



**PRIVATE COMPANY PROTECTION PLUS RENEWAL APPLICATION - NEVADA**

**DIRECTORS AND OFFICERS & PRIVATE COMPANY LIABILITY INSURANCE  
EMPLOYMENT PRACTICES LIABILITY INSURANCE  
FIDUCIARY LIABILITY INSURANCE**

**NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITER PURSUANT TO THE TERMS HEREIN. DEFENSE COSTS PAID SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

**INSTRUCTIONS**

- Whenever used in this Application the term Applicant shall mean the Named Corporation and its wholly-owned/controlled Subsidiaries and their respective Directors, Officers, Trustees or Governors.
- The Applicant is required to complete Application Sections 1 and 5.
- The Applicant should complete the other applicable Section(s) for which coverage is desired. (See chart below)

<b>Check Coverage Desired</b>	<b>Requested Limit</b>	<b>Requested Retention</b>	<b>Requested Effective Date</b>
Directors & Officers	\$	\$	
Employment Practices	\$	\$	
Fiduciary Liability	\$	\$	

**SECTION I – GENERAL INFORMATION**

1. Name of Applicant:
2. Change in Address:               None or
3. Change in website address:       None or www.
4. Have there been any changes in the **Applicant’s** operations? Yes   No  
If yes, please provide details.
5. Is the Applicant a franchisor or franchisee of any franchise operations? Yes   No  
If yes, please describe:

6. Please provide a list of all subsidiaries.

Name	Type of Business	% Owned by Applicant	Date Created/Acquired
		%	
		%	
		%	
		%	
		%	

7. The Officer of the Applicant designated to receive any and all notices from the Underwriter or their authorized representative concerning this insurance is:  
Name:

7A. Risk Management Contact:  
Email:

Phone:

8. Financial Information

	Most Recent Fiscal Year (12 Months)	Previous Fiscal Year (12 Months)
Currents Assets	\$	\$
Total Assets	\$	\$
Current Liabilities	\$	\$
Long Term Debt	\$	\$
Annual Revenue	\$	\$
Retained Earnings/ Accumulated Deficit	\$	\$
Cash Flow From Operations	\$	\$
Net Assets/Owners Equity	\$	\$
Net Income/(Net Loss)	\$	\$

**Please attach the most recent annual financial statements if D&O coverage is requested or Total Employee account exceeds 300.**

9. Employee Information

Located in the United States	Currently	One Year Ago
Full Time:		
Part Time:		
Temporary/ Leased:		
Independent Contractors:		
Volunteers:		
<b>Total Located in the United States</b>		
<b>Total Located outside of the United States</b>		

Total Number of Employees Per the Following States	Currently	One year Ago
California		
Illinois		
Florida		
New Jersey		
New York		
Texas		
Washington		

**SECTION II - DIRECTORS & OFFICERS INFORMATION**

(Complete this section **only** if Directors & Officers Liability coverage is desired.)

N/A

1. Is the Applicant 100% owned by its Directors and Officers? Yes No  
 If no, does the Applicant have any shareholders/ owners with greater than 5% ownership interest that are not Directors, Officers or directly represented on the Board of Directors? Yes No
2. Is the Applicant majority owned by a Parent Company, Employee Stock Ownership Plan (ESOP), Venture Capital Firm, Private Equity Firm or another entity? Yes No  
 If yes, please provide details:
3. Is the Applicant owned by any family(ies) or have owners or shareholders that are related to each other biologically, ancestrally or legally? Yes No  
 If yes, please provide details:

4. Please provide a list of shareholders/ owners below:

Shareholder Name (Individual, Corporate Name or ESOP Name)	Shares Owned	Director or Officer or Board Representative		Related by Family to Any Shareholder	
		Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No
	%	Yes	No	Yes	No

**Total share percentage must equal 100%.**

**If there are more than 5 shareholders, please attach a detailed capitalization table.**

5. Please provide a list of any joint ventures and/ or partnerships (including limited partnerships).

**If additional space is needed, please attach a separate page or use the additional information page provided at the end of the application.**

6. In the next twelve (12) months, does the Applicant anticipate being involved in any of the following :  
 If yes, provide details by attachment.
- a. Merger, acquisition or consolidation with another entity? Yes No
- b. Sales, distribution or divestiture of any assets other than in the ordinary course of business? Yes No
- c. Changes in the Board of Directors or senior management (other than death or retirement)? Yes No
- d. Change in the Applicant's independent auditors? Yes No

7. Offering of Securities Information
- a. Within the next twelve (12) months is the Applicant contemplating any private offering of debt or equity of securities? Yes No  
 If yes, please attach the offering memorandum or prospectus describing the essential terms of each transaction, including the effective date, the professionals used, and the amount of the offering and the current status of each such transaction.
8. Financial Information
- a. Within the next twelve (12) months, is the Applicant contemplating any bankruptcy, reorganization or arrangement with creditors under federal or state law? Yes No
- b. Is the **Applicant** in violation of any of its debts or loan covenants? Yes No
- c. In the past twelve (12) months, did an Independent CPA render a “going concern” opinion? Yes No
- Note: If the Applicant answered yes to 10 (a), (b), or (c) please attach details including the most recent financial audit, review or compilation with the auditors notes.
9. Outside Directorship
- Does the Applicant direct or request any individual to serve as Director, Officer, Governor or Trustee of any other entity? Yes No  
 If yes, please complete questions a – g below.
- a. Name of individual director, officer, governor or trustee:  
 Position held:
- b. Name of outside entity:
- c. Nature of entity’s business:
- d. Percentage of ownership by Applicant: \_\_\_\_\_ % Domestic or Foreign:
- e. Does the outside entity provide indemnification to its Directors and Officers? Yes No
- f. Complete the following information regarding the Directors and Officers Liability Insurance carried by the outside entity:  
 Insurer: \_\_\_\_\_ Limit of Liability: \$ \_\_\_\_\_  
 Policy Period: \_\_\_\_\_
- g. Has the outside entity or its Directors and Officers been involved in any Directors and Officers Liability litigation? Yes No

<b>SECTION III - EMPLOYMENT PRACTICES INFORMATION</b> (Complete this section <b>only</b> if Employment Practices Liability coverage is desired.)	N/A
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1. How many employees have been terminated or demoted in the past twelve (12) months?  
 Voluntary: \_\_\_\_\_ Involuntary: \_\_\_\_\_ Laid Off: \_\_\_\_\_
2. Is any reduction of employees or change of status anticipated or being contemplated in the next year? Yes No  
 If yes, number estimated: \_\_\_\_\_
3. Total number of current employees with annual compensation:  
 Between \$100,000 - \$149,999: \_\_\_\_\_  
 Between \$150,000 - \$249,999: \_\_\_\_\_  
 Greater than \$250,000: \_\_\_\_\_
4. What percentage of the Applicant’s employees are exempt? \_\_\_\_\_ %
5. Does the Applicant have a human resources department? Yes No  
 If no, describe how this function is handled.

6. Human Resource Policies and Procedures  
 Has the Applicant updated existing or implemented any new employment policies or procedures over the past twelve (12) months? Yes    No  
 If yes, please provide details.

**SECTION IV - FIDUCIARY LIABILITY COVERAGE**  
 (Complete this section **only** if Fiduciary Liability coverage is desired.) N/A

1. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Assets/ Contributions	Type*	Participants	Administrator
<i>Example: The ABC Manufacturing Corp 401K Plan</i>	<i>2000</i>	<i>\$1,000,000</i>	<i>3</i>	<i>75</i>	<i>self</i>
		\$			
		\$			
		\$			
		\$			

- \* 1 = Employee Welfare Benefit Plan (as defined by ERISA)  
 2 = Defined Contribution Plan (as defined by ERISA)  
 3 = Defined Benefit Plan (as defined by ERISA)  
 4 = Other If "Type" is an ESOP a Fiduciary Liability - ESOP Supplement must be completed.

If additional space is needed, please attach a separate page or use the additional information page provided at the end of the application.

2. Have there been any changes to any plan listed above? Yes    No  
 If yes, provide details by attachment.
3. Has any plan requested or contemplated filing a request for termination? Yes    No  
 If yes, provide details by attachment.
4. Has any plan been spun-off (sold), transferred or terminated? Yes    No  
 If yes, provide details by attachment.

**Please attach the most recent tax form 5500 for each plan listed above.**

**SECTION V - GENERAL SUMMARY**  
 (The Applicant must complete this section.)

1. Please provide details on the following insurance coverage currently in place:

Coverages	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates
General Liability		\$	\$	
Cyber Liability		\$	\$	
Professional Liability		\$	\$	

- |  |                    |
|--|--------------------|
| <p>2. Has the Applicant been the subject or involved in any litigation in the past twelve (12) months?<br/>If yes, provide details by attachment.</p>                      | <p>Yes      No</p> |
| <p>3. In the next twelve (12) months, does the Applicant anticipate any substantial change or reorganization of operations?<br/>If yes, provide details by attachment.</p> | <p>Yes      No</p> |

**Material Change**

If there is any material change to the answers of this Application's questions prior to the policy inception date, the Applicant must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

## ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** 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/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE 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.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.



**APPLICABLE IN MAINE:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN 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.

**APPLICABLE IN 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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, OR CEO)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)