

EPACK EZ for A&E Firms

(for private companies with 50 or fewer employees and \$10 million or less in company assets)

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| Important Instructions: Please: 1. Answer all questions completely. 2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number. 3. This form must be completed, signed and dated by a principal, partner or officer of your firm. 4. Send completed application through a local insurance agent or broker. | <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal Application |
| Renewal Policy #: | | |
| Schinnerer Use Only | | |
| Note: The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Deductible, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker. | | |

Proposed effective date of coverage being applied for:

COMPANY INFORMATION

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|--|--|------------------------------|--------------------------------------|---|---|---------------------------------|
| 1. Principal Company Name: (the applicant to be named in Item 1 of the Declarations (the "named insured")): | | | | | | |
| Officer designated to receive correspondence and notices from the insurer: Name and Title: | | | | | | |
| <i>Please list all persons or entities for which you are seeking coverage and describe the relationship and ownership of each listed person or entity on a separate sheet. Please also list the addresses of all branch offices.</i> | | | | | | |
| Street Address: | | | | Contact Name: | | |
| City: | | | | Contact Email: | | |
| State: | Zip: | County: | Phone: | Fax: | | |
| Website address: | | | | | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC | <input type="checkbox"/> Corporation | <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Subchapter S Corporation | <input type="checkbox"/> Other: |

| | |
|-----------|------------------------|
| Tax ID #: | Year Firm Established: |
| SIC Code: | Nature of operations: |

ELIGIBILITY FOR EMPLOYMENT PRACTICES LIABILITY

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| 1. Over the next 12 months (or during the past 12 months) our Company is not contemplating any layoffs, staff reductions, or facility closings that will affect more than 25% of the workforce. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2. Our Company has written guidelines or procedures addressing discrimination, sexual harassment and employee complaints that are available to our employees. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3. Our Company is not a subsidiary or U.S. division of a foreign parent company. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 4. During the past 3 years, our Company has had fewer than 3 EPL incidents, and the total amount paid or reserved on all litigation was less than \$50,000. | <input type="checkbox"/> True <input type="checkbox"/> False |

ELIGIBILITY FOR DIRECTORS AND OFFICERS/ENTITY AND FIDUCIARY LIABILITY

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| 5. Our Company's business type is: | |
| For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> : | |
| 6. Over the next 12 months our Company is not contemplating a private or public debt or equity offering of securities. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 7. Our Company has had no "going concern" opinions for the past two years. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 8. Our Company does not have any multi-employer and/or union ERISA plans. | <input type="checkbox"/> True <input type="checkbox"/> False |

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| 9. | Our Company does not have any plans other than defined contribution plan(s) or welfare benefit plan(s). | <input type="checkbox"/> True <input type="checkbox"/> False |
| 10. | Over the next 12 months, our Company is not anticipating any mergers or acquisitions that would put the Company's assets over \$10 million dollars. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 11. | During the past 3 years, our Company, or any person associated with our Company, has not been the subject of any action where a license was revoked or suspended or has not had any disciplinary action taken by a regulatory agency or association. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 12. | During the past 3 years, our Company has not had any D&O/Entity related litigation. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 13. | During the past 3 years, our Company has not had any Fiduciary related litigation. | <input type="checkbox"/> True <input type="checkbox"/> False |
| 14. | During the past 3 years, no Director or Officer has been involved in any litigation concerning any business venture or entity. | <input type="checkbox"/> True <input type="checkbox"/> False |

UNDERWRITING INFORMATION

1. What is your current total number of employees?

| Classification | Number |
|--------------------------|--------|
| Full-time: | |
| Part-time: | |
| Independent Contractors: | |

2. Please provide the following information as of the most recent fiscal year end:

| | |
|------------------|----|
| A. Total Assets: | \$ |
| B. Revenues: | \$ |

3. Do any non-Directors or Officers own more than 10% of the Company's outstanding shares? Y N

WARRANTY

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|---|---|
| Place a check next to the boxes below where Applicant has current coverage in place either with CNA or with any other carrier: | Place a check next to the boxes below where Applicant has no current coverage in place: |
| <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Employment Practices Liability |
| <input type="checkbox"/> Directors and Officers Liability | <input type="checkbox"/> Directors and Officers Liability |
| <input type="checkbox"/> Entity Liability | <input type="checkbox"/> Entity Liability |
| <input type="checkbox"/> Fiduciary Liability | <input type="checkbox"/> Fiduciary Liability |
| The Warranty set forth below is inapplicable to those coverages checked above and should not be completed if the applicant is requesting continuity. | The Warranty set forth below applies only to those coverages checked above. |

Current coverage has been in place since

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None of the individuals to be insured under any Coverage Part (the "Insured Persons") is responsible for, or has knowledge of, any wrongful act or fact, circumstance, or situation which (s)he has reason to suppose might result in a future claims, except as follows:

A. **There are no exceptions to the Warranty.**

B. **There are exceptions to the Warranty.**

Applicant hereby represents, after inquiry, that the information contained herein and supplemental applications or forms required hereby, is true, accurate, and complete and that no material facts have been intentionally suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Insurer will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Insurer in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.

2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and

3. Applicant's failure to return to its current insurance company any claim made against it during the current policy term, or act, omission, or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Insurer from any current or prior insurer of the Applicant.



VICTOR D.
SCHINNERER
& COMPANY, INC.

Underwriting Managers and Program Administrators

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