Reset

Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

Proposal Form

Management Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION

THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the **Policy**. This Proposal Form is to be completed with respect to the entire **Insured Entity**. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

Name of **Named Insured**

Street Address | Suite

City | County | State | Zip Code

Website Address (if applicable) | Federal Employer Identification Number (FEIN)

The Officer designated as agent of the **Insured Entity** and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Contact Name | Title

E-mail Address | Telephone Number | Fax Number

Producer Information

Submitted by (Agency Name) | Dated

Agent's Name (Individual's Name) | Agent's License Number

Coverage Section(s) Requested

(Complete only those sections of this Proposal Form specific to the **Coverage Section(s)** requested.)

Directors, Officers and Corporate Liability Insurance **Coverage Section**: ❑ Yes ❑ No Limit Requested: $

Employment Practices Liability Insurance **Coverage Section**: ❑ Yes ❑ No Limit Requested: $

Fiduciary Liability Insurance **Coverage Section**: ❑ Yes ❑ No Limit Requested: $

Indicate the type of limit requested:

❑ Combined Aggregate Limit of Liability for all **Coverage Sections**, or

❑ Separate Aggregate Limit of Liability for each **Coverage Section**

Current Insurance Information (Provide details to all "Yes" answers by attachment)

1. Provide the following information regarding the **Insured Entity's** most recent insurance policies. If "None", so state.

Type of Policy		Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
Directors and Officers Liability:	❑ None			$	$	$
Employment Practices Liability:	❑ None			$	$	$
Fiduciary Liability:	❑ None			$	$	$
General Liability:	❑ None			$	$	$
Other:_____	❑ None			$	$	$

2. Has the Extended Reporting Period (or Discovery Period) been exercised for the **Insured Entity's** most recent Directors and Officers Liability, Employment Practices Liability, or Fiduciary Liability insurance policies? ❑ Yes ❑ No

3. Within the last 3 years, has any **Claim** been made or has notice been given under any of the previous policies for Directors and Officers Liability, Employment Practices Liability or Fiduciary Liability insurance or similar insurance? ❑ Yes ❑ No

4. Within the last 3 years, has any Directors and Officers Liability, Employment Practices Liability, Fiduciary Liability insurance, or similar insurance policies for the **Insured Entity** ever been cancelled or non-renewed? NOT APPLICABLE IN MISSOURI ❑ Yes ❑ No

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General Information (Provide details to all "Yes" answers by attachment)

1. The **Named Insured** has been in continuous operation since: _____
2. (a) What is the **Insured Entity's** Primary Standard Industrial Classification ("SIC") Code? _____
   (b) Describe the **Insured Entity's** nature of operations: _____
3. (a) Form of organization: ❑ Cooperative ❑ Corporation ❑ Joint Venture*
   ❑ Limited Liability Corporation ❑ Nonprofit ❑ Partnership*
   ❑ Sole Proprietorship ❑ Other: _____
   *If a Partnership or Joint Venture, provide participation or ownership structure details by attachment.
   (b) Type of organization: ❑ Manufacturing / Production ❑ Public Administration ❑ Retail Trade
   ❑ Service Industry ❑ Web Based ❑ Wholesale Distributing
4. Is the **Named Insured** or any **Subsidiary** publicly held or a public reporting company under the Securities Exchange Act of 1934? ❑ Yes ❑ No
5. Provide the following financial information with respect to the **Insured Entity**:
   Assets (000): $ _____ Annual Revenues (000): $ _____ Total Number of **Employees**: _____
   Equity (000): $ _____ Operating Income / Loss (000): $ _____ Period Ending: / /
6. What percentage of the **Insured Entity's** annual revenue is generated or expected to be generated directly from the Internet over the next 18 months? _____ %
7. (a) Is the **Insured Entity** currently in bankruptcy? ❑ Yes ❑ No
   (b) Within the next 12 months, is the **Insured Entity** contemplating filing a petition for protection under the bankruptcy code? ❑ Yes ❑ No
8. (a) Within the last 12 months, has the **Insured Entity** had any **Subsidiary**, plant, facility, branch or office closings, consolidations or layoffs? ❑ Yes ❑ No
   (b) Within the next 24 months, does the **Insured Entity** anticipate any **Subsidiary**, plant, facility, branch or office closings, consolidations or layoffs? ❑ Yes ❑ No
   If "Yes", provide the following details by attachment: Date of event; number of **Employees** affected; whether outside employment counsel was consulted; and, whether severance packages were offered to all **Employees** affected.
9. Within the last 3 years, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer or Chief Financial Officer? ❑ Yes ❑ No
   If "Yes", provide the following details by attachment: Name of individual; date of change; and reason for change.
10. Provide the following information on all **Subsidiaries** of the **Insured Entity**. If "None", so state. ❑ None

Subsidiary Name	Nature of Business	Percent* Owned by the Insured Entity	Date Created or Acquired	Domestic / Foreign

*If **Subsidiary** is less than 100 percent owned, provide details to all minority owners, when applicable, by attachment.

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES IN QUESTION 10. UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED.

Documents Required (The following information must be submitted with the completed Proposal Form).

Directors, Officers and Corporate Liability Insurance Coverage Section only:

- Provide details to all "Yes" answers, when applicable, by attachment
- Most recent interim and annual financial statements (audited, if available)

Employment Practices Liability Insurance Coverage Section only:

- Provide details to all "Yes" answers, when applicable, by attachment

Fiduciary Liability Insurance Coverage Section only:

- Provide details to all "Yes" answers, when applicable, by attachment
- A copy of the most recent public accountant's audit report or IRS Form 5500 for each **Employee Benefit Plan**

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Directors, Officers and Corporate Liability Insurance Coverage Section Information

1. Provide the following information regarding the **Insured Entity's** outstanding ownership:

	Common Stock / Membership Units	Preferred Stock
(a) Total number of shares or units outstanding:		
(b) Total number of security holders:		
(c) Number of shares or units owned directly and/or beneficially by the **Insured Persons**:		

(d) Does any security holder own, or have the right to own, directly and/or beneficially, 10 percent or more of the **Insured Entity's** outstanding shares or units? ❑ Yes ❑ No

If "Yes", provide the following information:

Name of Security Holder (including individual and corporate names)	Percent Owned by Security Holder	Represented on the **Insured Entity's** Board of Directors or Board of Managers?
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No

2. Within the last 18 months, has the **Insured Entity** been involved in, or is it presently considering, any sale of its stock (in excess of 10 percent of the total stock outstanding), repurchase of its stock, merger, consolidation, acquisition, tender offer, private placement, or divestment? If "Yes", complete (a), (b) and (c) below: ❑ Yes ❑ No

(a) Is this with respect to a Registration Statement for a public offering of securities within the next 12 months? ❑ Yes ❑ No

If "Yes", attach the prospectus including all amendments thereto, or describe below if prospectus is unavailable.

(b) Is this with respect to funds being generated by venture capital or private placement funding? ❑ Yes ❑ No

If "Yes", describe:

(c) If "No", for (a) and (b) above, provide the following details below: Description of referenced transaction; date or anticipated date of transaction; and any other appropriate details.

3. Is the **Insured Entity** engaged in any of the following activities? If "None", so state.

❑ Captive Insurance Company operations ❑ Insurance Company operations ❑ None
❑ Franchising ❑ Activities that fall under The Investment Company Act of 1940
❑ General Partnership operations ❑ Joint Venture(s)

4. During the last 5 years, has the **Insured Entity** or any of the **Insured Persons** received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration proceeding, including both domestic or foreign equivalents, involving:

(a) any intellectual property disputes, including Copyright, Patent, or Trademark Laws? ❑ Yes ❑ No
(b) any alleged violation of any Federal or State Security Law or Regulation? ❑ Yes ❑ No
(c) any alleged violation of any Federal or State Anti-Trust or Fair Trade Law? ❑ Yes ❑ No
(d) any other allegations of violations of federal, state or local statute, regulation, ordinance or common law that would otherwise be within the scope of this proposed insurance? ❑ Yes ❑ No

IF "YES" TO ANY PART OF QUESTION 4., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date **Claim** first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 4.

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Employment Practices Liability Insurance Coverage Section Information

1. Number of **Employees**:

	Full Time	Part Time	Leased	Seasonal and/or Temporary	Volunteers and/or Interns	Independent Contractors	Annual Turnover Rate
Current Year:							
Last Year:							

2. What percentage of the **Insured Entity's Employees** work with the general public, work at customer locations or perform a majority of their functions off-site? _____ %
3. What percentage of the **Insured Entity's Employees** currently earns more than $100,000? _____ %
4. Provide the top three locations by employee count of all plants, facilities, branches or offices of the **Insured Entity**. If "None", so state. ❑ None

Location	Nature of Business	Number of **Employees**	Domestic / Foreign
1.			
2.			
3.			

5. Does the **Insured Entity** currently employ a full time Human Resources professional? ❑ Yes ❑ No
6. Does the **Insured Entity** (details to "Yes" or "No" answers are not required by attachment):
   (a) Utilize employment applications for all prospective **Employees**? ❑ Yes ❑ No
   (b) Require the Human Resource Department to review and approve each proposed **Employee** termination? ❑ Yes ❑ No
   (c) Have outside employment counsel review each proposed **Employee** termination? ❑ Yes ❑ No
   (d) Maintain a written policy prohibiting Sexual Harassment and distribute that policy to all **Employees**? ❑ Yes ❑ No
   (e) Conduct mandatory periodic **Employee** education regarding prohibited forms of harassment? ❑ Yes ❑ No
   (f) Periodically have its employment policies and procedures reviewed by outside employment counsel? ❑ Yes ❑ No
   (g) Periodically have its employment policies and procedures distributed to all **Employees**? ❑ Yes ❑ No
   (h) Have a written procedure for notification and handling of employment related grievances, disputes, notifications, or claims? ❑ Yes ❑ No
7. Indicate which formal written policies and procedures have been implemented and attach a copy of each. If "None", so state. ❑ None
   - ❑ Employee Handbook / Manual
   - ❑ Anti-Discrimination Policy – Equal Employment Opportunity (EEO) Policy
   - ❑ Anti-Harassment Policy, including Sexual Harassment
   - ❑ Adherence to Employment "at-will" relationship with all **Employees**

   Employers with more than 50 Employees
   - ❑ Family Medical Leave Act

   California Employers Only
   - ❑ California Family Rights Act
8. During the last 5 years, has any **Insured** known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or in any of the following forums, including both domestic or foreign equivalents?
   (a) National Labor Relations Board? ❑ Yes ❑ No
   (b) Equal Employment Opportunity Commission? ❑ Yes ❑ No
   (c) Office of Federal Contract Compliance Programs? ❑ Yes ❑ No
   (d) U.S. Department of Labor? ❑ Yes ❑ No
   (e) Any state or local government agency such as the Labor Department or fair employment agency? ❑ Yes ❑ No
   (f) U.S. District or state court? ❑ Yes ❑ No
9. During the last 5 years, has any current or former **Employee** or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Acts** against any **Insured**? ❑ Yes ❑ No
   A **Claim** is not limited to the filing of a lawsuit or complaint with the Equal Employment Opportunity Commission or similar state or local agency. A **Claim** may also include a written demand by any current or former **Employee** seeking relief in connection with an employment-related dispute or grievance.

IF "YES" TO ANY PART OF QUESTIONS 8. OR 9., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date **Claim** first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 8. OR 9.

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Fiduciary Liability Insurance Coverage Section Information

1. Provide the following information regarding each employee welfare benefit plan, employee pension benefit plan or pension plan, as defined by ERISA, (hereinafter referred to as **Employee Benefit Plan(s)**) which the **Insured Entity** maintains or to which it contributes.

Name of Plan	Type of Plan*	Name of Plan Sponsor	Number of Plan Participants	Fair Market Value of Plan Assets

*Type of Plan: (DB)=Defined Benefit; (DC)=Defined Contribution; (ESOP)=Employee Stock Ownership Plan; (WB)=Health & Welfare Benefit; (MEP)=Multi Employer Plan or Multiple Employer Plan; (O)=Other

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR EMPLOYEE BENEFIT PLAN(S) IN QUESTION 1. FOR WHICH THE ABOVE INFORMATION IS INCOMPLETE OR NOT PROVIDED.

2. Has any employee pension benefit plan or pension plan invested in securities of the **Insured Entity**? If "Yes", provide the following details by attachment: number of shares; cost of shares to the plan; fair market value of shares. ❑ Yes ❑ No
3. Has any employee pension benefit plan or pension plan invested in more than 10 percent of any entity (other than the **Insured Entity** or a pooled investment vehicle such as a mutual fund)? If "Yes", provide name of entity and amount of investment. ❑ Yes ❑ No
4. Has any **Employee Benefit Plan** loaned or pledged any **Employee Benefit Plan** assets to any party-in-interest (including the **Insured Entity**)? If "Yes", provide details by attachment. ❑ Yes ❑ No
5. Are any defined benefit plans under funded by more than 20 percent? If "Yes", provide details by attachment. ❑ Yes ❑ No
6. Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? If "Yes", provide plan name and amount of overdue contributions by attachment. ❑ Yes ❑ No
7. Within the last 3 years, has there been, or is there currently under consideration, any restructuring, spin-off, transfer, consolidation, merger, termination or other similar transaction of any **Employee Benefit Plan**? If "Yes", provide the following details of the transaction by attachment: whether assets have been fully distributed; date or expected date of any transfer of employees or **Employee Benefit Plans**; copies of any materials relating to the transaction that were distributed to employees or filed with government agencies. ❑ Yes ❑ No
8. If any of the following questions are answered "No", provide details by attachment.
   (a) Are all **Employee Benefit Plans** compliant with the Health Insurance Portability and Accountability Act ("HIPAA")? ❑ Yes ❑ No
   (b) Does the plan sponsor comply with the summary plan description requirements under ERISA for all **Employee Benefit Plans**? ❑ Yes ❑ No
   (c) Do all employee pension benefit plans or pension plans have a written investment policy? ❑ Yes ❑ No
   (d) Are all employee pension benefit plan or pension plan assets managed by a third party investment manager? ❑ Yes ❑ No
   (e) Do the fiduciaries review the investment guidelines used by the investment managers at least annually? ❑ Yes ❑ No
   (f) Is the "fair market value" of all employee pension benefit plan or pension plan assets calculated at least annually? ❑ Yes ❑ No
9. During the last 5 years, has there been, or is there currently, any investigation by the IRS, Department of Labor ("DOL"), Pension Benefit Guarantee Corporation ("PBGC"), or any other state or federal agency of any **Employee Benefit Plan** or any current or former fiduciary of such **Employee Benefit Plan**? If "Yes", provide details by attachment. ❑ Yes ❑ No
10. During the last 5 years, has any **Insured** been named as a party in any civil or criminal action, administrative, arbitration, regulatory or investigative proceeding, or received any other written demands for money or services that would be within the scope of this proposed insurance? ❑ Yes ❑ No

IF "YES" TO QUESTION 10., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date **Claim** first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 10.

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Prior Knowledge Information

1. Is any **Insured** aware of any fact, circumstance or situation involving any **Insureds** that might reasonably be expected to result in a **Claim** as defined in each **Coverage Section** applied for? ❑ Yes ❑ No

IF "YES" TO QUESTION 1., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date **Claim** first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 1.

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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS: 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.

NOTICE TO APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO APPLICANTS OF 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.

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Please Read Carefully

The undersigned, acting on behalf of all **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the **Policy** inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any **Policy**, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insureds** shall be imputed to any other **Insureds**. If any person or persons knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, then this **Policy** will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Chief Financial Officer of the **Insured Entity** knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, then this **Policy** will be void as to that person or persons and the **Insured Entity**;
- this Proposal Form has been completed as respects the entire **Insured Entity**;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Dated	President, Chief Executive Officer, Chief Financial Officer, or equivalent position (Signature)
Title	President, Chief Executive Officer, Chief Financial Officer, or equivalent position (Print Name)
Dated	Human Resources Manager, or equivalent position (Signature)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039