



RENEWAL APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

Whenever used in the Application, the term "Applicant" shall mean the Parent Corporation and all Subsidiaries.

Table with 4 columns: AGENCY, CODE, NAME LICENSE NUMBER, POLICY NUMBER

- 1. a) Name of Applicant:
b) Principal address:
c) Name and title of the officer of the Applicant designated as the representative to receive all notices from the Company on behalf of all person(s) and entity(ies) proposed for this insurance:
d) Proposed Policy Period:
e) Expiring Policy Number:
f) Expiration Date:

ADDITIONAL INFORMATION

- 1. Total number of current employees:
2. Number of workers in the following classifications in the previous 12 months:

Full Time:
Part Time:
Total:
Temporary:
Seasonal:
Labor Unions:
Leased:
Independent Contractors:

- 3. Locations by state or country (if foreign) and number of employees for each (attach schedule if necessary):

Table with 6 columns: State or Country, # Employees, # Locations, State or Country, # Employees, # Locations

- 4. In the past year has the Applicant:

- a. Formed or acquired a Subsidiary?
b. Consolidated, merged, or purchased assets of some other entity?
c. Created any new business, division, Premises, or location?
d. Sold, closed, consolidated, or spun-off any corporation, partnership, entity, plant, office, subsidiary, or division?

(If Yes, to any of the above, provide details on a separate attachment and include the number of employees who were effected and in what manner.)

- 5. Does the Applicant anticipate any of the following in the next 12 months:

- a. Sales, distribution or divestiture of any assets or stock other than in the ordinary course of business in an amount exceeding twenty five percent (25%) of the **Applicant's** consolidated assets? Yes No
- b. Downsizing, rightsizing, layoffs, or any other reduction in number of employees? Yes No
- c. Merger, acquisition or consolidation with another entity whose consolidated assets exceed twenty five percent (25%) of the **Applicant's** consolidated assets? Yes No
- d. Create or acquire any new business, subsidiary, division, or location? Yes No
- e. Any registration for a public offering or any private placement of securities? Yes No
- f. Reorganization or arrangement with creditors under federal or state law? Yes No

(If Yes to any of the above, provide details on a separate attachment.)

6. Stock Ownership:

- a) Total number of voting shares outstanding: _____
- b) Total number of voting shareholders: _____
- c) Total number of voting shares owned by the **Applicant's** directors and officers (direct and beneficial): _____
- d) Does any shareholder own five percent (5%) or more of the voting shares directly or beneficially?
If Yes, designate names and percentages of holdings. _____ Yes No
- e) Are there any other securities convertible to voting stock? If Yes, please explain.. _____ Yes No

- 7. a. Have there been any changes in the Board of Directors or Senior Management of the **Applicant** within the past year for reasons other than death or retirement?
If Yes, please explain. Yes No

- b. Has the **Applicant** changed outside auditors in the past year? If Yes, please explain. Yes No

- c. Have the outside auditors stated there are no material weaknesses in the **Applicant's** system of internal controls? If no, please provide the CPA letter to management and management's response Yes No

- 8. Have you reorganized or entered into an arrangement with creditors under federal or state law? Yes No

9. Number of employees that are in the following salary ranges (salary includes bonuses and commissions):

\$30,000 or less: _____
 \$30,001 to \$100,000: _____
 Over \$100,000: _____

10. Employee turnover for each of the last three years:

Year: _____
 Terminated _____
 Resigned _____
 Retired _____
 Layoffs _____

11. **EMPLOYMENT PRACTICES/LOSS CONTROL SERVICES**

In the past 12 months, has the **Applicant** conducted, instituted, implemented, changed, corrected, improved or modified an

employment practice or procedure listed below? If Yes to any question a.- e. below, please describe which practice or procedure was implemented or changed and whether Travelers Risk Management Plus+ loss control program was used.

- a. Has the **Applicant** conducted supervisory or manager training on human resource issues? Yes No
- b. Has the **Applicant** amended or created an employee handbook or human resource policies? Yes No
- c. Has the **Applicant** purchased any human resource related products or services? Yes No
- d. Has the **Applicant** instituted any other employment practices loss control services? Yes No
- e. Has the **Applicant** prepared written performance evaluations for its employees? Yes No

Attached and made part of this Application by reference is one copy of each of the following:

- Most recent Annual Report (or audited year-end financial statement) or SEC 10-K
- Most recent EEO-1 Report (if required by EEOC)
- Employee Handbook (only if edits made or a new edition created in the past 12 months)
- Copies of all provisions of the **Applicant's** charter and by-laws relating to the indemnification of its directors and officers (only if changes have been made within the past 12 months)
- Any registration statements filed with the SEC or any private placement memorandums within the last twelve (12) months.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS RENEWAL APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IS A SUPPLEMENT TO THE APPLICATION(S) ATTACHED TO THE CURRENT POLICY AND SAID APPLICATION(S) TOGETHER WITH THIS RENEWAL APPLICATION CONSTITUTE THE COMPLETE APPLICATION WHICH SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE RENEWAL POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE RENEWAL POLICY.

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|------------------------|-------|------|
| SIGNATURE OF APPLICANT | | |
| NAME (printed) | TITLE | DATE |
| | | |

NOTE: This Application must be signed by the PRESIDENT and/or CEO of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.



Attention: Insureds in AR, FL, KY, ME, MN, NJ, OH, OK, and PA

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.

Attention: Insureds in NY

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.

Attention: Insureds in CO

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.

Attention: Insureds in VA

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.