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**Application for
Business and Management (BAM)
Indemnity Insurance**

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS BEING MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM OR LOSS DISCOVERED (AS APPLICABLE IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE) MADE AGAINST ANY OF THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES (AS DEFINED IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE), AND COSTS, CHARGES AND EXPENSES SHALL BE APPLIED TO THE RETENTIONS.

General Instructions for Completing This Application

1. Please type or print in ink.
 2. Please read carefully and answer all questions. If a question is not applicable, so state.
 3. The Application must be signed by an executive officer.
 4. This Application and all exhibits shall be held in confidence.
 5. Please read the Policy for which application is made (the "Policy") prior to completing this Application.
 6. The terms as used herein shall have the meanings as defined in the Policy.
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I. General Information

1. Name of Parent Company: _____

Address: _____
(Number) (Street)

(City) (State) (Zip Code)

2. Standard Industrial Classification Code (SIC): _____

3. Nature of Operations: _____

4. Has the Company been in business longer than three (3) years? Yes No
5. Is the Company public-held or a public reporting company under the Securities Exchange Act of 1934? Yes No
6. Does the Parent Company own more than three (3) subsidiaries? If yes, please provide details on a separate page. Yes No
7. Has the Company in the past 18 months been involved with any actual, negotiated or attempted merger, acquisition or divestment? If yes, please provide details on a separate page. Yes No
8. Does the Company contemplate transacting any mergers or acquisitions in the next 12 months where such merger or acquisition would involve more than 50% of the total assets of the Company? If yes, please provide details on a separate page. Yes No

II. Financial Information

1. Describe the following financial information of the Company for the most recent fiscal year-end.

a) Total Assets

___ \$0 to 5,000,000
 ___ \$5,000,001 to 25,000,000
 ___ \$25,000,001 to 100,000,000
 ___ \$100,000,001 to 250,000,000
 ___ over \$250,000,000

b) Gross Revenues

___ \$0 to 5,000,000
 ___ \$5,000,001 to 25,000,000
 ___ \$25,000,001 to 100,000,000
 ___ \$100,000,001 to 250,000,000
 ___ over \$250,000,000

c) Net income ___ or net loss ___ and applicable amount:

___ \$0 to 500,000
 ___ \$500,001 to 1,000,000
 ___ \$1,000,001 to 3,000,000
 ___ \$3,000,001 to 5,000,000
 ___ over \$5,000,000

d) Cashflow from operating activities positive ___ or negative ___ and applicable amount:

___ \$0 to 500,000
 ___ \$500,001 to 1,000,000
 ___ \$1,000,001 to 3,000,000
 ___ \$3,000,001 to 5,000,000
 ___ over \$5,000,000

2. Do the current liabilities exceed current assets? If yes, please provide details on a separate page. Yes No
3. Do long-term liabilities exceed 75% of total assets? If yes, please provide details on a separate page. Yes No
4. Will more than 50% of the total long-term liabilities mature within the next 18 months? If yes, please provide details on a separate page. Yes No
5. Does the Company anticipate in the next 12 months or has the Company transacted in the last 24 months any restructuring or legal or financial reorganization or filing for bankruptcy? If yes, please provide details on a separate page. Yes No

III. Prior Insurance Information

1. Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

<u>Coverage</u>	<u>Yes</u>	<u>No</u>	<u>Limits</u>	<u>Continuity Date</u>
Employment	___	___	_____	_____
Directors and Officers	___	___	_____	_____
Fiduciary	___	___	_____	_____
Crime	___	___	_____	_____
Technology Media, & Professional Services	___	___	_____	_____
Miscellaneous Prof. Services	___	___	_____	_____

2. Has any insurer made any payments, taken notice of claim or potential claim or non renewed any management liability or similar insurance any time in the last 24 months? If yes, please provide details on a separate page. Yes No

IV. Prior Activities Information

1. Within the last three years, has any person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission. If yes, please provide details on a separate page. Yes No
2. Within the last three years, has any person or entity proposed for this insurance had any crime losses. If yes, please provide details on a separate page. Yes No

V. False Information

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent **Claim** for payment for a **Loss** or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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, and 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a **Claim** with intent to defraud or helps commit a fraud against an **Insurer** is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of **Claim** for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated **Claim** for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VI. Other Information

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete 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 a part of such Policy, if issued. Insurer hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer have the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

Signed: _____ Date: _____
(must be signed by an Executive Officer of the Company)

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed on and the same document.

Please fully complete and attach the Information for the Coverage Section(s) being sought or bound.

Employment Practices Coverage Section Information

Is the Parent Company seeking Employment Practices coverage?

Yes

No

If yes, please answer the following questions.

1. Total number of employees (full-time, part-time and independent contractors).

- | | | | |
|-------|------------|-------|---------------------------|
| _____ | 0 to 10 | _____ | 151 to 225 |
| _____ | 11 to 30 | _____ | 226 to 300 |
| _____ | 31 to 50 | _____ | 301 to 400 |
| _____ | 51 to 75 | _____ | 401 to 500 |
| _____ | 76 to 100 | _____ | over 500 |
| _____ | 101 to 150 | _____ | Exact number, if over 500 |

Note: When answering the above range of employees, multiply the number of part-time employee by a factor of .5 and add to number of full-time employees and independent contractors.

2. Do more than 25% of all employees currently earn more than \$50,000?

Yes

No

3. Have more than 25% of the officers or management voluntarily left the employ of the Company or had employment with the Company terminated within the last 18 months? If yes, please provide details on a separate page.

Yes

No

4. Does the Company anticipate in the next 12 months, or has the Company transacted in the last 12 months, any plant, facility, branch or office closing, consolidations or layoffs affecting 20% or more of the employees of the Company? If yes, please provide details on a separate page.

Yes

No

5. Describe the internal controls the Company maintains for Employment Practices.

a) Have all management staff and officers attended training and education programs on sexual harassment within the last 18 months?

Yes

No

b) Does labor relations counsel review the employment policies/procedures at least annually?

Yes

No

c) Is there a separate Human Resources Department?

Yes

No

d) Does the Company publish and distribute an employee handbook to every employee?

Yes

No

e) Are there written procedures for handling employee complaints of discrimination or sexual harassment?

Yes

No

f) Are there written procedures for handling employee grievances or complaints?

Yes

No

Directors & Officers and Company Coverage Section Information

Is the Parent Company seeking Directors & Officers and Company coverage? Yes No

If yes, please answer the following questions.

1. Do the Directors and Officers as a whole, directly or indirectly, own or control the voting rights of more than 50% of the outstanding securities of the Parent Company? Yes No
2. Within the last 18 months, has the Company transacted or attempted a private debt or equity offering of securities? If yes, please provide details on a separate page. Yes No
3. Within the next 18 months does the Company anticipate any:
 - a) private debt or equity offering of securities? If yes, please provide details on a separate page. Yes No
 - b) public offering of securities? If yes, please provide details on a separate page. Yes No
4. Does the Company render any professional services for others for a fee or compensation? If yes, please provide details on a separate page. Yes No
5. Does the Company act as a general partner in any partnership? If yes, please provide details on a separate page. Yes No
6. Does the Company have any direct or indirect insurance operations? If yes, please provide details on a separate page. Yes No

Fiduciary Coverage Section Information

Is the Parent Company seeking Fiduciary Liability coverage? Yes No

If yes, please answer the following questions.

1. Does the Company have more than five (5) plans to be covered under the proposed insurance? If yes, please provide details on a separate page. Yes No

2. Indicate the type of plans to be insured.

Pension Welfare Benefit Profit Sharing Employee Stock Ownership

3. Total number of employees currently enrolled in all plans:

<input type="checkbox"/>	0 to 10	<input type="checkbox"/>	151 to 225
<input type="checkbox"/>	11 to 30	<input type="checkbox"/>	226 to 300
<input type="checkbox"/>	31 to 50	<input type="checkbox"/>	301 to 400
<input type="checkbox"/>	51 to 75	<input type="checkbox"/>	401 to 500
<input type="checkbox"/>	76 to 100	<input type="checkbox"/>	over 500
<input type="checkbox"/>	101 to 150	<input type="checkbox"/>	Exact number, if over 500

4. Total asset value of all plans combined for the most recent fiscal year.

<input type="checkbox"/>	\$0 to 1,000,000
<input type="checkbox"/>	\$1,000,001 to 5,000,000
<input type="checkbox"/>	\$5,000,001 to 25,000,000
<input type="checkbox"/>	\$25,000,001 to 100,000,000
<input type="checkbox"/>	over \$100,000,000

5. Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? Yes No

6. Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules? Yes No

7. Are any of the plans under funded by more than 30%? If yes, please provide details on a separate page. Yes No

8. Does the Company have any delinquent contributions to any plan? If yes, please provide details on a separate page. Yes No

9. Have any plans been terminated, suspended, merged or dissolved within the last 24 months? If yes, please provide details on a separate page. Yes No

10. Does the Company anticipate terminating, suspending, merging or dissolving any plans within the next 18 months? If yes, please provide details on a separate page. Yes No

11. Are more than 10% of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to the Company? If yes, please provide details on a separate page. Yes No

Crime Coverage Section Information

Is the Parent Company seeking Crime coverage?

Yes

No

If yes, please answer the following questions.

1. Total number of employees:

- | | | | |
|-----|------------|-------|---------------------------|
| ___ | 0 to 10 | ___ | 151 to 225 |
| ___ | 11 to 30 | ___ | 226 to 300 |
| ___ | 31 to 50 | ___ | 301 to 400 |
| ___ | 51 to 75 | ___ | 401 to 500 |
| ___ | 76 to 100 | ___ | over 500 |
| ___ | 101 to 150 | _____ | Exact number, if over 500 |

2. Number of officers and employees who handle, have custody or maintain records of money, securities or other property:

- ___ 0 to 5
- ___ 6 to 15
- ___ 16 to 50
- ___ over 50

3. Is there an annual audit or review performed by an independent CPA on the books and accounts, including a complete verification of all securities and bank balances?

Yes

No

4. Are bank accounts reconciled by someone not authorized to deposit or withdraw from those accounts?

Yes

No

5. Is counter signature of checks required?

Yes

No

6. Is the applicant seeking Employee Benefit Plan Crime coverage?

Yes

No

7. Are pre-authorized controls maintained for all programmers and operators?

Yes

No

8. Do audit practices include tests to detect unauthorized programming changes?

Yes

No

9. Are computerized check writing operations segregated from departments that authorize checks?

Yes

No

Technology, Media & Professional Services Coverage Section Information

Is the Parent Company seeking Technology, Media and Professional Services coverage? If yes, please answer the following questions. Yes No

1. Describe in detail the professional services for which coverage is desired:

2. Date established: _____

3. Is the Applicant engaged in any business other than as described in question 1.? Yes No
 If yes, please attach an explanation and estimated receipts.

4. What percentage of the applicant’s business involves subcontracting work to others? _____%

5. List the total gross receipts for the past year, which were derived from the services, listed in question 1. In addition, please provide the projected receipts for the current and next year in which insurance coverage is desired.

Year	Gross Receipts
a. Next Year 20_____	\$ _____
b. Current Projected Year 20_____	\$ _____
c. Prior Year 20_____	\$ _____

6. What industries are the professional services described in question 1. provided to (e.g., government, banking, medical, aviation, etc.)?

7. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm business enterprise? If yes, please attach an explanation. Yes No

8. Are any significant changes in the nature or size of the Applicant’s business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? If yes, please attach an explanation (change in size of less than 25% need not be explained.) Yes No

9. a. What is the number of all principals, partners, officers and professional employees directly engage in providing services to clients: _____

b. Average years of experience for the above mentioned for services requesting coverage: _____

c. Number of all non-professional employees (clerks, secretaries, etc.) _____

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/Associations? Yes No
If yes, attach individuals name and designated affiliation.

11. Describe Applicant's five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billing
		\$
		\$
		\$
		\$
		\$

12. Does the Applicant have a written contract or agreement for every project? Yes No
If yes, please attach a sample copy.

a. Provide the percentage of the Applicant's revenue where a written contract is not secured ____%

b. Does the Applicant's contracts contain any of the following: (check all that apply).

- hold harmless or indemnification clauses in your favor?
- hold harmless or indemnification clause in your client's favor?
- guarantees or warranties?
- specific description of the services you will provide?
- payment terms?
- ownership of materials/products developed terms?

13. Describe steps taken to minimize/manage business risks:

14. Please provide the following information on Applicant's professional liability insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium	Retro Date

15. Please provide the following:

- a. Standard contract(s) used.
- b. Descriptive or promotional brochures.
- c. Website address: www_____

16. Prior to publishing content or releasing packaged or custom software/hardware, do you have Yes No
an attorney facilitate a patent/copyright/trademark search? If yes, please give name of the attorney's firm:_____

17. Describe the Applicant's policies and procedures for removing controversial or potentially infringing material:
-
-
18. Do you have a safety procedure in place to prevent the transmission of viruses? If yes, please explain. Yes No
-
-
19. Are all of your PC's equipped with anti-virus software? If yes, what brand? Yes No
-
20. Are there firewalls in place as a part of your security system? Yes No
- a. What firewall security do you employ? _____
- b. Was it configured by professional personnel? Yes No
- c. Did you alter it in any way before installing it? Yes No
21. What kind of safeguards do you have in place to prevent unauthorized persons from accessing your Web Sites or On-Line Service database?
-
-
-
22. Have any principals, partners, officers or professional employees ever been the subject or reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? If yes, please attach details. Yes No
23. Does any person to be insured have knowledge or information of any act, error or omission, which might reasonably be expected to give rise to a claim against him or his predecessors in business? If yes, please attach details. Yes No
24. Have any errors and omissions claims been made against any proposed insured(s)? If yes, please attach details. Yes No
25. Has the Applicant been a party to any lawsuit or other legal proceedings within the past 5 years? If yes, please attach details. Yes No

Miscellaneous Professional Services Coverage Section Information

Is the Parent Company seeking Miscellaneous Professional Services coverage? If yes, please answer the following questions. Yes No

1. Describe in detail the professional services for which coverage is desired:

2. Date established: _____

3. Is the Applicant engaged in any business other than as described in question 1.? Yes No
 If yes, please attach an explanation and estimated receipts.

4. What percentage of the applicant’s business involves subcontracting work to others? _____%

5. List the total gross receipts for the past year, which were derived from the services, listed in question 1. In addition, please provide the projected receipts for the current and next year in which insurance coverage is desired.

Year	Gross Receipts
a. Next Year 20_____	\$ _____
b. Current Projected Year 20_____	\$ _____
c. Prior Year 20_____	\$ _____

6. What industries are the professional services described in question 1. provided to (e.g., government, banking, medical, aviation, etc.)?

7. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm business enterprise? If yes, please attach an explanation. Yes No

8. Are any significant changes in the nature or size of the Applicant’s business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? If yes, please attach an explanation (change in size of less than 25% need not be explained.) Yes No

9. a. What is the number of all principals, partners, officers and professional employees directly engage in providing services to clients: _____

b. Average years of experience for the above mentioned for services requesting coverage: _____

c. Number of all non-professional employees (clerks, secretaries, etc.) _____

10. Are any staff members considered “Licensed Professionals” or do any staff members hold any professional designations or belong to any professional societies/Associations? If yes, attach individuals name and designated affiliation. Yes No

11. Describe Applicant's five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billing
		\$
		\$
		\$
		\$
		\$

12. Does the Applicant have a written contract or agreement for every project? Yes No
 If yes, please attach a sample copy.

a. Provide the percentage of the Applicant's revenue where a written contract is not secured.
 _____%

b. Does the Applicant's contracts contain any of the following: (check all that apply).

- hold harmless or indemnification clauses in your favor?
- hold harmless or indemnification clause in your client's favor?
- guarantees or warranties?
- specific description of the services you will provide?
- payment terms?
- ownership of materials/products developed terms?

13. Describe steps taken to minimize/manage business risks: _____

14. Please provide the following information on Applicant's professional liability insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium	Retro Date

15. Please provide the following:

- a. Standard contract(s) used.
- b. Descriptive or promotional brochures.
- c. Website address: www_____

16. Have any principals, partners, officers or professional employees ever been the subject of reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? If yes, please provide details on a separate page. Yes No

17. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or his predecessors in business? If yes, please provide details on a separate page. Yes No

18. Have any professional liability claims ever been made against any proposed insured(s)? If yes, please provide details on a separate page. Yes No