



**EVEREST NATIONAL INSURANCE COMPANY  
 EVEREST EXPEDITION<sup>SM</sup> PRIVATE COMPANY MANAGEMENT LIABILITY  
 POLICY RENEWAL APPLICATION - FLORIDA**

**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 APPLICABLE. 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 (attach additional pages if necessary) and submit all requested materials.

This Application consists of the information contained herein, all materials submitted herewith (including any Supplemental Application 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. In the past 24 months (or in the next 18 months), has the Applicant experienced (or is the Applicant contemplating) any actual, negotiated, or attempted mergers, acquisitions, or divestments? If "Yes", please attach a full description. Yes No

3. 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

4. Total Number of Locations: Total Number of Locations Outside the U.S.:

**5. Financial Information:**

Based on Financial Statements Dated:	/ /	/ /
Total Consolidated Assets	\$	\$
Total Consolidated Liabilities	\$	\$
Total Consolidated Revenue	\$	\$
Net Income/Net Loss	\$	\$
Cash Flow From Operations	\$	\$

6. 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:

Employment Category	State Location of Employees				
	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. <u>Union</u> 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:					
<b>Total</b>					

**II. DIRECTORS AND OFFICERS LIABILITY COVERAGE PART**

7. Does any shareholder of the Applicant own five percent (5%) or more of the voting shares directly or beneficially? Attach additional pages if needed.

Shareholder	Ownership	Board Representation?	
	%	Yes	No

8. 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) Public or private offering of securities?                   | 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

9. 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

**III. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART**

10. 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)? If "Yes", please attach a full description. Yes No
11. Within the last year has the Applicant made any changes to its employee handbook or HR policies and procedures? Yes No

**12. 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**

13. 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)

14. 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
15. Are any plans NOT in compliance with plan agreements or ERISA? If "Yes", please attach a detailed explanation. Yes No

**V. CRIME COVERAGE PART**

16. 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
17. Does the Applicant have a procedure where all checks need to be countersigned? If Yes, above what amount? \$ Yes No

18. Does the Applicant utilize a Positive Pay System? Yes No
19. 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
20. Does the Applicant have a process to detect fictitious employees in its payroll system? Yes No
21. Does the Applicant confirm all changes to vendor and supplier details by a direct call using previously provided contact information? Yes No

**VI. EMPLOYED LAWYERS LIABILITY COVERAGE PART**

22. Total Number of Employed Lawyers:
23. Average number of years' experience for all Employed Lawyers:
24. Does the Applicant utilize outside counsel for legal resources? If "Yes", please attach a full description. Yes No
25. Do any Employed Lawyers provide legal services to third parties, including Moonlighting? If "Yes", please attach a full description. Yes No

**VII. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART**

26. Average # of years' experience in Practice for all Principals /Partners/Officers/Professional Employees:
27. Is a written contract required for each client? If yes, please attach a sample. Yes No
28. Does the Applicant require evidence of E&O insurance for all sub-contractors, if used? Yes No

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

Client Name	Professional Service Description	Annual Revenue (\$)

**VIII. KIDNAP AND RANSOM COVERAGE PART**

30. 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

**IX. DECLARATION**

**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, 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.**

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***

**I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE BROKERING AGENT.**

Signature:

Title:

Date:

**X. FRAUD STATEMENTS**

**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.

**Required applicants in Florida:**

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

Bound effective (time): (date):

Not bound

Brokering Agent Signature:  
(Required: FLORIDA)