



FREEDOM SPECIALTY
INSURANCE COMPANY®
a Nationwide Insurance® company

Freedom Specialty Insurance Company
7 World Trade Center, 37th Floor
250 Greenwich Street
New York, NY 10007-0033

**FREEDOM 360°
PRIVATE COMPANY PACKAGE POLICY RENEWAL APPLICATION**

Please answer all questions and submit all requested information. Terms appearing in bold in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The **Insurer** will hold this **Application**, including all materials submitted herewith, in confidence. Whenever used in the **Application**, the term “**Applicant**” shall mean the **Parent Organization** and any of its **Subsidiaries**. Please complete the “General Information” section of the **Application** and any other section of this **Application** for which coverage is sought.

In addition to answering the following questions, the **Applicant** must provide a copy of all requested items specified in any of the questions, below, plus: 1) a copy of the past two years audited financial statements; and 2) three years prior loss history for any coverage for which the **Applicant** is applying. Please also attach a copy of the following for any coverage for which the **Applicant** seeks: 1) For employment practices liability insurance, please attach a copy of the **Applicant’s** employee handbook, most recent EEO-1 filing, and employment application; and 2) For fiduciary liability insurance, please attach a copy of the **Applicant’s** most recently filed Form 5500s for All ERISA plans (Except Health and Welfare Plans), audited financial statements with investment portfolios for the five largest ERISA plans, and plan descriptions and financial statements for any non-qualified plans, if applicable .

A. GENERAL INFORMATION

Please answer all questions in this General Information Section.

1. Applicant’s Information

Company Name (**Applicant**): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Website Address: _____

2. Applicant’s Contact Information

Name: _____ Title: _____
 Phone: _____ E-mail: _____

3. Applicant’s Organizational Information

- a. Provide a brief description of the **Applicant’s** business: _____
- b. Date **Applicant** Established/Incorporated: _____
- c. **Applicant’s** Organizational Structure (Corporation, Partnership, etc.): _____
- d. NAIC Code: _____
- e. SIC Code: _____
- f. **Applicant’s** Ticker Symbol (if applicable): _____
- g. Does the **Applicant** desire coverage for entities that are more than fifty percent (50%) owned, or joint ventures that are at least fifty percent (50%) owned? Yes No
 If “Yes,” please attach a list of all such entities, including the percentage of ownership, nature of business and date acquired or created.
- h. Does the **Applicant** desire coverage for entities outside the United States? Yes No
 If “Yes,” please complete and attach the International Entity Supplement.

4. **Financial Information**

a.		Current Year
	Current Assets	\$
	Inventories	\$
	Current Liabilities	\$
	Cash Flow from Operations	\$
	Revenue	\$
	Net Income	\$

- b. Has an auditor recommended a “going concern” opinion of the **Applicant’s** finances within the past year? Yes No
 If “Yes,” please attach such opinion to this **Application**.

5. **Insurance Information**

- a. Requested terms of coverage for this **Application**:

	Directors & Officers and Entity Liability	Employment Practices Liability	Fiduciary Liability	Crime
Limit of Liability				
Retention Amount				
Effective Dates				

- b. If requesting larger liability limits than expiring, please complete the following statement:
 As respects to the limit of liability sought under any proposed coverage of this insurance that exceeds the limit of liability for such coverage of the expiring insurance, does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of this proposed insurance? Yes No
 If “Yes,” please provide details: _____

Solely with respect to any portion of the limit of liability for any liability coverage(s) under the proposed policy that exceed the limit(s) for such liability coverage(s) in the expiring policy, the Applicant understands and agrees that if any litigation, claims or knowledge or information of acts, errors, omissions, facts or circumstances which may give rise to a claim exists, any subsequent claim arising therefrom is excluded from this proposed insurance, but only with respect to any proposed insured who had such knowledge or information.

- c. Has any insurance provider refused, canceled or non-renewed any insurance coverage sought within this **Application** in the past five years? Yes No
 If “Yes,” please attach details of the circumstances of such refusal, cancellation or non-renewal.

****Missouri Applicants need not reply****

6. **Merger and Acquisition Related Activity**

If the answer to any of the following questions in this section is “Yes,” please attach details to the **Application**.

- a. Within the past year, has the **Applicant** experienced any:
- (1) Disposition or sale of any stock, assets or interest in any other corporation, partnership or joint venture? Yes No
 - (2) Financial restructuring, reorganization or arrangement with creditors? Yes No
 - (3) Bankruptcy filing? Yes No

- b. Does the **Applicant** anticipate that any of the above events will occur within the next year? Yes No
- c. Within the past year, has any regulatory agency denied, or indicated they would deny, any contemplated merger, acquisition or divestment? Yes No
- d. Has the **Applicant** merged with or acquired any other organization in the last year? Yes No
If "Yes," please check one of the following:
 - The acquisitions represented less than five percent (5%) of the **Applicant's** total assets or revenues.
 - The acquisitions represented between five percent (5%) and fourteen and nine-tenths percent (14.9%) of the **Applicant's** total assets or revenues.
 - The acquisitions represented between fifteen percent (15%) and twenty-five percent (25%) of the **Applicant's** total assets or revenues.
 - The acquisitions represented greater than twenty-five percent (25%) of the **Applicant's** total assets or revenues.

7. Cyber Security Related Activity

- a. Does the **Applicant** have a security policy which describes protection of physical and IT assets, acceptable use of those assets and enforcement for non-compliance? Yes No
- b. Has the **Applicant** made any changes to its cyber related security policies within the past year? Yes No
If "Yes," please provide a copy of such changes.

B. DIRECTORS AND OFFICERS AND ENTITY LIABILITY INFORMATION

Please answer the questions below if the **Applicant** seeks coverage for Directors and Officers and Entity Liability.

- 1. Number of common shares outstanding: _____
- 2. Number of common shareholders: _____
- 3. Number of shares held by directors or officers: _____
- 4. Name and title of all directors and officers, with years of service as a director or officer, and percent of shares owned:

Name and Title	Years as Director	Years as Officer	% of Shares Owned

If any of the directors or officers wholly or partly own any other organization, or serve as a director or officer for any other organization, please attach to this **Application** the details of any such relationship, including the name of the organization, the capacity of ownership or service and the number of years in that capacity

- 5. Number of shares held by individuals or entities that are not directors or officers: _____
- 6. Names and percent of shares owned by any shareholders holding, directly or beneficially, five percent (5%) or more of common shares that are not directors or officers. If applicable, please also provide the family relationship of the shareholder to any other director, officer or other shareholder of the **Applicant** (if none, please state as such):

Name	Family Relation	% of Shares Owned

7. List all changes to the **Applicant's** Board of Directors or officers over the past year or are anticipated in the next year, along with a brief description of the reason for such change:

Name and Title	Date or Expected Date of Departure	Reason for Departure

8. Are any of the securities of the **Applicant** publicly traded?..... Yes No
 If "Yes," please state the exchange on which they are listed: _____

If the answer to any of the Questions below is "Yes," please attach the related details to this **Application**:

9. Within the past year has the **Applicant**:
- a. Completed entry into any related or unrelated ventures which are a material change in operations? Yes No
 - b. Made any changes in corporate bylaws, or partnership agreements?..... Yes No
 - c. Raised funds by any venture capital, private placement or private offering of any equity or debt securities?..... Yes No
 - d. Offered or sold to the public any equity or debt securities, or filed any registration statement or similar disclosure for an offering or sale of securities?..... Yes No
 - e. Made any change in senior executive officers? Yes No
 - f. Made any change in ownership?..... Yes No
 - g. Breached or violated any debt covenant? Yes No
10. Does the **Applicant** anticipate that any of the events listed in Question 9. above will occur within the next year?..... Yes No
 If "Yes," please attach details to this **Application**.

C. Employment Practices Liability Information

Please answer the questions below if the **Applicant** seeks coverage for Employment Practices Liability:

1. **Applicant's Human Resource Contact Information**

Name: _____ Title: _____
 Phone: _____ E-mail: _____

2. Complete the following concerning the number and location of the **Applicant's** employees, including all leased and temporary employees and volunteers for all **Subsidiaries** and other entities proposed for this insurance.

	Non-Union		Union		Independent Contractors
	Full-Time	Part-Time	Full-Time	Part-Time	
Total Employees:					
SPECIFY:					
CA:					
NY:					
FL:					
TX:					
All Other States:					
Foreign:					

3. How many of the above employees are leased to the **Applicant**? _____
4. Provide the current turnover rate for the **Applicant's** employees: _____

5. Employee Salary Information—provide the percentage of employees that fall within the provided salary ranges.

Less than \$60,000	%
Between \$60,000-\$119,999	%
Between \$120,000-\$250,000	%
Greater than \$250,000	%

If the answer to any of the questions Question 6. below is “Yes,” please attach the related details to this **Application**:

6. Within the past year, has the **Applicant**:

- a. Updated its employment practices handbook or its human resources policies and Procedures? ... Yes No
- b. Entered into any new contracts with the federal government? Yes No
- c. Had any termination, layoff or resignation of any senior executive officers? Yes No
- d. Been subjected to a Desk Audit, Compliance Review, Off-Site Review, Focused Review or Compliance Check by the OFCCP, or received notice of such?..... Yes No
- e. Received notice of any findings of discrimination or inadequate affirmative action programs by the OFCCP? Yes No

7. Has the **Applicant** had any facility closing, consolidations, layoff or reductions in force of at least five percent (5%) of its workforce in the past three years? Yes No

If “Yes”:

- a. Please state percent of workforce affected: %
- b. Did the **Applicant** analyze whether protected classes would be adversely impacted as a result of the reduction? Yes No
If “Yes,” who performed this analysis?
- c. Were releases signed in exchange for a severance? Yes No
- d. Were there any officers or managers that were part of the layoffs? Yes No
- e. Please provide the percentage of employees that did not sign releases: %
- f. Please provide the percentage of officers and managers that did not sign releases: %

8. Does the **Applicant** anticipate any facility closing, consolidations, layoff or reductions in force of at least five percent (5%) of its workforce in the next year? Yes No

If “Yes,” what percent of the workforce is anticipated to be affected? %

9. When did the **Applicant** last provide anti-discrimination and anti-harassment training to its managers and supervisors? _____

10. When did the **Applicant** last provide anti-discrimination and anti-harassment training to its non-managerial employees? _____

D. Fiduciary Liability Information

1. Please list the names and types of the **Applicant’s** employee benefit plans. Please use the following codes for completing the Plan Type column: **CB** = Cash Balance; **DB** = Defined Benefit Plan; **DC** = Defined Contribution Plan; **EB** = Excess Benefit or Top Hat Plan; **ESOP** = Employee Stock Ownership Plan; **WB** = Welfare Benefit Plan. (Please attach additional pages to this **Application** if more space is needed.)

Plan Name	Plan Type	Year Established	Current Plan Assets	*Current Funded %	Total Current Plan Participants
			\$		
			\$		
			\$		
Total for All Plans:			\$		

* Please complete only for Defined Benefit Plans under the Pension Protection Act. If any such Plan is “At Risk,” please indicate as such. If additional space is needed, please attach the additional information to this **Application**.

2. Total value of the **Applicant’s** stock held by all Plans: \$ _____

If the answer to any Question below is "Yes," please attach the related details to this **Application**.

- 3. In the past year has the **Applicant** merged, froze or terminated any plan, or is the **Applicant** anticipating merging, freezing or terminating any plan?..... Yes No
- 4. Is any plan NOT in compliance with plan agreements or ERISA?..... Yes No

The persons signing this **Application** declare that to the best of their knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** are true and shall be deemed material to the decision of the **Insurer** to issue the insurance. The undersigned agree that if after the date of this **Application** and prior to the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would compete, update or correct such information. In such event, the **Insurer** in its sole discretion may modify or withdraw any outstanding quotation. The **Insurer** shall maintain on file this **Application**, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued. The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO 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.

WARNING TO 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.

NOTICE TO 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO 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.

NOTICE TO MAINE 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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.

APPLICANT NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.