



Name of Insurance Company to which application is made

## APPLICATION FOR PRIVATE CORPORATIONS, DIRECTORS, AND OFFICERS LIABILITY INSURANCE INCLUDING EMPLOYMENT PRACTICES LIABILITY COVERAGE

**NOTICE: THIS APPLICATION IS FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

1. GENERAL INFORMATION:

a) Name of Company \_\_\_\_\_

b) Principal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

c) State of Incorporation and Date Thereof: \_\_\_\_\_

d) Nature of Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) Name and Title of the officer of the Company designated as the representative to receive all notices from the Underwriter on behalf of all person(s) and entity(ies) proposed for this insurance:  
\_\_\_\_\_  
\_\_\_\_\_

2. CURRENT INSURANCE:

D&O (Directors & Officers Liability)

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

Fiduciary Liability

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

EPL (Employment Practices Liability)

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

Crime

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

3. MISSOURI APPLICANTS/AGENTS – DO NOT ANSWER THIS QUESTION.

Have any of the Company's D&O or EPL carriers indicated an intent not to offer renewal terms?

Yes  No

(If "Yes," please provide details as an attachment to this Application.)

4. STOCK OWNERSHIP:

- a) Total number of voting shares outstanding: \_\_\_\_\_
- b) Total number of voting shareholders: \_\_\_\_\_
- c) Please list all directors and officers and their respective percentage of voting shares owned whether directly or beneficially: \_\_\_\_\_
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- d) Other than those identified in c) above, are there any shareholders who hold greater than five percent (5%) of the voting shares of the Company whether directly or beneficially?  Yes  No  
 (If Yes, please list all such shareholders and their respective percentage of voting shares owned whether directly or beneficially:

Owner	Type of Security	% Owned

5. SUBSIDIARY INFORMATION :

- a) List all Subsidiary Companies:

<u>NAME</u>	<u>NATURE OF BUSINESS</u>	<u>DATE ACQUIRED OR CREATED</u>	<u>PERCENTAGE OWNED</u>	<u>STATE/COUNTRY OF INCORPORATION</u>

6. ADDITIONAL INFORMATION:

- a) Have there been any changes in Executive Officers or Directors during the past 12 months?  Yes  No  
 Are any changes currently anticipated? If yes, provide details and biography.
- b) Has the Company been involved in any merger, consolidation, tender offer, or acquisition of assets or equity securities within the past 12 months?  Yes  No  
 If yes, please provide details.
- c) Is the Company currently involved in or considering any merger, consolidation, tender offer or acquisition of assets or equity securities within the next 12 months?  Yes  No  
 If yes, please provide details.
- d) Is the Company currently involved in or considering any restructuring, write downs, charges, restatements or sale, distribution or divestiture of any assets?  Yes  No  
 If yes, please provide details.
- e) Is the Company currently or has it at any time over the last year been in breach or violation of any debt covenant or loan agreement or any other material contractual obligation?  Yes  No  
 If yes, please provide details.
- f) Please indicate whether the Company in the past thirty-six (36) months has completed or agreed to, or contemplates within the next twelve (12) months, any of the following, whether or not such transactions were or will be completed.
- i. Any registration for a public debt or equity offering or any private placement of debt or equity securities?  Yes  No  
 If "Yes," please describe the essential terms of each such transaction as an attachment to this Application.
- ii. Any restructuring or legal or financial reorganization or filing for bankruptcy?  Yes  No  
 If "Yes," please describe the essential terms of each such transaction as an attachment to this Application.
- g) Does the company provide any services to any third party for a fee?  Yes  No  
 If yes, please provide details

h) Does the Company or any of its Subsidiaries, including the Directors and Officers thereof, presently act or plan to act in the capacity of General Partner in any Limited or General Partnership?

Yes  No

If yes, please provide details

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7. EMPLOYEES:

a) Has the Applicant in the past twenty-four (24) months had, or in the next twenty-four (24) months anticipate any full or partial plant, facility, branch or office closing, consolidations or layoffs?  Yes  No  
If "Yes," please provide details by attachment to this Application.

b) If question 7a. is "yes", do you have a formal out-placement program which assists terminated or laid off employees in finding other jobs?  Yes  No

If "Yes", please provide details and copies of all such policies, forms and handbooks together with information regarding the distribution of such policies, forms and handbooks to your employees as an attachment to this application.

<p>c) Total number of employees:</p> <p>Full-Time _____</p> <p>Part-Time (including seasonal) _____</p> <p>Union _____</p> <p>Independent Contractors performing services under the exclusive direction of the Applicant _____</p> <p>Leased Employees _____</p>	<p>d) Total number of full-time and part-time employees (excluding independent contractors and leased employees):</p> <p>Current _____</p> <p>1 Year ago _____</p> <p>2 Years ago _____</p>
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e) Please provide the number of full time and part time employees in the following geographical locations:

Location	Full Time	Part Time	Independent Contractors	Leased Employees
California and/or Texas				
Michigan				
All other states				
Outside of U.S.				
Total				

f) Percentage of employees with salaries (including bonuses):

Less than \$25,000 \_\_\_\_\_ %

\$25,000 - \$50,000 \_\_\_\_\_ %

\$50,000 - \$100,000 \_\_\_\_\_ %

Greater than \$100,000 \_\_\_\_\_ %

g) For the past three (3) years, indicate the number of officers and other employees that have been involuntarily terminated?

\_\_\_\_\_ current year      \_\_\_\_\_ one year ago      \_\_\_\_\_ two years ago

h) What is the employee turnover rate for each of the past three years?

\_\_\_\_\_ % current year      \_\_\_\_\_ % one year ago      \_\_\_\_\_ % two years ago

8. HUMAN RESOURCES:

Does the Company:

- have a full-time human resources coordinator?  Yes  No
- have a written policy prohibiting discrimination?  Yes  No
- have a written policy prohibiting sexual harassment?  Yes  No
- have a written policy for handling complaints of sexual harassment?  Yes  No
- require all employees to complete an application for employment?  Yes  No
- have a written policy for the Family and Medical Leave Act of 1993?  Yes  No
- have a written policy regarding accommodating the disabled in accordance with the Americans with Disabilities Act  Yes  No
- have an employee handbook?  Yes  No
- distribute an employee handbook to all employees?  Yes  No
- conduct regular written performance evaluations of all its employees  Yes  No
- have posted policies and procedures?  Yes  No
- use outside counsel for employment advice including terminations?  Yes  No
- have a formal "At-Will" statement in the employee handbook and employment application?  Yes  No
- require independent contractors performing services under the exclusive direction of the Company be subject to the Company's human resources policies?  Yes  No

9. Does the Company have policies or procedures outlining employee conduct when dealing with the general public or persons outside of the Company's direction or control?  Yes  No  
 If "Yes," please provide a copy.

10 Does the Company have policies or procedures for dealing with complaints from the general public, customers, clients, patrons, visitors, or other third parties for issue involving harassment or discrimination?  Yes  No  
 If "Yes," please provide a copy.

11 LOSS HISTORY: **(RENEWAL APPLICANTS: Question 11. Need not be answered)**

a) Regardless of whether covered by any insurance policy, have you had or do you presently have any employment Related claims including, but not limited to, complaints, charges, grievances, arbitrations, litigation, or administrative agency proceedings (federal, state, or local) concerning employment termination, discrimination, sexual harassment, wage and hour violations, or unfair labor practices?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, for each of the past five (5) years please, provide the following information:

Year	Number of Claims	Damage or Settlement Amount	Legal Expense Amount

b) Have you ever been involved in any claim or proceeding of the type described in a. above, for which you or your insurer has paid or reserved in excess of \$25,000 (including amounts paid or reserved for the defense of the claim or proceeding)?  Yes  No  
 If Yes, please complete and attach the CLAIM SUPPLEMENT for each such claim or proceeding.

c) Has the Company, or anyone for whom insurance is intended, been involved in the following within the last 5 years?  Yes  No

- 1) Any civil or criminal action or administrative proceeding alleging a violation of any federal or state anti-trust, Copyright, patent or securities law or regulation?  Yes  No
- 2) Any representative actions, class actions or derivative suits?  Yes  No
- 3) Any government regulatory or administrative proceedings?  Yes  No

- d) Is there any material litigation currently pending against the Company or any of its Directors or Officers?  Yes  No
- e) Are there any pending claims or demands against the Company or anyone for whom this Insurance is intended which may fall within the scope of coverage afforded by any similar Insurance presently or previously in effect or currently proposed?  Yes  No

If Yes, provide complete details. \_\_\_\_\_  
 \_\_\_\_\_

- f) Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any claims or facts or circumstances which may give rise to a claim being made against the Company and/or any Director and/or Officer?  Yes  No

If Yes, provide complete details. \_\_\_\_\_  
 \_\_\_\_\_

**IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE**

**12 PRIOR KNOWLEDGE: (RENEWAL APPLICANTS: Question 12. Need not be answered)**

Does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact, circumstance or wrongful employment practice which might give rise to a claim which may fall within the scope of the proposed insurance?  Yes  No

If Yes, provide complete details.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.**

- 13 As part of this Application, please submit the following documents with respect to the Company
- a) Audited financial statements with any notes and schedules.
  - b) Most recent unaudited interim financial statements.
  - c) Summary and status of any litigation filed within the last twenty-four (24) months by or against any person(s) or entity(ies) proposed for this insurance (including any litigation that has been resolved).
  - d) Copy of employee handbook.
  - e) EEO-1 Report.
  - f) Copy of current business plan.
  - g) Any registration statements filed with the SEC or any private placement memorandums within the last twelve (12) months.

NOTICE TO **APPLICANT** – PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE **APPLICANT** TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE **APPLICANT** WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO “CLAIMS” FIRST MADE OR DEEMED MADE DURING THE “POLICY PERIOD,” OR ANY EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY “DEFENSE EXPENSES,” AND, IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED “DEFENSE EXPENSES” OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (III) “DEFENSE EXPENSES” WILL BE APPLIED AGAINST THE RETENTION.

**NOTICE TO APPLICANTS:** 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 IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT. IN THE STATES OF DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

ARKANSAS 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.

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, 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 APPLICANTS: 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.

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.

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.

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.

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.

MAINE AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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.

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.

NEW YORK 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: 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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

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.

SIGNATURE:	TITLE:	DATE:
SIGNATURE:	TITLE:	DATE:

**NOTE: A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL IS PROPERLY SIGNED BY TWO INDIVIDUALS AND DATED. IF THE CHAIRMAN OF THE BOARD AND PRESIDENT ARE THE SAME INDIVIDUAL, PLEASE HAVE THE PROPOSAL SIGNED BY THE CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER OR GENERAL COUNSEL IN LIEU OF THE PRESIDENT.**

REQUIRED INFORMATION:

BROKER NAME:	
AGENCY NAME:	
TAXPAYER ID NO.:	PRODUCER LICENSE NO. AND STATE:
PRODUCER'S ADDRESS (No., Street, City, State, and Zip):	

**Private Corporations Insurance Proposal  
Supplemental Claim Form**

This form is to be completed by each applicant who has been involved in any claim or suit or who is aware of any incident which may give rise to a claim. Please complete separate sheets for each claim or incident and answer all questions fully. A principal of the firm must sign and date this sheet in addition to the application.

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- 1) Name of Firm: \_\_\_\_\_
  
  - 2) Name of Individuals of Firm Involved in Claims: \_\_\_\_\_  
\_\_\_\_\_
  
  - 3) Name of Claimant (Plaintiff): \_\_\_\_\_
  
  - 4) Date of Alleged Error: \_\_\_\_\_
  
  - 5) Date Claim Made: \_\_\_\_\_
  
  - 6) Name of Insurer Claim Reported To (If Applicable): \_\_\_\_\_
  
  - 7) Present Status of Claim:    \_\_\_\_\_ Pending                                    \_\_\_\_\_ Closed                                    \_\_\_\_\_ In Suit
  
  - 8) If Closed, Total Settlement Paid: \_\_\_\_\_ Total Expenses Paid: \_\_\_\_\_
  
  - 9) If Pending, Amount asked in summons: \_\_\_\_\_  
  
Claimant's Settlement Demand: \_\_\_\_\_  
Defendant's Settlement Offer: \_\_\_\_\_  
Insurer's Loss Reserve: \_\_\_\_\_  
Expenses Paid To Date: \_\_\_\_\_
  
  - 10) Detailed Description of Claim and Events: (Provide Claimant's Allegations and Your Firm's Response)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - 11) Explain What Actions Have Been Taken to Prevent A Recurrence or Similar Claim:  
\_\_\_\_\_  
\_\_\_\_\_

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**APPLICANT'S SIGNATURE**

**DATE**

**PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:**

**Navigators Pro  
A Division of Navigators Management Company, Inc.  
One Penn Plaza  
55<sup>th</sup> Floor  
New York, NY 10119**