

Business Management Insurance Application

General Information

Company Legal Name

Website

Address line 1

Address line 2

City

State

Zip Code

Applicant Contact Information

First Name

Last Name

Job Title

Phone

Contact Email

Company Profile

Industry (NAIC)

Year Started

Entity Type

Total Number of Employees
(include Independent Contractors)

Most Recent Fiscal
Year Revenue

Total Revenue Projected
for the Current Year

How does your company generate revenue?

What is your company's main area of focus?

Locations

#	Address Line 1	Address Line 2	City	State	ZIP
1					
2					
3					
4					

General Information

Has the company raised funding?

Yes

No

If 'Yes', what is the total amount of funding raised to date (including debt)?

Does the company have any subsidiaries?

Yes

No

Is the company a publicly traded company?

Yes

No

If 'Yes', do any subsidiaries have different operations than the Parent Company.

Yes

No

If 'Yes', please list the company's stock ticker:

If 'Yes', how many?

Does the company anticipate a public offering of securities in the next 12 months?

Yes

No

If 'Yes', please explain:

Financial Information

When did the company's most recent fiscal year end? (MM/DD/YYYY)

Please provide the following information for most recent fiscal year-end:

If revenues are over 5M, then add dollar input for:

Total Assets

Long Term Debt

Current Assets

Retained Earnings

Total Liabilities

Shareholder Equity

Current Liabilities

Cash Flow
from Operations

Net Income/Loss

Earnings Before
Interests and Taxes

Total Cash

Ownership

What percentage of the company does the management team own?

Is the Company owned by a Parent Organization or any other entity with over 50% Voting rights?

Yes

No

If 'Yes', please describe:

Employee Info

Provide the number of full-time employees, part-time employees, volunteers, and independent contractors:

	Current Year
Full-time and part-time U.S. employees, and volunteers, including independent contractors	
Number of part-time and full-time employees and independent contractors included above located in California	
Number of part-time and full-time employees included above located in Alabama, Florida, Georgia, Illinois, New Jersey, New York, or Texas	
Number of part-time and full-time employees included above located in Alaska, Colorado, District of Columbia, Hawaii, Louisiana, Massachusetts, Michigan, Minnesota, Nevada, New Mexico, Ohio, Oregon, Pennsylvania, Virginia, Washington, or Wisconsin	
Foreign employees	

What percentage of total employees is in the salary range of over \$150,000?

%

In the last 12 months has the company had (or is the company currently contemplating) a onetime mass layoff or reduction in workforce?

Yes

No

If 'Yes', what was the (or is the contemplated) percentage of employees laid off (or to be laid off)?

If severance packages were given, were all employees required to sign a release to receive?

Yes

No

N/A

Policies and Procedures

Indicate if the company has the following practices and procedures in place:

A formal written document addressing equal opportunity employment, discrimination, and sexual harassment?

Yes

No

Indicate if the company consults with Human Resources (HR) or legal counsel prior to terminating an employee:

Yes

No

If employee count is >500 please answer the following:

How many locations does the Company have?

If more than 1, are all locations part of the named insured and/or its subsidiaries?

Yes

No

Are human resource (HR) functions centralized and consistent across all locations?

Yes

No

If not all locations are part of the named insured and HR functions not centralized across the organization, please provide details:

Recent or Contemplated Changes

Has the Company in the past 12 months, or anticipate in the next 12 months, any of the below:

- Merger, acquisition, sale of any assets, or other similar transactions
- Financial restructuring, reorganization, or filing for bankruptcy
- Downsizing, layoffs, reduction in force, plant or office closings

Yes

No

If 'Yes', please provide details:

Prior activities

To your knowledge, has your company or any person proposed for coverage been the subject of, or been involved in any of the following during the past 3 years?

- Anti-trust, copyright, or patent litigation
- Deceptive trade practices or consumer fraud
- Civil, criminal or administrative proceeding alleging violation of any federal or state securities laws
- Any Directors and Officers (D&O) claim
- Any Employment Practices Liability (EPL) claim
- Any other criminal actions

Yes

No

If the company had a claim in the past 3 years, is the claim still open?

Yes

No

Within the last 3 years, has any Directors and Officers policy been cancelled or non-renewed for you company?

Yes

No

How many claims were opened during the last 3 years?

What is the total claim amount paid?

Existing Coverages

To help us find your client the right coverage, please tell us if the selected coverages are new or expiring soon. For existing coverages, we'll also need a little more information.

Directors and Officers

Client has existing coverage

Client doesn't have this coverage

If yes, please tell us existing coverage's:

Limit	Expiration date (MM/DD/YYYY)	Premium (optional)
\$		\$

Policy number (optional)	Carrier (optional)
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Employment Practices Liability

Client has existing coverage

Client doesn't have this coverage

If yes, please tell us existing coverage's:

Limit	Expiration date (MM/DD/YYYY)	Premium (optional)
\$		\$

Policy number (optional)	Carrier (optional)
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Please include loss runs with the submission for any existing coverage