

# Partnership Liability Application for D&O, EPL, & Fiduciary

## NOTIFICATION

- Words and expressions, other than in the headings, that are printed in bold are defined in the Pioneer Policy form
- **Insured** means the **Company** or other entity named in Item I below and any **Subsidiary**
- **Pioneer** means, Pioneer Special Risk, A Division of Pioneer Underwriters.
- Please complete all questions

## REQUIRED ADDITIONAL INFORMATION

- List of all **Subsidiaries** of the **Company** named below and any other entities for which you desire coverage
- Corporate Chart showing the **Company** named below and its **Subsidiaries** and % ownership of each entity plus similar chart for any entities or groups not consolidated and for which coverage is desired
- Listing of directors, officers, trustees of the **Company** and its **Subsidiaries** and other applicable entities desiring coverage.
- Last 2 year-end consolidated audited or reviewed financial statements and any financial statements for other applicable entities desiring coverage plus most recent interim financials applicable
- Most recent audited financial statements for any pension plan(s)
- Most recent actuarial valuation report for each defined benefit pension plan

## GENERAL

All applicants please answer the following questions:

1. **Company:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

3. **Website:** \_\_\_\_\_

4. **Type of Organization:** Corporation  Partnership  Limited / General Partnership

*Select all those that apply* Other  (Please Specify) \_\_\_\_\_

Nature of Business:

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

5. Please complete the following information for the current year:

Total employees: \_\_\_\_\_ Annual revenues: \_\_\_\_\_

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6. Does the Applicant perform any professional services for a fee? Yes  No
7. Has the Company given notice of any claim, circumstance or potential claim to any insurer under any of the coverages to which this application applies? Yes  No

If "Yes", please attach a full explanation of the claim, circumstance, or potential claim.

8. Please indicate the Insurance being requested.

Insurance	Limit of Liability Requested (\$)	Deductible Requested (\$)
Directors & Officers and Company Liability		
Employment Practices Liability		
Fiduciary Liability		

## DIRECTORS AND OFFICERS AND COMPANY LIABILITY COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

Share or Unit Type	-select-		-select-		-select-	
	Other:		Other:		Other:	
Number Outstanding						
% of Voting Rights						
% owned by Directors/ Officers						
List of FIVE (5) Major Owners	Name	%	Name	%	Name	%

### Subsidiaries

(a) Please provide information for all **Subsidiaries** separately.

### Corporate Changes

Has the **Company** in the past three years been involved with or contemplating in the next twelve months any or all of the following?

- (a) Any mergers, acquisitions or divestitures or sale of itself? Yes  No
- (b) Any public offering or a private placement of securities? Yes  No

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- (c) Any restructuring, layoffs or facility closings? Yes  No
- (d) Any material change in the strategy or direction of the business? Yes  No
- (e) Any change in outside auditors? Yes  No

If **Yes** to any of the above, please provide full details:

## Operational Information

Total assets (for the current year): \_\_\_\_\_

Does the **Company** act as a general partner or partnership manager? Yes  No

If "Yes", please attach a list of these entities and indicate nature of business and percent of ownership held by **Company** for each.

Does the **Company** participate in any joint ventures? Yes  No

If "Yes", please attach a list of these entities and indicate nature of business and percent of ownership held by **Company** for each.

Has the Company or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years:

(a) Anti-trust, copyright or patent litigation? Yes  No

(b) Civil, criminal or administrative proceeding alleging violation of any federal or state securities laws? Yes  No

(c) Any other criminal actions? Yes  No

(d) Any action for suspension or revocation of a license or for any professional disciplinary sanction? Yes  No

If **Yes** to any of the above, please provide full details:

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## EMPLOYMENT PRACTICES LIABILITY COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

	USA		FOREIGN*		TOTAL	
	Previous Year	Current Year	Previous Year	Current Year	Previous Year	Current Year
Full-Time (Unionized)						
Full-Time (Non-unionized)						
Part-Time Union & Non-Union						
Total						
	California		Texas		New Jersey	
Number of ALL Employees						

(c) Annual turnover of **Employees**:

Period	Current Year	Previous Year	Previous 2 Years
Percentage			

(d) Salary Ranges for **Employees**:

% of Employees earning less than \$50,000 Per Year annually \_\_\_\_\_

% of Employees earning between \$51,000 and \$100,000 annually: \_\_\_\_\_

% of Employees earning more than \$101,000 annually: \_\_\_\_\_

### Human Resources

Does the **Company** have the following?

(a) A Personnel / Human Resource Department Yes  No

If <b>Yes</b> , please list number of staff members	Full Time	Part-Time
If <b>No</b> , please indicate the person who is responsible for this function and how it is handled		

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(b) An **Employee** handbook or manual Yes  No

If <b>Yes</b> , are the following addressed?		
Hiring / Interviewing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Performance Reviews / Appraisals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disciplinary Actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discharge / Termination / Early Retirement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reporting, Investigating and Resolving Employee Complaints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discrimination and Harassment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compliance with the American with Disabilities Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(c) Written job descriptions for all positions Yes  No

(d) Formal training for its managers in administering HR policies Yes  No

(e) Annual written performance reviews / appraisals for all full-time, non-unionized **Employees** Yes  No

(f) Written policy requiring senior managers or office managers to approve employee terminations? Yes  No

## FIDUCIARY LIABILITY COVERAGE INFORMATION

Answer the following questions only if this Insurance is being requested:

(a) Plan Information (only list plans sponsored solely by the **Company** or jointly by the **Company** and a labor organization, solely for the benefit of the **Employees**)

PLAN NAME	TYPE (Defined Benefit Plan, Defined Contribution Plan, or Welfare Benefit Plan)	NUMBER OF PARTICIPANTS	PLAN ASSETS (\$)

(b) Administrative Practices

i. For any **Plan(s)** listed in (a) above:  
 Are all investment made by (an) external investment manager(s)? Yes  No

If <b>Yes</b> , please list the key investment manager(s): For any changes to investment managers in the past three years, please list the reasons:

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If **No**, please provide details on how investments are done in-house.

- ii. Is there any investment by any **Plan** in the **Company** representing more than 5%? Yes  No

If **Yes**, please provide full details:

- iii. Have there been in the past three years or is there now under consideration:

- (a) Any merger/consolidation or termination of any **Plan(s)**? Yes  No
- (b) Any amendments to any **Plan(s)** that have resulted in or are expected to result in a reduction of **Benefits** or increase of participants' share of cost? Yes  No

If **Yes** to any of the above, please provide full details:

- iv. Does any plan hold any investments with guaranteed return (Guaranteed Investment Contracts (GIC)? Guaranteed Annuity Contract (GAC) or Bank Investment Contract (BIC) or any Real Estate Investments (Real Property, Mortgage Investment, or Collateralized Mortgage Obligations (CMO)? Yes  No

If **Yes**, please provide full details:

- v. Do all plans conform to ERISA standards and/or similar regulatory law in the United States? Yes  No

If **Yes**, please provide full details:

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## CURRENT COVERAGE INFORMATION

All applicants please answer the following questions:

Insurance Type	Expiration Date	Insurer	Limit	Deductible	Premium
Directors & Officers & Company Liability					
Employment Practices Liability					
Fiduciary/Pension Liability					

## PRIOR KNOWLEDGE / WARRANTY

All applicants please answer the following questions:

During the past five years, has any **claim**, or notice of facts or circumstances which could reasonably be expected to give rise to a **claim**, ever been reported to any previous or current insurer for the above noted coverages in (a) or which would fall within the scope of a similar policy if such insurance had been in force?

Yes  No

If **Yes**, please provide full details including the dollar value of any settlements and loss amounts paid by any insurer:

It is understood and agreed that any **loss** arising from a matter disclosed or which should have been disclosed under this section 10 of this application is excluded from coverage under the **policy**, all without limiting any other remedy available to **Pioneer** Special Risk for non-disclosure.

Are there any claims made or now pending against any **insured individual** or **insured entity** proposed for coverage?

Yes  No

Does any **insured individual** or **insured entity** have any knowledge or information of any facts or circumstances which could reasonably be expected to give rise to a **claim** under the proposed **policy**?

Yes  No

If **Yes**, please provide full details:

It is understood and agreed that any **loss** arising from a matter disclosed or which should have been disclosed under this section 11 of this application is excluded from coverage under the **policy**, all without limiting any other remedy available to **Pioneer** Special Risk for non-disclosure.

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## ACKNOWLEDGEMENTS / DECLARATIONS AND SIGNATURE

The undersigned(s) declare that to the best of their knowledge and belief the statements and disclosures in this application are true. The completion and signing of this **application** does not obligate the **company** or **Pioneer** to effect the insurance but it is agreed that if a **policy** is issued this **application** will form part of such **policy** and **Pioneer** will be relying on the completeness and accuracy of the statements and disclosures in this **application**.

If the undersigned(s) becomes aware of any material changes to the statements and disclosures in this **application** between the date of this **application** and the effective date of any **policy** bound with **Pioneer**, they will notify **Pioneer** immediately of such changes in writing. It is understood that, without limitation to any other remedy, **Pioneer** may upon review of such changes, withdraw or modify any outstanding quotation(s) and any agreement or authorization to bind coverage.

The undersigned(s) authorize **Pioneer** to make any investigation and inquiry in connection with this **application** that it deems necessary and acknowledge that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this **application**, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use and disclosure of such information for the purposes of assessing the **application** for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, acting as authorized by law.

False Information – Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature	Signature
Name	Name
<input type="checkbox"/> Chairman of the Board <b>or</b>	<input type="checkbox"/> Director of Human Resources
<input type="checkbox"/> President / CEO	
Date	Date

### HELPFUL ADDITIONAL INFORMATION

- The answers to questions and information provided by this **application** provide most of the information. The use to assess your risk and determine whether a quote will be provided, and on what terms and conditions.
- Any additional information you can provide that shows your organization in a better light will normally result in underwriter(s) having a better comfort with your risk and allow for more favourable terms and conditions to be quoted.
- Such information may include:
  - Business plans
  - Investor presentations
  - Annual Reports