



**Directors and Officers (D&O), Employment Practices (EPL), Miscellaneous Professional (MPL) and/or Fiduciary Liability Coverage Parts – State of New York**

**Important notice: MPL is not applicable for Schinnerer insureds; a Schinnerer application must be used for Professional Liability Coverage.**

Underwriting Managers and Program Administrators  
Two Wisconsin Circle  
Chevy Chase, MD 20815-7022  
(301) 961-9800 Fax: (301) 951-5444

**NOTE:**

With respect to all coverage parts, the policy you are applying for is a claims-made policy, and subject to its provisions, applies only to any claim first made during the policy period. The policy you are applying for provides no coverage for claims arising out of incidents, situations or acts or omissions which took place prior to the prior or pending/retro-active date, if any, stated on the declarations. No coverage exists for claims first made after the end of the policy period unless, and to the extent that, the automatic extended reporting period applies. Subject to the policy provisions, you may purchase additional extended reporting period coverage for a period of either one or three years. There is the potential for coverage gaps that may arise upon expiration of such additional extended reporting period coverage. The policy you are applying for is a "defense within limits" policy. Under this policy, all defense costs are included within both the applicable limit of liability and retention. This could result in the limit of liability becoming completely exhausted by the payment of defense costs, in which case, no further coverage is provided by this policy. Please review the policy carefully and discuss the coverage with your insurance or broker.

1.	a.	Applicant to be named in Item 1 of the Declarations (The Named Insured):									
	b.	Street Address:									
		City:				State:			Zip:		
		Web-site Address:									
	c.	Number of locations:			Years in Business:						
	d.	Expiring Lines of Coverage (please check the appropriate boxes):									
		D&O	<input type="checkbox"/>	EPL	<input type="checkbox"/>	Fiduciary	<input type="checkbox"/>	MPL	<input type="checkbox"/>	Entity	<input type="checkbox"/>
	e.	Nature of Operations or SIC code:									
2.		Financial Information:									
	a.		Most recent		Prior						
			Fiscal year-end		Fiscal year-end						
			(20 )		(20 )						
		Total assets									
		Total equity									
		Total liabilities									
		Total long term debt									
		Total revenue									
		Net income									
		Total pension plan assets									
				(projected next year)							



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b.	Within the last 24 months, have the Applicant's outside auditors rendered a "going concern", opinion, and/or stated that there are weaknesses in the Applicant's systems of controls?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c.	Within the last 24 months, has the Applicant changed its outside auditors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Please attach details if either 2 b. or c above are answered "Yes"</i>					

<b>3.</b>	<b>Employee Information:</b>				
a.	Current total number of employees:		As of: (fill in date)		
(including full time, part time, loaned and/or leased, temporary or seasonal and participants in a union)					
b.	Of the current total, how many employees are in the following jurisdictions?				
	Texas				
	Florida				
	New York				
	California				
	District of Columbia				
c.	Employee turnover for past year	% (Please attach details if turnover is greater than 25%)			
<i>Please note, applicants with "Yes" answers to Questions 4-6 below may require substantially different terms and conditions at renewal. Please attach detailed information to any question answered "Yes." In addition, please attach the documents requested in the Specific Attachments Instructions section at the end of this application.</i>					

<b>4.</b>	<b>With respect to MPL, in the past 12 months has there been:</b>						
a.	Any change in the amount of work subcontracted out by the applicant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
b.	Any change in the applicant's four largest clients (as reported on last year's application)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
c.	Any change to the nature of service(s) provided to clients?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
d.	Any changes in the use of contracts or agreements with clients and/or subcontractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>

<b>5.</b>	<b>With respect to Fiduciary Liability:</b>						
	<b>In the past 12 months:</b>						
a.	Have there been any changes to any pension plan's eligibility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
b.	Has any plan been under-funded by more than 20%?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
c.	Have there been any newly created plans?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
d.	Have there been 401K matching contributions made in Company stock?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
e.	Have any plans (other than ESOP) invested more than 10% of the total plan assets in any security of, or loan to, the Applicant or in any real estate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
f.	Have any pension plans terminated, suspended, merged, dissolved or converted to cash balance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>



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6.	During the last 12 months, or within the next 18 months, has the company experienced or does the company expect any of the following:				
a.	Merger, consolidation, acquisition, tender offer or divestment of stock?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	Layoffs, staff reductions, facility closings, and/or any other increase or decrease to the employment count of more than 15%?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c.	Senior management changes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d.	Shareholder or other ownership changes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e.	Private or public debt or equity offerings of securities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f.	A change to existing, or implementation of a new employment handbook?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g.	Any other material changes to the operation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.	Is the applicant's current policy limit more than \$1,000,000 or are you requesting a quote for a limit greater than \$1,000,000? <i>(If yes, see below for list of required attachments)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.	Is the applicant interested in receiving indications for additional coverage parts not currently written with CNA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, please check all boxes that apply.					
D&O <input type="checkbox"/> EPL <input type="checkbox"/> Fiduciary <input type="checkbox"/> MPL <input type="checkbox"/> Crime <input type="checkbox"/> Entity <input type="checkbox"/>					

*Please note that checking the Coverage Parts above is only part of an application for such insurance, and does not mean such coverage is bound. Only the policy, if any, will indicate which Coverage Parts are ultimately included in the policy.*

- Specific Attachment Instructions:
- For limits greater than \$1 million or any "Yes" answers
    - For D&O accounts, most recent audited financial statements (past two years)
    - For EPL accounts, a copy of the employment handbook
    - For MPL accounts, a sample contract for any new professional services being provided
    - For Fiduciary Liability, most recent audited plan financials and form 5500s



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**Agent or Broker Must Complete the Following**

Name:							
Address:							
				Phone:	FAX:		
Status	Yes	No	License No.	Status	Yes	No	License No.
Licensed CNA Agent (Casualty Lines)	<input type="checkbox"/>	<input type="checkbox"/>		Licensed Casualty Agent w/Co. Other Than CNA	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed Broker	<input type="checkbox"/>	<input type="checkbox"/>		Non-Resident (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

**Warranty:** 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. Exceptions to the Warranty: Yes  (please attach details)
- B. No Exceptions to the Warranty: Please check here if there are no exceptions to the Warranty:

- 1) It is agreed by all concerned that if any of the Insured Persons is responsible for or has knowledge of any wrongful act, fact, circumstance, or situation which (s)he has reason to suppose might result in a future claims, whether or not described above, any claim subsequently emanating there from shall be excluded from coverage under the proposed insurance as to (i) such of the insured persons and (ii) the applicant, subsidiaries and the plan if such insured persons are executive officers. The responsibility or knowledge of any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.
- 2) It is declare that this application any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
- 3) The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the Insured Persons to facilitate the proper and accurate completion of this application for the proposed Policy. Signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this application and prior to the effective date of any Policy based on this application, any occurrence, event or other circumstance should render any of the information contained in this application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.
- 4) The information requested in this application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.



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The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.

**Warning: Arkansas, Colorado, Florida, Hawaii, Kentucky, Louisiana, New Jersey, New York, Maine, Ohio, Oklahoma, Pennsylvania and Virginia residents only:**

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 (For New York residents only: 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.) (For Colorado residents only: 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.) (For Hawaii residents only: 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.)

This application must be signed by the Chairman of the Board, Chief Executive Officer or by the President.

Signed:	
Title:	
Corporation:	
Date:	



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