

# All Products Application



AmTrust North America  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

## Application for:

Directors & Officers Liability     Employment Practices Liability     Fiduciary Liability     Network Security & Privacy Liability

**THE LIABILITY POLICY THAT MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDES CLAIMS MADE COVERAGE WRITTEN ON A DUTY TO DEFEND BASIS. DEFENSE COSTS ARE OUTSIDE THE LIMIT UNLESS OTHERWISE SPECIFIED IN THIS POLICY. PLEASE READ THE POLICY AND APPLICABLE COVERAGE PARTS CAREFULLY.**

### Section I – General Information

Applicant (Organization): \_\_\_\_\_ FEIN #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Date Organized: \_\_\_\_\_ Website: \_\_\_\_\_

Representative authorized to receive notices on behalf of the applicant and all subsidiaries:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Contact information of HR Manager or individual responsible for HR function of the applicant (designated contact for our EPL Helpline/Loss Control services):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the Applicant's nature of operation(s):

Total annual revenue: \$ \_\_\_\_\_ Total fund balance (total assets minus total liabilities): \$ \_\_\_\_\_

Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_ Temporary/Seasonal: \_\_\_\_\_ Volunteers: \_\_\_\_\_

1. Does the Applicant have any subsidiaries requiring coverage?  Yes  No  
If yes, please complete our Subsidiary Supplement.
2. Is the Applicant or any of its subsidiaries involved in or presently considering any merger, consolidation, acquisition, divestment or sale of a portion of its business or has a similar transaction been considered or completed within the past three years?  Yes  No  
If yes, please attach details.
3. Does the Applicant have tax exempt status as defined by the I.R.S.?  Yes  No  
If no, please provide an explanation:

### Section II – Current Coverage

Type of coverage	Carrier	Limit	Indicate if Separate Limit	Retention	Premium	Retroactive Date	Expiration
Directors & Officers		\$	<input type="checkbox"/>	\$	\$		
Employment Practices		\$	<input type="checkbox"/>	\$	\$		
Fiduciary		\$	<input type="checkbox"/>	\$	\$		
Cyber		\$	<input type="checkbox"/>	\$	\$		

### Section III – Directors & Officers Liability Coverage

1. Is the Applicant involved in any of the following:
  - a) Professional services including, but not limited to, legal counseling or medical care?  Yes  No
  - b) Certification, accreditation or standard setting?  Yes  No
  - c) Disciplinary actions as a result of peer review activities?  Yes  No
  - d) Promote, sponsor or provide any form of insurance to members or non-members?  Yes  No
  - e) Labor/union negotiations or collective bargaining?  Yes  No
  - f) Research, development or testing?  Yes  No

If yes, please attach details.

2. Has the Applicant experienced within the past year, or does it expect to experience in the next year, any of the following events:
  - a) Changes in its Board of Directors or senior management?  Yes  No
  - b) Changes in its operations or services?  Yes  No

If yes, please attach details.

### Section IV – Employment Practices Liability Coverage

Complete this section only if Employment Practices Liability coverage is desired.

1. Do more than 50% of all Applicant's employees currently earn more than \$100,000?  Yes  No
2. Has the Applicant had any layoffs, staff reductions, downsizing or office closings in the past 12 months, or does the Organization anticipate any layoffs, staff reductions, downsizing, or office closings in the next 12 months?  Yes  No  
If yes, please complete our Reduction in Force Supplement.
3. Does the Applicant currently have and regularly distribute the following written policies:
  - a) At will?  Yes  No
  - b) Anti-Discrimination?  Yes  No
  - c) Anti-Harassment?  Yes  No

If no, as a condition precedent to any coverage bound, any entity proposed for insurance agrees that it will adopt and provide to all employees, such new written policies within 30 days of the inception of coverage.

### Section V – Fiduciary Liability Coverage

Complete this section only if Fiduciary Liability coverage is desired.

1. Complete the following for all Plans:

Plan Name	Type of Plan* (see choices below)	Most Recent Asset Value	Year Established	Number of Participants
		\$		
		\$		
		\$		

\* Plan Types: (a) Employee Welfare Benefit Plan; (b) Defined Contribution Plan (c) Defined Benefit (Pension) Plan; or (d) other

**It is understood and agreed that coverage will not be provided for any Plan unless listed above and expressly agreed to by the Insurer.**

2. Does any Plan listed above have a funding deficiency?  Yes  No
3. Is any Plan currently under examination or is any issue related to a Plan currently pending before the Internal Revenue Service, Department of Labor, the Pension Benefit Guaranty Corporation or any court?  Yes  No

## Section VI – Network Security and Privacy Liability Coverage

Complete this section only if Network Security and Privacy Liability coverage is desired.

1. Does the Applicant have and require employees to follow written computer and information system policies and procedures?  Yes  No

If yes, has the Applicant's policies and procedures been reviewed and approved by an attorney?  Yes  No

2. Does the Applicant collect, receive, process, transmit, or maintain private or personal information as part of its business activities?  Yes  No

If yes, please indicate what type:

- Social Security Numbers       Bank Account and Records       Medical Records  
 Drivers Licenses       Personal Health Information       Other: \_\_\_\_\_

a) Is the Applicant HIPAA compliant if they hold medical records or personal health information?  Yes  No

b) Does the Applicant share private or personal information gathered from customers with third parties?  Yes  No

3. Does the Applicant accept credit cards for donations, goods sold, or services rendered?  Yes  No

If yes:

a) Please state the Applicant's approximate percentage of revenues from credit card transactions within the past 12 months: \_\_\_\_\_ %

b) Is the Applicant compliant with applicable data security standards issued by financial institutions with which the Applicant transacts business (e.g. PCI standards)?  Yes  No

4. Does the Applicant use the following controls:

a) Firewall protection?  Yes  No

b) Anti-Virus protection?  Yes  No

If no, please describe the alternative controls implemented to prevent unauthorized access or intrusion to the Applicant's computer systems:

5. Does the Applicant store sensitive data on laptops, cell phones, home-based desktops or portable media devices such as USB drives?  Yes  No

If yes, is the data encrypted?  Yes  No

6. Does the Applicant backup and store computer system data?  Yes  No

a) If yes, is the backup and storage:

- Cloud based?     Portable media, e.g. hard drive?     Other: \_\_\_\_\_

b) Is portable media containing backup materials encrypted?  Yes  No

c) Is portable media stored offsite in a secured storage facility?  Yes  No

d) If stored onsite, please describe physical security controls:

7. Does the Applicant have a formal documented user and password procedures in place?  Yes  No

8. Does the Applicant terminate all associated computer access and user accounts when an employee or third party leaves the Organization or no provides the contracted services?  Yes  No

9. Has the Applicant had a network security assessment or audit within the past 12 months?  Yes  No

If yes, has the Applicant complied with all the audit recommendations?  Yes  No

10. Does the Applicant have a formal review process for intellectual property screening for the following:

a) Applicant's advertising?  Yes  No

## Section VI – Network Security and Privacy Liability Coverage (continued)

Complete this section only if Network Security and Privacy Liability coverage is desired.

- b) Product designs, names or logos?  Yes  No
- c) Trademarks or service marks?  Yes  No
- d) Applicant's domain name?  Yes  No

If yes, please describe:

11. Does the Applicant have a formal review process for reviewing and editing articles or other communications prior to publication?  Yes  No

If yes, please describe:

12. If the Applicant publishes or disseminates any medical or technical information or "how-to" advice provided by a third party, is a disclaimer regarding content always obtained?  Yes  No

13. Please check all descriptions of the Applicant's website functionality:

- No website
- Basic informational (content only, provided by Applicant)
- Content under license from a third party
- Streaming video or music content
- Interactive Web 2.0 (visitors can interact via blogs, informational requests, real time, etc.)
- E-Commerce (buying/selling goods and services)

14. Does the Applicant have a procedure for responding to allegations that content created, displayed or published by the Applicant is libelous, infringing or in violation of a third party's privacy rights?  Yes  No

15. Does the Applicant have a formal process to review all content prior to posting on the Applicant's website(s) to avoid the posting of improper or infringing content?  Yes  No

## Section VII – Prior Knowledge and Claims History

1. Have there been during the last 5 years, or are there now pending, any inquiry, complaint, civil, criminal, administrative or arbitration proceedings (including any proceeding filed with the EEOC or state/local administrative agency) brought against any entity proposed for insurance, any person proposed for this insurance in their capacity as either director, officer, trustee, employee, volunteer, or staff member of any entity proposed for insurance or the employee benefit plans of any entity proposed for insurance?  Yes  No

If yes, please complete our Claims Supplement for each claim.

**Complete Question 2 only if Network Security and Privacy Liability coverage is desired.**

2. During the past 5 years, has the Applicant:
- a) received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement?  Yes  No
- b) been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?  Yes  No
- c) notified customers or any other third party of a data breach incident involving the Applicant?  Yes  No
- d) experienced an actual or attempted extortion demand with respect to its computer systems?  Yes  No

If yes, please provide details of such action, notification, investigation or subpoena:

## Section VII – Prior Knowledge and Claims History (continued)

3. Is the undersigned or any proposed insured aware of any fact, circumstance or situation involving any entity proposed for insurance, the employee benefit plans of any entity proposed for insurance, any obligation to provide breach notification under the proposed insurance or any proposed insured, which he or she has reason to believe might result in a future claim?

Yes  No

If yes, please complete our Claims Supplement for each claim.

**New Applicants:** It is understood and agreed that any claim arising from any prior or pending litigation or written or oral demand shall be excluded from coverage. It is further understood and agreed that if any fact, circumstance or situation which could reasonably be expected to give rise to a future claim exists, any claim or action subsequently arising therefrom shall also be excluded from coverage.

**Renewal Applicants:** It is understood and agreed that if the undersigned or any insured has knowledge of any fact, circumstance or situation which could reasonably be expected to give rise to a future claim, then any increased limit of liability or coverage enhancement shall not apply to such fact, circumstance, or situation. In addition, any increased limit of liability or coverage enhancement shall not apply to any claim, fact, circumstance or situation for which the Insurer has already received notice.

## Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

**ALABAMA, ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA:** 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. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

**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.

**DISTRICT OF COLUMBIA, KENTUCKY 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania ... and subjects such person to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**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 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 personal or commercial 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 is considered a crime.

**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 denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE 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 may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

The undersigned declare that, to the best of their knowledge and belief, the statements in this Application, any prior Applications, any additional material submitted, and any publicly available information published or filed by or with a recognized source, agency or institution regarding business information for the Applicant for the 3 years prior to the Bond/Policy's inception [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Bond/Policy is issued in reliance upon the truth of such representations.

The signing of this Application does not bind the undersigned to purchase the insurance and accepting this Application does not bind the Insurer to complete the insurance or to issue any particular Bond/Policy. If a Bond/Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Bond/Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Bond/Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

**Executive Director, President or Chairman of the Board:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS SIGNED AND DATED BY AN AUTHORIZED REPRESENTATIVE**

Agent Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

**Please provide the following information with your submission:**

- Current Declarations Page from the Applicant's Directors and Officers Liability, Employment Practices Liability, Fiduciary Liability, and Network Security & Privacy Liability coverage as well as 5 year loss runs.
- Most recent Annual Report or audited financial statements. If not applicable, attach a copy of the most recent Directors' Form 990.
- Copy of privacy evaluation if Sec VI. is completed.

**Submit Application to:**

[ustfnp@amtrustgroup.com](mailto:ustfnp@amtrustgroup.com)

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