Street Address: _____
 City, State, ZIP Code: _____
 Website Address: _____
 Year **Applicant's** business was established: _____
 Description of **Applicant's** operations: _____

2. Does the **Applicant** now have tax exempt status under the United States Internal Revenue Code? Yes No
 3. Is there now, or has there been, any dispute as to the **Applicant's** tax exempt status? Yes No
If Yes, please attach an explanation.

II. ORGANIZATION INFORMATION

1. Does the **Applicant** have any subsidiaries or control any other entity or organization for which coverage is requested? Yes No
If Yes, please attach a description of operations, ownership, and tax status for each such entity.
2. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
 - b. Any creation of a new organization, subsidiary, or division? Yes No
 - c. Any reorganization or arrangement with creditors under federal or state law? Yes No
 - d. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? Yes No

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.

III. EMPLOYEE INFORMATION

1. Total number of employees*: _____
 2. Total number of employees* outside the U.S.? _____
 3. Total number of locations: _____

4. Complete the following chart providing the number of Full Time and Part Time employees*, Volunteers and natural person Independent Contractors:

| As of Date of Application | | Previous 12 Months | | As of Date of Application | |
|---------------------------|---------------------|---------------------|---------------------|---------------------------|-------------------------|
| Full Time Employees | Part Time Employees | Full Time Employees | Part Time Employees | Volunteers | Independent Contractors |
| | | | | | |

*Full and part time including leased, seasonal, and temporary employees

IV. FINANCIAL INFORMATION

1. Is the **Applicant** currently (or has it been in the past 24 months) in violation of, or has it received an amendment to any debt covenant? Yes No
If Yes, please attach an explanation.

*Note: Omit Question 2 and attach the most recent annual audited financial statement if the **Applicant** receives government funding or is requesting a limit of \$3,000,000 or greater*

2. Complete the following chart providing the requested financial information:

| Indicate the following as it relates to the Applicant's fiscal year end (FYE): (Please indicate negative figures with "()" or "-" as appropriate) | Most Recent FYE (Month/Year) (____ / ____) | Prior FYE (Month/Year) (____ / ____) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| Current Assets | \$ | \$ |
| Total Assets | \$ | \$ |
| Current Liabilities | \$ | \$ |
| Long Term Debt | \$ | \$ |
| Net Equity/Net Assets (Deficit Equity) | \$ | \$ |
| Revenues | \$ | \$ |
| Net Income (Net Loss) | \$ | \$ |

V. AUDITOR INFORMATION

1. Scope of financial statement preparation:
 Internal CPA Compilation CPA Review CPA Audit None
2. Has the **Applicant** changed outside auditors in the last 3 years? N/A Yes No
If Yes, please attach an explanation.
3. Have the outside auditors stated there are material weaknesses in the **Applicant's** systems of internal controls? N/A Yes No
If Yes, please attach an explanation and provide the latest CPA letter to management and management's response.
4. Has the **Applicant** implemented all material recommendations of the auditor? N/A Yes No
If No, please attach an explanation.
5. Has any auditor issued a "going concern" opinion for the **Applicant's** financial statements during the past 3 years? N/A Yes No
If Yes, please attach an explanation.

VI. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

LIABILITY COVERAGES

| Requested Liability Coverage | Requested Coverage (A) | Requested Limit (B) | Requested Retention (C) | Coverage Currently Purchased (D) | Expiring Limit (E) | Expiring Retention (F) | Expiring Premium (G) |
|----------------------------------------------------------|----------------------------------------------------------|---------------------|-------------------------|----------------------------------------------------------|--------------------|--------------------------------|----------------------|
| Non-Profit Organization Directors and Officers Liability | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ | \$ |
| | Requested Effective Date: | | Current Insurer: | | | Date Coverage First Purchased: | |

| Requested Liability Coverage | Requested Coverage (A) | Requested Limit (B) | Requested Retention (C) | Coverage Currently Purchased (D) | Expiring Limit (E) | Expiring Retention (F) | Expiring Premium (G) |
|---------------------------------------|----------------------------------------------------------|---------------------|-------------------------|----------------------------------------------------------|--------------------------------|------------------------|----------------------|
| Employment Practices Liability | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ | \$ |
| | Requested Effective Date: | | Current Insurer: | | Date Coverage First Purchased: | | |
| Fiduciary Liability | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ | \$ | \$ |
| | Requested Effective Date: | | Current Insurer: | | Date Coverage First Purchased: | | |

1. Solely with respect to those Liability Coverage(s) currently purchased as indicated in Column (D) above which have been in place for less than 3 years, please answer the following question:

As of the date the **Applicant** first purchased the Liability Coverage(s), is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the Liability Coverage(s) for which the **Applicant** is applying?

Yes No

If Yes, please attach an explanation.

2. With respect to Liability Coverage(s) not currently purchased as indicated in Column (D) above, please answer the following question:

Is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage(s) for which the **Applicant** is applying?

Yes No

If Yes, please attach an explanation.

3. With respect to the Liability Coverage(s) being applied for above, if the Requested Limit in Column (B) exceeds the Expiring Limit in Column (E), please answer the following question:

Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying?

Yes No

If Yes, please attach an explanation.

With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

CRIME, KIDNAP AND RANSOM AND IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGES

| 1. Requested Crime Coverage | Requested Limit | Requested Retention |
|----------------------------------------------------|-----------------|---------------------|
| Fidelity: Employee Theft | \$ | \$ |
| Fidelity: ERISA Fidelity | \$ | \$ |
| Fidelity: Employee Theft of Client Property | \$ | \$ |
| Forgery or Alteration | \$ | \$ |
| On Premises (Money, Securities and Other Property) | \$ | \$ |
| In Transit (Money, Securities and Other Property) | \$ | \$ |
| Money Orders and Counterfeit Money | \$ | \$ |
| Computer Crime | \$ | \$ |
| Funds Transfer Fraud | \$ | \$ |
| Personal Accounts Protection | \$ | \$ |
| Claim Expense | \$ | \$ |

Requested effective date: _____

Expiring insurer: _____ Expiring premium: \$ _____

| 2. Requested Kidnap and Ransom Coverage | Effective Date | Requested Limit | Requested Retention |
|----------------------------------------------------------|----------------|-----------------|---------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | \$ | \$ |

Expiring insurer: _____ Expiring premium: \$ _____

| 3. Requested Identity Fraud Expense Reimbursement Coverage | Effective Date | Requested Limit | | Requested Retention | |
|------------------------------------------------------------|----------------|-----------------------------------|-----------------------------------|--------------------------------|--------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | \$ 1,000 <input type="checkbox"/> | \$10,000 <input type="checkbox"/> | \$ 0 <input type="checkbox"/> | \$250 <input type="checkbox"/> |
| | | \$ 5,000 <input type="checkbox"/> | \$25,000 <input type="checkbox"/> | \$100 <input type="checkbox"/> | |

Expiring insurer: _____ Expiring premium: \$ _____

VII. LOSS INFORMATION

LIABILITY COVERAGES

1. With respect to the Liability Coverages requested in this Application, has any person or entity proposed for this insurance been a party to, or subject of, any administrative or regulatory proceedings or civil or criminal charges, hearings, demands, or lawsuits during the past 3 years, whether or not insured, including any such matter involving securities, security holders, creditors, antitrust or fair trade law, copyright or patent law, ERISA, discrimination, harassment or employment-related matters? Yes No

If Yes, please complete the table below:

| Date of Such Claim | Nature of Claim | Amount Paid for Defense | Amount Sought or Paid for Damages | Covered by Insurance? | Corrective Procedures Implemented | Current Status |
|--------------------|-----------------|-------------------------|-----------------------------------|----------------------------------------------------------|-----------------------------------|----------------|
| | | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

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

CRIME AND KIDNAP AND RANSOM COVERAGES

2. Has the **Applicant** incurred any crime or kidnap and ransom related losses or incidents during the past 3 years? Yes No

If Yes, please complete the table below:

| Date of Loss/Incident | Amount of Loss | Description of Loss | Corrective Procedures Implemented | Current Status |
|-----------------------|----------------|---------------------|-----------------------------------|----------------|
| | \$ | | | |
| | \$ | | | |

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

IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE

3. Has the **Applicant** experienced, in the last 3 years, a data theft, data breach, or loss of employee, customer or member information? Yes No

If Yes please attach an explanation.

B. DIRECTORS AND OFFICERS LIABILITY COVERAGE SECTION

I. ORGANIZATION INFORMATION

1. Does the **Applicant** perform any of the following services:
If Yes, please attach an explanation.
- a. Engage in or sponsor product or service research, standards development, experimentation, safety or performance testing? Yes No
 - b. Negotiate labor contracts or provide arbitration services? Yes No
 - c. Conduct professional ethics, peer review, or accreditation activities? Yes No
 - d. Certify, endorse, or license members or members' products/services? Yes No

- e. Promote, sponsor, or provide any form of insurance to its members or non-members? Yes No
- f. Sponsor or operate a political action committee? Yes No
- g. Provide a referral service, legal aid service, or computer service to its members or non-members? Yes No
- h. Promote or sponsor any type of group travel, convention, parade, or other similar event, or assume liability in connection therewith? Yes No
- i. Provide administrative or management services for any other entity(ies)? Yes No
- j. Publishing, other than a newsletter? Yes No
2. Is the **Applicant** managed or administered by any third party under contract or agreement? Yes No
If Yes, please attach an explanation.
3. Does the **Applicant** currently carry General Liability Insurance? Yes No
4. If applicable, indicate the following: Number of Members _____ Number of Chapters _____ N/A

II. REQUIRED ATTACHMENTS – DIRECTORS AND OFFICERS LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- If **Applicant** receives any government funding or if limit requested is \$3,000,000 or greater, most recent annual audited financial statement
- IRS Form 990
- If **Applicant** is a *start-up*, a copy of organization plan and list of outside affiliations of Directors and Officers
- If **Applicant** is a *country club*, a copy of club rules, constitution, and by-laws
- If **Applicant** is an *agricultural cooperative*, complete the Agricultural Cooperative Supplemental Application
- If **Applicant** is a *school*, complete the School Supplemental Application

C. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION

I. EMPLOYMENT PRACTICES LIABILITY SECTION FOR ALL APPLICANTS

1. Complete the following chart providing the *maximum* number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

| Leased | Temporary | Seasonal | Union |
|--------|-----------|----------|-------|
| | | | |

2. Complete the following chart providing employee information for the **5 states or foreign countries** with the greatest number of **Applicant** employees (*attach a separate sheet if necessary*):

| State or Foreign Country | Number of Employees |
|--------------------------|---------------------|
| | |
| | |

3. Number of employees: a. Compensated **less than** \$50,000 annually: _____
b. Compensated **more than** \$100,000 annually: _____

4. Complete the following chart providing employee turnover figures for each of the last 3 years:

| Number of Terminations | Year - 20____ | Year - 20____ | Year - 20____ |
|---------------------------------------------------|---------------|---------------|---------------|
| Voluntary | | | |
| Involuntary (excluding layoffs/downsizing) | | | |
| Layoffs/Downsizing | | | |

5. Within the past 24 months how many officers have been involuntarily terminated or laid off? _____

6. Prior to employee terminations does the **Applicant** consult with:
- a. Human Resources personnel? Yes No
- b. An attorney with experience in employment law? Yes No
7. a. Does the **Applicant** provide severance packages to terminated or laid off employees? Yes No
- b. If Yes, does the severance agreement include a waiver or release of an employee's rights to bring claim against the **Applicant**? Yes No
8. Are all prospective employees required to complete a uniform employment application prior to hire? Yes No
9. Complete the following chart for guidelines, policies and procedures related to the following:

| Guidelines, Policies, Procedures | Formal Written Policy | Employees Sign and Acknowledge Receipt |
|------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Discrimination | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sexual and Other Workplace Harassment | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Equal Employment Opportunity | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| FMLA | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disabled Employees and Accommodations | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Retaliation | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Reporting, Investigating and Resolving Employee Complaints | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employment At Will | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Written Performance Appraisals/Reviews | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

10. Are the **Applicant's** employment practices guidelines, policies, and procedures periodically reviewed by an attorney with experience in employment law? Yes No
11. Does the **Applicant** conduct training for employees on issues of discrimination and sexual and other workplace harassment? Yes No

II. ADDITIONAL QUESTIONS ONLY FOR APPLICANTS WITH GREATER THAN 250 EMPLOYEES

1. What percentage of the **Applicant's** employee base is: Exempt _____ %
Nonexempt _____ %
2. a. Does the **Applicant** have a Human Resources department? Yes No
- b. Number of Human Resources employees: _____
3. Does the **Applicant** have an employee handbook that is distributed to all employees? Yes No
4. Are employees required to acknowledge, by signature, receipt of such employee handbook? Yes No
5. Does the **Applicant** conduct human resources training on guidelines, policies and procedures for all individuals who handle human resources functions? Yes No
6. Within the past 24 months has the **Applicant** or outside employment counsel completed an audit regarding the payment of wages, including equal pay and overtime pay? Yes No
7. Within the past 24 months has the **Applicant** or outside employment counsel completed an audit regarding the classification of individuals as exempt v. non-exempt employees or as independent contractors? Yes No
8. Does the **Applicant** have written policies or procedures outlining employee conduct when dealing with the general public, customers, clients, vendors, or other third parties? Yes No
9. Does the **Applicant** have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment or discrimination? Yes No

III. REQUIRED ATTACHMENTS – EMPLOYMENT PRACTICES LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- If **Applicant** receives any government funding or if limit requested is \$3,000,000 or greater, most recent annual audited financial statement
- If **Applicant** has 500 or more employees, attach employee handbook
- If **Applicant** has 1,000 or more employees, most recent EEO-1 report and complete the Wage and Hour Supplemental Application
- If **Applicant** layoffs are either 10% of the workforce or more than 100 employees, complete the Downsizing Supplemental Application

D. FIDUCIARY LIABILITY COVERAGE SECTION

I. PLAN DATA

1. Premium to be paid by: Employer: Trust or Plan:
2. Complete the chart for all plans for which coverage is requested:

| Full Plan Name | *Plan Type | Current Asset Value | Latest FYE Annual Contributions | Current # of Participants | **Plan Status |
|------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|---------------------------------|---------------------------|---------------|
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| * Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Self-Funded Welfare Benefit Plan (W) Other (O)–Attach explanation | | | | | |
| ** Active (A) Frozen (F) Sold (S) Terminated (T) – Include date of termination | | | | | |

List any additional plans on a separate attachment.

II. PLAN UNDERWRITING QUESTIONS

1. Is each plan reviewed periodically to assure there are no violations of ERISA (e.g., prohibited transactions or party-in-interest rules)? Yes No
If No, please attach an explanation.
2. Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law, or (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits? Yes No
If Yes, please attach an explanation.
3. Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) filed for an exemption from a prohibited transaction; or (d) received an adverse opinion as to its financial condition by an independent public accountant? Yes No
If Yes, please attach an explanation.
4. If any plan is a defined benefit plan, has such plan (a) experienced an event reportable to the PBGC; (b) not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard; or (c) been converted into a cash balance plan or is any such conversion expected in the next 12 months? N/A Yes
- If there are no defined benefit plans, please check "N/A".*
If Yes, please attach an explanation.
5. Has any plan (a) 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; or (b) been merged with another plan, terminated or sold within the past 2 years or is any such merger, termination or sale anticipated in the next 12 months? Yes No
If Yes, please attach an explanation detailing the implementation, disclosure and any relevant blackout periods.

6. 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
If Yes, please attach an explanation.

7. Does the employer, committee or employer representatives, or union board of trustees have final say over the determination of whether benefits will be paid under any healthcare plan sponsored by the **Applicant**? Yes No
If Yes, please identify the names of such plans in a separate attachment.

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

| CPA | Attorney | Actuary | Investment Advisor |
|-----|----------|---------|--------------------|
| | | | |

III. REQUIRED ATTACHMENTS – FIDUCIARY LIABILITY

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Sponsor financial statement if **Applicant** maintains a defined benefit, self-funded welfare plan, or if the **Applicant** is a church, government or quasi-governmental entity
- Plan financial statements for defined benefit plans and self insured welfare plans, if limit requested is greater than \$1,000,000
- Sponsor financial statement and plan financial statements for each defined contribution plan, if limit requested is greater than \$5,000,000
- Most recent 5500 of all plans

E. CRIME COVERAGE SECTION

I. PROPOSED ADDITIONAL INSURED (OTHER THAN APPLICANT)*

1. Complete the following table indicating all additional entities for which coverage is requested:

| Name of Entity | Description of Operations and Relationship to Applicant |
|----------------|---------------------------------------------------------|
| | |

To enter more information, please attach a separate page or an organization chart.

***IMPORTANT NOTE: Receipt of this information does not constitute an agreement that coverage will be provided to the listed entities.**

II. EMPLOYEE/LOCATION/EXPOSURE INFORMATION

1. Number of locations outside the United States: _____
Indicate domicile of each on a separate page.

2. Indicate the total amount of specified property *INSIDE* the premises for all locations combined:
 Cash \$ _____ Retail Checks** \$ _____ Credit Card Receipts \$ _____

3. Indicate the total amount of specified property being transported by a messenger *OUTSIDE* the premises for all locations combined:
 Cash \$ _____ Retail Checks** \$ _____ Credit Card Receipts \$ _____

** *Retail Checks are only those checks that are accepted as immediate payment for retail products or services.*

III. INTERNAL CONTROLS

1. Are bank account statements reconciled at least monthly? Yes No

2. Does someone other than the person responsible for reconciling bank accounts:
 Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No

3. Is countersignature of checks required? Yes No
If Yes, what is the dual signing limit? \$ _____

4. Is segregation of duties practiced in the following areas:
- | | | | | | |
|--------------------------------------|------------------------------|-----------------------------|-----------------------------------------|------------------------------|-----------------------------|
| Inventory management? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Cash receipts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vendor approval? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Oversight of blank check stock? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Purchase order approval and payment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Retail checks and credit card receipts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
5. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes No
6. Are deposits of cash and checks made at least daily? Yes No
7. Is a physical count of inventory conducted at least annually? Yes No
8. Do you conduct periodic reviews of all unused or obsolete inventory (including raw materials and scrap metals)? N/A Yes No
9. Are inventory records computerized? Yes No
10. Are the duties of computer programmers and computer operators separated? Yes No
11. Are the same internal controls listed above imposed on all locations and entities? Yes No

IV. COMPUTER AND FUNDS TRANSFER CONTROLS

1. Is there a software security system in place to detect fraudulent computer usage by employees, agents and outsiders? Yes No
2. Are passwords and access codes changed at regular intervals and when users are terminated? Yes No
3. Are computer programmers permitted to use machines with programs they have written? Yes No
4. Are computer check writing functions separate from check authorization? Yes No
5. Are EDP systems, programs, and procedures, including changes thereto, authorized, documented and tested? Yes No
6. Is there physical and functional segregation of personnel and periodic job shifts or job rotations? Yes No
7. Is dual authorization required for all wire transfers? N/A Yes No
8. What is the average daily dollar volume of electronic funds transfers? \$ _____
Check if not applicable .
9. Are transfer verifications sent to an employee or department other than the one that initiated the transfer? Yes No

V. BUSINESS PRACTICES AND PHYSICAL CONTROLS

1. Indicate if you have or perform any of the following (*check all that apply*):

| Business Practices/Policies | | Physical Controls | | Hiring/Screening Practices | |
|---------------------------------------------------------------------------------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|
| Formal written business plan | <input type="checkbox"/> | Guards/watchmen | <input type="checkbox"/> | Prior employment verification | <input type="checkbox"/> |
| Fraud policy | <input type="checkbox"/> | Messengers | <input type="checkbox"/> | Drug testing | <input type="checkbox"/> |
| Confidential hotline or procedure for employees to report violations in your policies | <input type="checkbox"/> | Premises alarm systems | <input type="checkbox"/> | Education verification | <input type="checkbox"/> |
| Code of ethics | <input type="checkbox"/> | Controlled premises access | <input type="checkbox"/> | Credit history | <input type="checkbox"/> |
| Conflict of interest policy | <input type="checkbox"/> | Other protection | <input type="checkbox"/> | Criminal history | <input type="checkbox"/> |

VI. UNIQUE/SIGNIFICANT EXPOSURES

1. Indicate any of the following characteristics or exposures that apply to your business operations (*check all that apply*):
- | | | | |
|-----------------------------------------------|--------------------------|------------------------------------------------|--------------------------|
| Precious metals or gemstones | <input type="checkbox"/> | Narcotics | <input type="checkbox"/> |
| High unit, portable inventory | <input type="checkbox"/> | Computer chips | <input type="checkbox"/> |
| Managed assets of others | <input type="checkbox"/> | Proprietary trading activity | <input type="checkbox"/> |
| Warehousing operations | <input type="checkbox"/> | Care, custody and control of clients' property | <input type="checkbox"/> |
| Art collection or other valuable collectibles | <input type="checkbox"/> | None applicable | <input type="checkbox"/> |

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.

VII. REQUIRED ATTACHMENTS - CRIME

As part of this Application, please submit the following documents:

- Most recent annual financial statement, for limit requests of \$5,000,000 or greater
- CPA Management Letter, if prepared, as well as management's response thereto, for limit requests of \$5,000,000 or greater
- If coverage for Employee Theft of Client Property (Third Party Crime) is requested, submit separate Third Party Crime Application

F. KIDNAP AND RANSOM COVERAGE SECTION

I. ORGANIZATION INFORMATION

1. Are any operations to be insured involved in the production of foodstuffs, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No
If Yes, please attach an explanation.
2. Does the **Applicant** own or operate, or know of any persons for whom it seeks coverage under this insurance that will work or travel on any ships, vessels, tugs, barges or rigs? Yes No

II. FOREIGN EXPOSURE

Please complete the following questions regarding foreign locations and travel.

1. Do Directors, Officers or other employees of the **Applicant** take trips outside the United States and Canada? Yes No
If Yes, please provide travel information for the previous 12 months and estimates of the upcoming 12 months:

| City and Country of Destination | # of Trips | # of Individuals | Average Length of Trips |
|---------------------------------|------------|------------------|-------------------------|
| | | | |
| | | | |

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

2. Are there any permanent foreign locations of the **Applicant**? Yes No
If Yes, please provide both the existing and anticipated foreign locations:

| City and Country | # of Locations | Type of Operation (i.e. Sales, Manufacturing) | # of Employees |
|------------------|----------------|-----------------------------------------------|----------------|
| | | | |
| | | | |

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

3. Are steps taken to ensure an Insured Person's safety when traveling outside the United States? Yes No
If Yes, please attach an explanation.
4. Are steps taken to ensure the safety of Insured Persons and Premises permanently located outside of the United States? Yes No
If Yes, please attach an explanation.

G. IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE SECTION

I. ORGANIZATION INFORMATION

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

II. CONTACT INFORMATION

Contact Name: _____

Email: _____ Phone: _____

H. COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

or information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

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

I. FRAUD WARNINGS

Attention: Insureds in Alabama, Arkansas, D.C., 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.

Attention: Insureds in Colorado

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.

Attention: Insureds in 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.

Attention: Insureds in 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.)

Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington

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.

Attention: Insureds in 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.

Attention: Insureds in Puerto Rico

Any person who knowingly and with the intention of defrauding 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, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

J. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, EXECUTIVE DIRECTOR OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(President, CEO or Executive Director)

Name (Printed)

Title

Date

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE

K. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number