



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

**Wrap +<sup>®</sup>**  
**Private Company**  
**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 INSUREDS 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. 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. **Applicant's** Standard Industrial Classification (SIC) code, if known (4-digit number): \_\_\_\_\_

3. Is the **Applicant** a subsidiary of a foreign parent? Yes  No

4. Does the **Applicant** currently file, or does it anticipate filing in the next 6 months, any documents with the Securities and Exchange Commission or similar foreign authority regarding any equity or debt securities? Yes  No

**II. ORGANIZATION INFORMATION**

1. List and describe all entities in which the **Applicant's** ownership interest is 50% or greater or over which the **Applicant** has management control (Check here if not applicable ):

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			

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

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

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 business, subsidiary, or division? Yes  No

c. Any registration for a public offering or a private placement of securities (stocks or bonds)? Yes  No

- d. Any reorganization or arrangement with creditors under federal or state law? Yes  No
- e. 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 if the Applicant is required to submit a separate financial statement as directed in the Required Attachments section.*

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	\$ _____	\$ _____
Retained Earnings (Accumulated Deficit/Fund Deficit)	\$ _____	\$ _____
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?  
*If Yes, please attach an explanation.*

N/A  Yes  No

**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)
<b>Directors and Officers Liability</b>	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:	
<b>Employment Practices Liability</b>	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:	
<b>Fiduciary Liability</b>	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. Policy Options:

- a. What is the **Applicant's** preference for defense coverage?      Duty to Defend       Reimbursement
- b. What is the **Applicant's** preference for Liability Coverage limits:      Individual Limits       Shared Limits
- c. If the **Applicant** is requesting Employment Practices Liability coverage as indicated in Column (A) above, is this coverage also requested for Third Party Claims?      Yes  No

*If **Applicant** is requesting such Third Party Claim coverage, but does not currently purchase such coverage, please answer Question 3 below.*

2. 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.*

3. 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.*

4. 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. SHAREHOLDER INFORMATION**

Total Shares	Common	Preferred	Other
Authorized			
Outstanding			
Voting Shares Outstanding			
Voting Shares Owned by Directors and Officers (Direct and Beneficial)			
Number of Voting Shareholders			
<i>If there are multiple classes of stock, please attach a list. The list should include: Number of Shareholders and Number of Shares Held in Each Stock Class.</i>			

1. Does the Charter or By-laws of the Organization provide indemnification to its Directors and Officers to the fullest extent permitted by law? Yes  No
2. Are there any securities that are convertible to voting stock? Yes  No   
*If Yes, please attach an explanation.*
3. List all shareholders that own greater than 5% of any class of security:

Shareholder	Class of Security	% Owned	Director or Officer?
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>
		%	Yes <input type="checkbox"/> No <input type="checkbox"/>

- If there are more Shareholders, please attach a list. The list should include: Shareholder Name, Class of Security (including voting and non-voting shares separately), % Owned and indicate if they are a Director or Officer.*
4. Is any shareholder a trust that qualified as an Employee Stock Ownership Plan under ERISA or holds securities for the benefit of employees? Yes  No   
*If Yes, please attach most recent stock valuation report.*
5. Have there been any changes in the Board of Directors or Senior Management of the **Applicant** within the past 3 years for reasons other than death or retirement? Yes  No   
*If Yes, please attach an explanation.*
6. Are there currently outstanding loans to any Director or Officer? Yes  No   
*If Yes, please attach an explanation.*

**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*):

- Most recent annual financial statement, if limit requested is \$2,000,000 or greater, or, **Applicant** has been in business less than 3 years
- List of Directors and Officers, if limit requested is \$2,000,000 or greater
- Any Private Placement Memorandum or any documents filed with the Securities and Exchange Commission in the past year
- Interim financial statement for Development Stage companies

**C. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION**

**I. EMPLOYEE INFORMATION**

1. 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

2. 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

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

4. 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

5. What percentage of the **Applicant's** employee base is: Exempt: \_\_\_\_\_% Nonexempt: \_\_\_\_\_%

6. 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

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

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

8. Within the past 24 months how many officers have been involuntarily terminated or laid off? \_\_\_\_\_

9. 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

10. 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

**II. HUMAN RESOURCES**

1. a. Does the **Applicant** have a Human Resources department? Yes  No

b. Number of Human Resources employees: \_\_\_\_\_

2. Are all prospective employees required to complete a uniform employment application prior to hire? Yes  No

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 employment application or employee handbook contain an "Employment at Will" statement? Yes  No

6. 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"/>
Written Performance Appraisals/Reviews	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hiring/Interviewing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Discharge/Termination	Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Are the **Applicant's** employment practices policies, procedures and employee handbook periodically reviewed by an attorney with experience in employment law? 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
10. Does the **Applicant** conduct human resources training on guidelines, policies and procedures for all individuals who handle human resources functions? Yes  No
11. Does the **Applicant** conduct training for employees on issues of discrimination and sexual and other workplace harassment? Yes  No
12. If the **Applicant** is a federal contractor subject to the OFCCP, has the **Applicant** been subject to a compliance evaluation or investigation in the last 3 years?  
*If Yes, please attach an explanation.* N/A  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** 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 limit requested is \$3,000,000 or greater, most recent annual financial statement
- If **Applicant** is a *contractor*, complete the Construction 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, an Employee Stock Ownership Plan (ESOP)
- 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
- Employer Securities Supplemental Application, if any plan is an ESOP or if any other defined contribution plan invests in employer securities
- Most recent 5500 of all plans

**E. CRIME COVERAGE SECTION**

**I. PROPOSED ADDITIONAL INSUREDS (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  No       Cash receipts? Yes  No   
Vendor approval? Yes  No       Oversight of blank check stock? Yes  No   
Purchase order approval and payment? Yes  No       Retail checks and credit card receipts? Yes  No
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**

For 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](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, 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 or CEO)

\_\_\_\_\_  
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