BY COMPLETING THIS RENEWAL APPLICATION THE APPLICANT IS APPLYING  
FOR COVERAGE WITH CHUBB INSURANCE COMPANY OF CANADA (THE “COMPANY”)

**NOTICE: THE LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENCE COSTS", AND "DEFENCE COSTS" WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENCE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. THIS NOTICE PARAGRAPH IS SUBJECT TO SECTION XIX, QUEBEC AMENDATORY PROVISION, OF ANY ISSUED POLICY. READ THE ENTIRE RENEWAL APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS**

1. Whenever used in this Renewal Application, the term "**Applicant**" shall mean "the Parent Organization and all Subsidiaries", unless otherwise stated.

2. Please attach the following for the requested coverages as indicated below:

All Requested Coverage: Most up to date organization chart, including ownership percentage of all shareholders or partner owners.

Directors & Officers and Entity Liability, Miscellaneous Professional Liability or Employed Lawyers Liability Coverages: Most recent annual financial statements, audited if outside audits are performed.

**Applicant** is not required to provide financial statements if annual revenues are less than $150,000,000 and if **Applicant** is requesting $5,000,000 Limit of Liability or less in coverage.

Employment Practices Liability Coverage: For any **Applicant** with more than 500 US employees, the most recent EEO-1 Report.

Fiduciary Liability Coverage: For any **Applicant** with a defined benefit plan, the most recent Actuarial Valuation Report.

3. All **Applicants** must complete this Renewal Application in accordance with the specific coverages being renewed or requested. Attach additional pages if necessary.

**I. NAME, ADDRESS AND CONTACT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of **Applicant**: | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
| 2. | Address of **Applicant**: | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  | City: |  | | | Province: | |  | | Postal Code: | |  | |
|  |  |  | | |  | |  | |  | |  | |
| 3. | Primary insurance contact: | | |  | | Title: | |  | | E-Mail: | |  |

**II. INSURANCE INFORMATION**

1. (a) Please indicate below, by placing an “X” in the box, which coverages are being requested and complete relevant portions of this Application and the Supplemental Application as applicable.

|  |  |
| --- | --- |
| **Coverage Requested** | **Check the box () if requesting larger limits than expiring and indicate requested limit** |
| Directors & Officers and Entity Liability |  |
| Employment Practices Liability |  |
| Fiduciary Liability |  |
| Crime |  |
| Kidnap Ransom and Extortion |  |
| Workplace Violence Expense |  |
| Miscellaneous Professional Liability |  |
| Employed Lawyers Liability |  |
| CyberSecurity |  |

(b) If requesting larger liability limits than expiring as indicated in the above table, please complete the following statement: Note: CyberSecurity includes a Liability Coverage Part. (*Do not complete this statement if no change in liability limits is requested.*)

Solely with respect to any larger liability limit requested or that may ultimately be issued for the proposed renewal:

No person or entity proposed for coverage is aware of any fact, circumstance, or situation that he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed liability coverage part: None  or, except:

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 such fact, circumstance, or situation exists, whether or not disclosed in response to Question 1(b) above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

**III. GENERAL RISK INFORMATION**

1. Please complete the following information:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Countries in which you have Operations** | **Type of Operation** | **Number of Locations** | **Number of Full Time Employees** | **Number of Part Time Employees** | **Number of Unionized Employees** | **Number of Independent Contractors** | **Revenues** |
|  | Canada |  |  |  |  |  |  | $ |
|  | United States |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  | **TOTAL** | |  |  |  |  |  | $ |

2. (a) Has the **Applicant** in the last 12 months completed any:

|  |  |
| --- | --- |
| (i) Any merger, acquisition, or divestment? | Yes No |
| (ii) Entry into any related or unrelated ventures which are a material change in operations? | Yes No |
| (iii) Any change in outside auditors? | Yes No |
| (iv) Any reorganization or plan of arrangement with creditors? | Yes No |
| (v) Any layoffs, staff reductions or facility closings? | Yes No |
| (vi) For any **Applicant** that is formed as a partnership, any changes to the partnership agreement? N/A? | Yes No |
| (b) If the **Applicant** is in a position to disclose this, please confirm whether the **Applicant** is currently anticipating any of the above. | Yes No |

If the **Applicant** answered “Yes” to any part of Question 2, please attach an explanation. For Question 2(vi), also attach a copy of the updated partnership agreement(s).

**IV. COVERAGE SPECIFIC RISK INFORMATION**

**A. DIRECTORS AND OFFICERS AND ENTITY LIABILITY INFORMATION**

1. Ownership

|  |  |
| --- | --- |
| (a) Have there been any changes to the Ownership structure? | Yes No |

If the **Applicant** answered “Yes”, please complete the following information:

|  |  |
| --- | --- |
| Names of director or officer shareholders | Voting shares owned |
|  | % |
|  |  |

|  |  |
| --- | --- |
| List any shareholders (include any individual and corporate names) that are not directors or officers and indicate by checking the box () if related by family to another shareholder or to a director or officer of **Applicant**. | Voting shares owned |
|  | % |
|  |  |

2. (a) Financial Information (not required to complete if actual Financial Statements provided)

|  |  |
| --- | --- |
| **Applicant’s** most recent fiscal year end (indicate month/year): | Month/Year |

|  | **Latest Fiscal Year End** | **Prior Fiscal Year End** |
| --- | --- | --- |
| Cash & Securities | $ | $ |
| Accounts Receivable | $ | $ |
| Inventory | $ | $ |
| Total Assets | $ | $ |
| Accounts Payable | $ | $ |
| Current Liabilities | $ | $ |
| Long Term Debt | $ | $ |
| Total Liabilities | $ | $ |
| Retained Earnings | $ | $ |
| Revenues | $ | $ |
| EBITDA | $ | $ |
| Net Income | $ | $ |
| Cash flow from Operating Activities | $ | $ |

|  |  |
| --- | --- |
| (b) Is the **Applicant** currently (or during the past 12 months has the **Applicant** been) in breach or in violation of any debt covenant? | Yes No |

If “Yes”, please attach an explanation.

3. Recent, Pending or Contemplated Changes

(a) Has the **Applicant** in the past 12 months had any:

|  |  |
| --- | --- |
| (i) Public or private offering of securities? | Yes No |
| (ii) Unplanned change in directors or senior executive officers other than due to illness? | Yes No |
| (b) Is the **Applicant** currently anticipating any of the above? | Yes No |

If “Yes” to either of the above in Question 3(a) or 3(b), please attach a full description with details.

**B. EMPLOYMENT PRACTICES LIABILITY INFORMATION**

1. For **Applicant’s** with employees in the United States:

Number of employees located in:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | California |  | Texas |  | New Jersey |  |
|  |  |  |  |  |  |  |
|  | Michigan |  | West Virgina |  | Florida |  |

|  |  |
| --- | --- |
| 2. Within the last year has the **Applicant** updated its employment practices handbook, or human resources policies and procedures or department? | Yes No |

If “Yes”, please attach a full description with details.

3. Layoffs or Reduction in Workforce

|  |  |
| --- | --- |
| (a) Has the **Applicant** during the past 12 months experienced (or is the **Applicant** planning in the next 12 months) layoffs or a reduction in workforce? | Yes No |

If “Yes” and if layoffs or reduction in workforce are either 5% or more of the workforce or more than 50 employees, please respond to the following:

(i) Attach a description of the **Applicant’s** procedures for conducting a staff reduction and the management levels/positions involved in this procedure.

|  |  |
| --- | --- |
| (ii) Does the **Applicant** analyze whether protected classes will be adversely impacted as a result of a staff reduction? | Yes No |
| If yes, is the analysis reviewed by outside counsel? | Yes No |
| (iii) Does the **Applicant** utilize consistent criteria to determine which employees will be impacted? | Yes No |
| If “Yes”, please attach a description of the criteria utilized, including whether reasons for selection are documented. | |
| (v) Does the **Applicant** have a written severance and waiver agreement in place? | Yes No |

If no, please attach an explanation.

**C. FIDUCIARY LIABILITY COVERAGE INFORMATION**

1. Please complete the following information regarding the **Applicant's** employee benefits plan(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan names**  **(Do not include health & welfare plans)** | **Plan assets**  **(current year)** | **Type of plan\*** | **(DB only) Going Concern Funded Ratio** | **Number of plan participants** |
|  |  |  |  |  |
|  |  |  |  |  |

\*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP)

|  |  |
| --- | --- |
| 2. In the next 12 months is the **Applicant** contemplating (or has the **Applicant** completed within the last year) merging, freezing or terminating any plan(s)? | Yes No |

If yes, please attach details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance.

|  |  |  |
| --- | --- | --- |
| 3. Are any plans NOT in compliance with the provisions of, in Canada, the Pension Benefits Standards Act, 1985 or any similar provincial statute, or in the United States, ERISA? | | Yes No |
| If “Yes,” please describe: |  | |

**D. CRIME COVERAGE INFORMATION**

1. Does the **Applicant**:

|  |  |
| --- | --- |
| (a) Allow the employees who reconcile the monthly bank **statements** to also sign checks, handle deposits? | Yes No |
| (b) Have procedures in place to verify the existence and ownership of all new vendors prior to adding them to the authorized master vendor list? | Yes No |
| (c) Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment? | Yes No |

2. If applicable to the **Applicant’s** business, how often does the **Applicant** perform a physical inventory check of stock and equipment?

|  |  |
| --- | --- |
| 3. If not already purchased, does the **Applicant** require a quote for Social Engineering Fraud Coverage? | Yes No |

If “Yes” and limit requested is greater than $50,000, please complete a Social Engineering Supplemental Application.

**E. KIDNAP, RANSOM & EXTORTION COVERAGE INFORMATION**

1. Please complete the following information regarding the foreign travel of the **Applicant’s** employees:

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Destination by Country** | **Number of Trips per Year** | **Average Length of Stay** | **Number of Employees Travelling** |
|  |  |  |  |
|  |  |  |  |

2. Describe the **Applicant's** security precautions taken for foreign travel:

**F. WORKPLACE VIOLENCE EXPENSE COVERAGE INFORMATION**

|  |  |
| --- | --- |
| 1. Have there been any changes to the **Applicant’s** Employee Assistance Program (EAP), progressive discipline, employee complaint/grievance resolution or background checks procedures or security precautions limiting access to its premises? | Yes No |

If “Yes,” please explain:

**G. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE INFORMATION**

1. (a) Describe the services and any supporting products offered by the **Applicant**, including any Subsidiaries, for which Miscellaneous Professional Liability coverage is requested.

(b) Indicate the total annual gross revenues derived from the services described above for each of the following years:

|  |  |
| --- | --- |
| Prior Fiscal Year | $ |
| Current Fiscal Year | $ |
| Projected Next Fiscal Year | $ |

|  |  |
| --- | --- |
| (c) Over the past year, has the **Applicant** provided services to any single client that has generated revenues in excess of 50% of the total revenues reported above? | Yes No |

If “Yes”, please attach an explanation.

2. Have there been any changes to:

|  |  |
| --- | --- |
| (a) The frequency of use of written contracts with clients? | Yes No |
| (b) The legal review process of contracts utilized by the **Applicant**? | Yes No |
| (c) The percentage or type of business subcontracted by the **Applicant**? | Yes No |

If “Yes” to any of the above in Question 2, please explain. Also, attach sample copies of all types of contracts utilized by the **Applicant** if different than previously submitted.

3. (a) Provide the following information about the **Applicant’s** three largest client relationships over the past year.

|  |  |  |
| --- | --- | --- |
| **CLIENT** | **REVENUE** | **SERVICE** |
|  | $ |  |
|  |  |  |

|  |  |
| --- | --- |
| (b) Does the **Applicant** derive more than 50% of its revenues from any government entities? | Yes No |

**H. EMPLOYED LAWYERS LIABILITY** **COVERAGE INFORMATION**

1. Provide the total number of lawyers as follows:

|  |  |  |
| --- | --- | --- |
| (a) Employed Lawyers: |  | |
| (b) Temporary Lawyers: |  | |
| (c) Contract Lawyers: | (Not including outside legal counsel) | |
| (d) Employed Lawyers with more than ten (10) years of legal experience: |  | |
| 2. Have there been any changes to the legal services performed by the **Applicant’s** lawyers, whether performed for the **Applicant** or third parties, including moonlighting? | | Yes No |

If “Yes”, please attach an explanation.

**I. CYBERSECURITY** **COVERAGE INFORMATION**

|  |  |
| --- | --- |
| 1. Does the **Applicant** collect, store or process personally identifiable or other confidential information? | Yes No |
| If “Yes”, how many records are held, including the **Applicant’s** prospective, current and former customers and employees? |  |
| 2. Please indicate the **Applicant’s** gross annual revenue from on-line sales or services: |  |
| 3. Is the **Applicant** compliant with all applicable federal, provincial, territorial or state law or regulation concerning privacy or the safeguarding of personally identifiable or other confidential information (other than state “breach notification”)? | Yes No |

If “No”, please attach an explanation.

If the **Applicant** is subject to the PCI Security Standard please complete Question 4 below:

|  |  |  |
| --- | --- | --- |
| 4. Is the **Applicant** PCI Compliant? | | Yes No |
| If “Yes”, please indicate what level of PCI Compliance: |  | |
|  |  | |
| How many credit or debit card transactions does the **Applicant** process annually? |  | |

Does the **Applicant**:

|  |  |
| --- | --- |
| (a) Mask all but the last four digits of a card number when displaying or printing cardholder data? | Yes No |
| (b) Ensure that card-validation codes are not stored in any of the **Applicant’**s databases, log files or anywhere else within their network? | Yes No |
| (c) Encrypt all account information on the **Applicant’s** databases? | Yes No |
| (d) Encrypt or use tokenization for all account information at the point of sale? | Yes No |

5. Have there been any changes in the **Applicant’s** policies and procedures surrounding the following:

|  |  |
| --- | --- |
| (a) Information Security | Yes No |
| (b) Web Server Security | Yes No |
| (c) Virus, Intrusion Detection and Penetration Testing | Yes No |
| (d) Mobile Device Security | Yes No |
| (e) Business Continuity Planning | Yes No |
| (f) Backup and Archiving Processes | Yes No |
| (g) Service Providers | Yes No |
| (h) Compliance, if applicable | Yes No |
| (i) Incident Response Planning | Yes No |

If “Yes” to any of the above in Question 3, please attach an explanation.

|  |  |
| --- | --- |
| 6. (a) Has the **Applicant** had any computer or network security incidents during the past year? Incident includes any unauthorized access or exceeding authorized access to any computer, system, data base or data; intrusion or attack; the denial of use of any computer or system; intentional disruption, corruption or destruction of electronic data, programs or applications; or any other incidents similar to the foregoing? | Yes No |

(b) If the **Applicant** has been the target of any computer or network attacks (including virus attacks) in the past year, did the number of attacks increase?

Yes, attacks increased, or No attacks

**VI. MATERIAL CHANGE**

If there is any material change in the answers to the questions in this Renewal Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**VII. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES**

The **Applicant's** submission of this Renewal Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Renewal Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Renewal Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agree that this Renewal Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

**SIGNATURE OF APPLICANT’S AUTHORIZED REPRESENTATIVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Date** |  | **Signature\*** |  | **Title** |

\*This Renewal Application must be signed by the chief executive officer, president or chief financial officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.