



Epack 3

Renewal Application

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. APPLICANT INFORMATION (Applicable To All Coverages)

The Applicant to be named in Item 1. of Declarations (the "named insured"): _____

Address: _____

City: _____ Province: _____ Zip/Postal Code: _____

Website(s): _____

Telephone Number: _____

a. In the next 12 months (or during the last 12 months), indicate whether the Applicant or any Subsidiary has experienced, or anticipates any of the following:

i. Merger, consolidation, acquisition, or divestiture?

Yes No

- ii. Material changes in nature or size of operations? Yes No
- iii. Bankruptcy filing or re-organization? Yes No

If you answered "Yes" to any of the above, please provide complete details (if additional space is needed, please attach separately): _____

b. Total number of locations for the Applicant and its Subsidiaries: _____

II. COVERAGE REQUESTS

Please answer this question only if the Applicant is applying for limits of insurance that exceed the expiring coverage currently written with CNA:

Coverage Part	Limit of Liability	Retention
Directors and Officers and Entity Liability	\$ _____	\$ _____
Employment Practices Liability	\$ _____	\$ _____
Fiduciary Liability	\$ _____	\$ _____
Crime	\$ _____	\$ _____

If applying for larger liability limits, please complete the following statement:

None of the individuals to be insured under any Coverage Part have a basis to believe that any wrongful act, event, matter, fact, circumstance, situation, or transaction might reasonably be expected to result in or be the basis of a future claim? Yes No

Without prejudice to any other rights and remedies of CNA, any claim arising from any wrongful act, event, matter, fact, circumstance, situation, or transaction required to be disclosed is excluded from the portion of any renewal limit of liability that exceeds the expiring limit of liability in the proposed insurance.

III. FINANCIAL INFORMATION

1. Audited Financial Statements are required for ALL limits higher than \$1Million.

If attaching financial statements, which include the information below, skip to question 3. and check here:

2. As of the most recent fiscal year-end, please provide the following information for the Applicant and its Subsidiaries (indicate month and year):

FOR-PROFIT			NOT-FOR-PROFIT		
	Month: _____	Year: _____		Month: _____	Year: _____
Current Assets	\$ _____	\$ _____	Total Assets	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	LTD	\$ _____	\$ _____
Current Liabilities	\$ _____	\$ _____	Fund Balance	\$ _____	\$ _____
LTD	\$ _____	\$ _____	Revenue	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	Net Income/ Change in Fund Balance	\$ _____	\$ _____
Equity	\$ _____	\$ _____			
RE	\$ _____	\$ _____			
Revenue	\$ _____	\$ _____			
EBIT	\$ _____	\$ _____			
Net Income	\$ _____	\$ _____			

3. Within the last 12 months, have the outside auditors for the Applicant or any Subsidiary expressed doubt or concern that the Applicant or any Subsidiary will be able to continue to operate as a going concern? Yes No
 If you answered "Yes" above, please provide the most recently audited financial statement.

4. In the past 12 months, has the Applicant or any Subsidiary been in violation of any debt covenant? Yes No
 If you answered "Yes" above, please continue below:
 - a. Has a waiver been received from the debt holder? Yes No
 - b. Please provide reasons for the violation: _____

5. In the past 12 months, has the Applicant or any Subsidiary filed for bankruptcy? Yes No

Please Complete the Questions Below for the Lines of Coverage that the Applicant is Renewing

IV. DIRECTORS AND OFFICERS AND ENTITY LIABILITY COVERAGE PART

1. In the prior 12 months has there been any change in the Board of Directors or senior management? Yes No
 If you answered "Yes" above, please describe what occurred, when it occurred, and why a change was made: _____

2. In the prior 12 months has there been a change in ownership interest in excess of 10%? Yes No

3. In the prior 12 months (or during the next 12 months) has the Applicant and/or any Subsidiaries completed or been involved, or anticipates involvement, in any of the following:
 - a. A private debt or equity offering of securities? Yes No
 - b. A public debt or equity offering of securities? Yes No
 - c. Tender offer or divestment of stock? Yes No

If you answered "Yes" to any of the above, please provide details (If additional space is needed, please attach separately): _____

V. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

1. Has the Applicant adopted and distributed to its employees an employment handbook or written policies, procedures, or guidelines that include the following:
 - a. Equal employment opportunity? Yes No
 - b. Prevention of discrimination in the workplace? Yes No
 - c. Prevention of harassment, including sexual harassment, in the workplace? Yes No
 - d. Accommodation for the disabled as required by any Canadian law or common law which prohibits discrimination based on disability? Yes No

2. Applicant and Subsidiary employee information:
 - a. Does the Applicant have a Human Resources department? Yes No
 - b. Total number of employees: Current: _____ i. 1 year ago: _____ ii. 2 years ago: _____
 How many current employees are located in the US?: _____
 - c. Of the total employees, how many are: i. Full time: _____ ii. Part time: _____

- d. Of the total employees, how many are:
 - i. Loaned and/or leased : _____
 - ii. Temporary or seasonal : _____
 - iii. Foreign based (other than the US) : _____
 - iv. Union : _____
 - v. Independent contractors : _____
 - vi. Volunteers : _____

- e. Of the total US employees, how many are located in:
 - i. California: _____
 - ii. Texas : _____
 - iii. New-York : _____
 - iv. New-Jersey: _____
 - v. Illinois : _____
 - vi. Alabama : _____

- f. What percentage of current employees have annual compensation (wages or salaries plus bonuses) of \$100,000 or more: _____ %

- g. How many employees, including executives, have been involuntarily terminated in the last 2 years?
 - i. Last year: _____
 - ii. Before last year: _____

- h. Have there been, or will there be, any layoffs, staff reductions, or facility closings in the preceding or next 12 months? Yes No
 If you answered "Yes" above, what percentage of workforce will be affected? _____ %
 (If greater than 10% will be affected, please also complete the Reduction-in-Force (RIF) section below)

- i. Has an HR audit been conducted in the last 12 months? Yes No

- j. Has an attorney with expertise in employment and labour law updated the Applicant's employee handbook, human resources documents, guidelines, or procedures in the last 12 months? Yes No

- k. Have persons supervising employees received updated information and training on human resource policies including performance appraisals, discipline, or workplace harassment in the last 12 months? Yes No
 If you answered "Yes" above, please provide details: _____

- l. Does the Applicant or any Subsidiary use or collect biometric information from employees including, but not limited to a retina or iris scan, fingerprint, voiceprint, or a scan of the hand or face geometry? Yes No
 If you answered "Yes" above:
 - i. Does the Applicant or the Subsidiary have written policies, guidelines, or procedures addressing the collection, storage, use, retention, and destruction of biometric information? Yes No
 - ii. Does the Applicant or the Subsidiary receive written or electronic acknowledgment confirming employees have received a copy of the written policies, guidelines or procedures addressing the collection, storage, use, retention, and destruction of biometric information? Yes No

(To be completed only if the Applicant answered "Yes" to question 2.g. and the reduction in work force is greater than 10%)

A. Please provide the following details:

Date of Workforce Reduction	Reason for Workforce Reduction	Number of Employees Affected
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. Did the Applicant consult with outside counsel conversant with employment and labour laws regarding the reduction in workforce? Yes No

- C. Was or will severance compensation (be) available to all affected employees? Yes No

- D. Were or are the affected employees required to sign a release for the severance package? Yes No

VI. FIDUCIARY LIABILITY COVERAGE PART

1. Please indicate the type of plans for which insurance is requested:

*Plan Type	Name of Plan(s)	Assets	Total Plan Participants
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

2. Have there been any changes to any plan? Yes No

If you answered "Yes" above, please answer the questions below:

During the past 12 months, or during the next 12 months has (will) any plan for which coverage is requested:

- i. been the subject of an investigation by the Department of Labour (DOL), Canada Revenue Agency (CRA), Internal Revenue Service (IRS), or any other domestic or foreign agency? Yes No
- ii. had (have) any outstanding or delinquent plan contributions? Or are any plan loans, leases, or debt obligations considered uncollectable or in default? Yes No
- iii. had (have) any assessment of fees, fines, or penalties under a voluntary compliance resolution program or similar voluntary settlement program administered by the DOL, CRA, IRS, or other government authority against any plan? Yes No

If you answered "Yes" for any of the above, please attach details.

3. Please attach the most recent corporate audited financial statements and plan audited financial statements for the Applicant meeting any of the following conditions:

- a. Request for Fiduciary policy limits over \$3 Million; or
- b. If the Applicant sponsors a Defined Benefit Pension Plan, ESOP, or plan that holds/invests in employer securities.

4. Please attach the following if the Applicant sponsors a Defined Benefit Pension Plan, ESOP, or plan that holds/invests in employer securities:

- a. Most recent 5500 and plan audited financial statements;
- b. Most recent independent actual valuation of the employer stock (complete copy); and
- c. Most recent audited annual financial statement of the Applicant.

VII. CRIME COVERAGE PART

1. Renewal Rating information - all locations:

- a. Applicant's total revenues: \$ _____
- b. Total number of domestic employees: _____
- c. Total number of foreign employees: _____
- d. Total employees on client premises: _____
- e. Will the Applicant's employees be under client's supervision while on client's premises? Yes No
If you answered "No" above, please explain: _____

2. Has the quality of your internal/purchasing controls, or physical security lowered since the last renewal? Yes No

If you answered "Yes" above, please explain: _____

3. If a CPA letter to management has been issued, have all recommendations to address weaknesses been addressed? Yes No No letter issued

If you answered "No" above, please attach copy of the CPA letter to management and provide an explanation as to why all recommendations have not been addressed.

MATERIAL CHANGE

The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. The Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. The Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

Applicant:

By: _____
*Signature and Title** *Printed Name of Authorized Representative*

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager (or the Director of Human Resources [for Employment Practices Liability coverage] or the Director of Benefits [for Fiduciary Liability coverage]) of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

