(KANSAS) EVEREST EXPEDITION® NOT-FOR-PROFIT MANAGEMENT LIABILITY POLICY RENEWAL APPLICATION

EVEREST

THE PROPOSED POLICY WOULD BE A CLAIMS-MADE POLICY AND WOULD COVER ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIM EXPENSES WOULD BE INCLUDED WITHIN THE RETENTION AND WOULD REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS.

APPLICATION INSTRUCTIONS:

Whenever used in this Application, the term "Applicant" shall mean the Named Applicant and all other organizations applying for coverage. Any other capitalized term not defined in this Application shall have the same meaning as in the proposed Policy.

The Applicant is required to provide a complete response to all questions in Sections I, X and XI (if applicable) as well as the Coverage Part Sections for which coverage is sought (attach additional pages if necessary) and submit all requested materials. If the Applicant is applying for coverage for a private not-for-profit healthcare or education entity, the applicable Supplemental Application must be completed.

This Application consists of the information contained herein, all materials submitted herewith (including any Supplemental or Cyber Application, if applicable, attached hereto or submitted in connection with this Application) and any other information or materials included within the definition of Application in the proposed Policy.

I. GENERAL INFORMATION

1. Named Applicant Information

a) Named Applicant: _____

b) Address: _____

City: _____ State: _____ Zip Code: _____

c) Nature of Operations: _____

d) Web Address: _____ SIC#: _____ NAICS#: _____

e) Human Resources Contact: _____ Title: _____ E-mail: _____

2. Does the Applicant now have a recognized tax-exempt status under the U.S. Internal Revenue Code? Yes ☐ No ☐

3. Total Number of Locations: _____ Total Number of Locations outside the U.S.: _____

4. Financial Information:

Based on Financial Statements Dated:	Most Recent FYE (Month/Year) (/)	Prior FYE (Month/Year) (/)
Total Consolidated Assets	$	$
Total Consolidated Liabilities	$	$
Net Assets / Fund Balance	$	$
Total Consolidated Revenue	$	$
Change in Net Assets	$	$
Cash Flow From Operations	$	$

5. Employee Information:

Total Number of Employees Companywide:	
Total Employees Located in Foreign Countries (Full Time, Part Time, Union, Non-Union, Seasonal, etc.):	

Please fill out the grid below according to Employment Category and State Location of Employees:

	State Location of Employees				
Employment Category	**CA**	**NJ**	**AK, AL, CO, CT, FL, GA, HI, IA, IL, KS, LA, MA, MI, MN, MO, NE, NV, NY, OR, PA, TX, WA, WY, and DC**	**All Other States**	**Total**
U.S. Union Employees (Full Time, Part Time, Seasonal, etc.):					
U.S. (Non-Union) Full Time Employees:					
U.S. (Non-Union) Independent Contractors and/or Leased Contractors:					
U.S. (Non-Union) Part Time Employees, including Seasonal, Temporary, and Volunteers:					
TOTAL					

II. DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

6. Does the Applicant derive any of its funding from federal, state, local, or other governmental or quasi-governmental sources? Yes ☐ No ☐

If "Yes", please specify total percentage _____%

7. Does the Applicant have any for-profit subsidiaries, or control any other entity or organization for which coverage is requested? Yes ☐ No ☐

If "Yes", please attach a full description of operations, ownership, and tax status for each entity.

8. Is the Applicant currently (or during the past 12 months has the Applicant been) in breach, violation or waiver of any debt covenants? If "Yes", please attach a full description. Yes ☐ No ☐

9. In the past 24 months has the Applicant been the subject of or been involved in any litigation, including any antitrust, copyright or patent litigation? If "Yes", please attach a full description. Yes ☐ No ☐

10. In the past 24 months (or in the next 18 months), has the Applicant experienced (or is the Applicant contemplating) any of the following:

a) Taxable or Tax Exempt Bond Offerings? Yes ☐ No ☐

b) Changes to its Board of Directors or to its Key Executives? Yes ☐ No ☐

c) Reorganization or bankruptcy filing? Yes ☐ No ☐

If "Yes", please attach a full description

III. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

11. Within the last year, has the Applicant made any changes to its employee handbook or HR policies and procedures? Yes ☐ No ☐

12. Is the Applicant or any of its subsidiaries currently undergoing or contemplating undergoing during the next 12 months any employee layoffs or early retirements (including any type of company restructuring or office, plant or store closing)? Yes ☐ No ☐
If "Yes", please attach a full description.

13. Has the Applicant been involved in employment or labor related litigation resulting in payment (including claims expenses) greater than $25,000, during the past 3 years? Yes ☐ No ☐
If "Yes", please attach a full description.

14. U.S. Salary Ranges:

Employee Salary Ranges	% in Range Current Year	% in Range Previous Year
Up to $50,000	%	%
$50,000 - $125,000	%	%
Over $125,000	%	%

IV. FIDUCIARY LIABILITY COVERAGE PART

15. Please list the names and types of Applicant's employee benefits plan(s). Attach additional pages if needed.

Plan Names (Do not include Health and Welfare Plans)	Plan Assets (Current Year)	Type of Plan*	Number of Participants	Funding % (DB Only)
	$			%
	$			%
	$			%
	$			%

*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)

16. In the past two years, has the Applicant merged or terminated any plan(s)? 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. Yes ☐ No ☐

17. Are any plans NOT in compliance with plan agreements or ERISA? If "Yes", please attach a detailed explanation. Yes ☐ No ☐

V. CRIME COVERAGE PART

18. Has the Applicant made any changes to their internal control procedures in the past 12 months? If Yes, please attach a full description of the changes. Yes ☐ No ☐

19. Does the Applicant have a procedure where all checks need to be countersigned? Yes ☐ No ☐
If Yes, above what amount? $_____

20. Does the Applicant utilize a Positive Pay System? Yes ☐ No ☐

21. Are the Applicant's internal controls such that no one employee can add a vendor to the master vendor list or edit current vendor information? Yes ☐ No ☐

22. Does the Applicant confirm all changes to vendor and supplier details by a direct call using previously provided contact information? Yes ☐ No ☐

23. How many Employees handle, have access to or maintain records of money, securities or other property including, but not limited to, directors, officers, trustees and any person handling or having access to employee welfare or benefit plan assets: _____

VI. CYBER COVERAGE PART

For coverage under the **CYBER COVERAGE PART**, please complete separate **CYBER NEW BUSINESS APPLICATION**, attached hereto.

VII. EMPLOYED LAWYERS LIABILITY COVERAGE PART

24. Total Number of Employed Lawyers: _____

25. Average number of years' experience for all Employed Lawyers: _____

26. Does the Applicant utilize outside counsel for legal resources? If "Yes", please attach a full description. Yes ☐ No ☐

27. Do any Employed Lawyers provide legal services to third parties, including Moonlighting? Yes ☐ No ☐
If "Yes", please attach a full description.

VIII. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART

28. Average # of years' experience in Practice for all Principals/Partners/Officers/Professional Employees: _____

29. Is a written contract required for each client? If yes, please attach a sample. Yes ☐ No ☐

30. Does the Applicant require evidence of E&O insurance for all sub-contractors, if used? Yes ☐ No ☐

31. Describe the Applicant's 5 largest projects during the past 3 years:

Client Name	Professional Service Description	Annual Revenue ($)
		$
		$
		$
		$
		$

IX. KIDNAP AND RANSOM COVERAGE PART

32. Please provide details of employee travel to foreign countries, or employees located in such countries:

Country	Number of Annual Trips	Number of Locations	Security Precautions Taken, Including Travel Advisory Policies

X. SIGNATURE SECTION

This Application must be signed by the Chief Executive Officer, Chief Financial Officer, or General Counsel of the Named Applicant or their functional equivalent.

By signing this Application (check one):

☐ **I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.**

☐ **I do NOT agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. All insurance policies and other documents issued by Everest in paper or other non-electronic format.**

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Company will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

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

Signature: _____ Title: _____ Date: _____

XI. FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MD, MN, NE, OH, OK, OR, PA, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: 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.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who commits an act, 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 act.

APPLICABLE IN MAINE

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.

APPLICABLE IN MARYLAND

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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN OKLAHOMA

WARNING: 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.

APPLICABLE IN PENNSYLVANIA

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.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN TENNESSEE 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.

THIS PAGE CONTAINS STATE SPECIFIC LANGUAGE OR REQUIREMENT FOR APPLICANTS RESIDING IN THE FOLLOWING STATES: Florida, Iowa, Maine and New Hampshire

Applicable to Maine applicants only

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

Applicable to New Hampshire applicants only

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE TO THE BEST OF HER/HIS KNOWLEDGE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER OR THE PRESIDENT OF THE COMPANY.

SIGNATURE: _____

TITLE: _____DATE: _____

Required applicants in **Florida, Iowa & New Hampshire**:

Name of Broker: _____
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only)

Broker License #:_____
(Required: FLORIDA only)

Print Name: _____

Name of Agency: _____

Address: _____

_____

Broker Signature: _____
(Required: NEW HAMPSHIRE only)