



United Insurance Company Limited

Insurance Designed For Printers

www.uic-bermuda.bm

UIC-EXEC-PROTECTSM Management Liability Insurance

Application for Prospective Insureds

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH UNITED INSURANCE COMPANY LIMITED (THE "COMPANY"). NOTICE: THE LIABILITY COVERAGE SECTIONS OF UIC-EXEC-PROTECTSM PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. EXCEPT TO THE EXTENT OTHERWISE PROVIDED, THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

WHENEVER USED IN THIS APPLICATION, THE TERM "DESIGNATED INSURED" SHALL MEAN THE PARENT CORPORATION UNLESS OTHERWISE STATED.

1 NAME ADDRESS & CONTACT INFORMATION:

1. Name of **Designated Insured**: _____

2. Address of **Designated Insured**: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Contact Name: _____ Title: _____ Email Address: _____

2 GENERAL INFORMATION:

Coverage Requested	Limits of Coverage Desired	Deductible Option Desired
Employment Practices Liability (required) Include 3rd Party Non-Employment Coverage (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 Million	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
Individual Directors and Officers Liability including Designated Insured Reimbursement (optional)	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 Million	Individual Directors & Officers Liability No Deductible. Individual Directors & Officers Liability including Designated Insured Reimbursement <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
Designated Insured Directors and Officers Liability (optional)	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 Million	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000
Fiduciary Liability (optional)	Same as Employment Practices Liability Coverage	Same as Employment Practices Liability Coverage

Note that the policy will have an annual aggregate limit equal to the highest limit of the coverages purchased.

1. Type of business entity: Sole Proprietorship Corporation Partnership Joint Venture
 Other (please specify): _____

Is all or part of the Designated Insured owned by an Employee Stock Ownership Plan? Yes No

If 'Yes' Who values the shares? _____

2. State of Incorporation: _____ Date Established: _____

3. How long has the **Designated Insured** been under current management: _____

2 GENERAL INFORMATION (continued)

4. Nature of business by % of total sales (must equal 100%): Sheetfed Printing ____ %, Heatset Web Printing ____ %, Non-heatset Web Printing ____ %, Digital Printing ____ %, Binding/Finishing ____ %, Other (please describe) _____
5. Do you operate a retail "walk-in" quick print type operation? Yes No
If 'Yes' what % of overall sales are derived from retail operation ____ %
6. Coverage provided under a Certificate of Insurance issued pursuant to the United Insurance Company Limited Group Policy will apply only to the **Designated Insured** at the address listed in Section I. If the **Designated Insured** has any subsidiaries for which coverage is requested, please attach a list of these entities and indicate the nature of each's business.
7. In the next 12 months (or during the past 3 years) is the **Designated Insured** contemplating (or has the **Designated Insured** completed or been in the process of completing):
- a. Any reorganization or arrangement with creditors under federal or state law? Yes No
- b. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs affecting 20% or more of the employees within a 90 day period? Yes No
- c. If 'Yes' to either 6a or 6b, please attach a full explanation.
8. Has the **Designated Insured** given notice of any claim, circumstance or potential claim to any insurer under any of the coverages to which this application relates? Yes No
If 'Yes', please attach a full explanation of each claim, circumstance, or potential claim.
9. With respect to acquired companies, were any employees or officers terminated or does the **Designated Insured** plan in the next eighteen (18) months to terminate any employees or officers? Yes No
10. Effective date of coverage requested? ____ / ____ / ____
(MM / DD / YYYY)
11. Has any of the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage? If 'Yes', please complete the following: Yes No
Type of Coverage: Employment Practices Liability Directors & Officers Liability Fiduciary Liability
Year _____ Renewal Date _____ Insurer _____
Limit _____ Deductible _____ Annual Premium _____
- a. Has any insurer ever canceled or non-renewed this type of coverage? Yes No
b. If 'Yes', please attach a full explanation.

3 EMPLOYMENT PRACTICES LIABILITY INFORMATION (This coverage is required)

A. Employee Information

1. Number of employees in the salary (including bonus and commission) ranges below:
- a. Full time \$50,000 or less: Current year _____ Previous _____
- b. Full time \$50,001 or more: Current year _____ Previous _____
- c. Part Time, Leased, or Temporary/Seasonal \$50,000 or less : Current year _____ Previous _____
- d. Part Time, Leased, or Temporary/Seasonal \$50,001 or more : Current year _____ Previous _____
- e. Number of employees located in California (included in above): Current year _____ Previous _____
2. Does the **Designated Insured** use leased employees? Yes No
If 'Yes', please advise the number of leased employees. _____
Are these employees included in a. through d. above? Yes No

B. Human Resources Information

1. Does the Applicant have written employment agreements with officers? Yes No
2. Does the Applicant have written employment agreements with members of the sales force? Yes No

3. Does the Designated Insured have a Human Resources Department? *(If No, who handles this function?)* Yes No
4. Does the Designated Insured publish an employment handbook? Yes No
- a. If 'Yes', date of last update: ____ / ____ / ____
(MM / DD / YYYY)
- b. If 'No', is Designated Insured willing to do so? Yes No
- c. If 'Yes', does the Designated Insured distribute to all employees? Yes No
- d. If 'Yes', are employees required to sign for receipt/acceptance? Yes No
- e. If 'Yes', is handbook reviewed by employment counsel annually? Yes No
5. Does the Handbook have a policy on:
- a. Handling complaints of discrimination and/or sexual harassment? Yes No
- b. Equal Employment Opportunity? Yes No
- c. Employment at-will status? Yes No
- d. Accommodating the disabled as required by the ADA? Yes No
- e. Internet or computer usage on the job? Yes No
- f. A general grievance or complaint procedure? Yes No
6. Does the Designated Insured use any tests, including drug tests, to screen employees for employment or to promote or monitor employees? Yes No
7. Does the Designated Insured require all terminations be reviewed by:
- a. The Owner? Yes No
- b. The Supervisor? Yes No
- c. The Human Resources Department? Yes No
- d. Outside counsel? Yes No
8. Does the Designated Insured regularly consult with employment counsel? Yes No
9. During the past 3 years, has any Applicant or any other person proposed for coverage, been involved in any capacity in any of the following matters?
- a. EEOC, NLRB, or similar administrative proceeding? Yes No
- b. Employment-related civil suit? Yes No
- If 'Yes' to any of the above in question 9, please attach a full discussion of the details.

4 DIRECTORS AND OFFICERS LIABILITY INFORMATION (Complete only if this coverage is being requested)

1. In the next 12 months (or during the past 18 months) is the **Designated Insured** contemplating (or has the **Designated Insured** completed or been in the process of completing) any public or private offering of securities? Yes No
(If 'Yes', please attach a full description of details.)
2. Has the **Designated Insured** or any person proposed for coverage been the subject of, or been involved in, any of the following during the past 5 years:
- a. Anti-trust, copyright or patent litigation?
- i. Entity? Yes No
- ii. Persons? Yes No
- b. Civil, criminal or administrative proceeding alleging violation of any federal or state securities laws?
- i. Entity? Yes No
- ii. Persons? Yes No
- c. Any other criminal actions?
- i. Entity? Yes No
- ii. Persons? Yes No
- If 'Yes' to any of the above in question 2, please attach a full description of the details.
3. Other than those identified in your response to question 2 above, has any claim been brought at any time during the last 5 years against i) any **Designated Insured** or (ii) any proposed **Designated Insured** individual in his or her capacity as a director or officer of any entity? *(If 'Yes,' please attach a full description of details.)* Yes No

4. Please complete the following information:

Names and Titles of Directors and Officers	Voting Shares Owned
	%
	%
	%
	%
	%
	%
	%
Shareholders (include individual and corp. names) who are both non-directors and non-officers owning 5% or more of voting shares.	
	%
	%
	%
	%
	%
	%

5. Please attach a copy of the last three years' audited annual financial statements.
- a. If not audited, is a compilation performed by a recognized accounting firm? Yes No
- b. Has there been a change in accounting firms in the last 3 years? *(If 'yes', please attach explanation.)* Yes No
6. Please attach a business biography for each Director and Officer.
7. Please attach a copy of the Designated Insured's Bylaws.
8. Please provide a list of subsidiaries and joint ventures where applicant is a 50% or more participant and /or has management control of the joint venture.
9. Have there been any events during the last 5 years that would have been likely to be considered claims under this policy? Yes No
(If 'yes', please attach explanation.)

5 FIDUCIARY LIABILITY COVERAGE INFORMATION (Complete only if this coverage is being requested)

1. Please list the names and types of employee benefit plan(s) offered by the Designated Insured other than health and welfare plans:

Plan Names	Plan Assets <i>(most recent valuation by an actuary)</i>	Type of Plan	Under Funded by more than 25% <i>(Defined Benefit Plans only)</i>	Number of Plan Participants

2. Does the Designated Insured use the services of an investment advisor? *(If 'Yes', please name advisor below.)* Yes No
 Advisor Name: _____
3. Are all employee benefits in compliance with plan agreements and ERISA? *(If 'No,' please attach explanation.)* Yes No
4. Past activities:
- a. Has any fiduciary been:
- i. Accused, found guilty, or held liable for a breach of trust? Yes No
- ii. Convicted of criminal conduct? Yes No
- b. Has there been any assessment of fees, fines, or penalties under any voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL, or other government authority against any plan? Yes No
- c. Has any claim been brought at any time during the last 5 years against the Designated Insured or any fiduciary under the above plans? Yes No
5. During the past 12 months has any plan been amended to reduce benefits, been merged with another plan, terminated or been sold? Yes No

If 'Yes' to any of the above in Questions 4 & 5, please attach a full description of the details.

6 CURRENT INSURANCE INFORMATION

Please complete the following chart, indicating those coverages currently purchased and attach a copy of the most recent application(s) submitted to the current insurer or any prior insurers.

Coverage Sections	The Designated Insured currently purchases this coverage (yes or no)	Current Limit of Liability	Current Insurer
Employment Practices Liability			
Individual Directors & Officers Liability			
Entity Directors and Officers Liability			
Fiduciary Liability			

7 PRIOR KNOWLEDGE

It is understood and agreed that United Insurance Company shall not be liable for loss and shall exclude from coverage under the proposed insurance any claim or claims made against the Designated Insured or any Insured or Insureds for whom this proposed coverage applies alleging, arising out of, based upon, in consequence of, or attributable to facts and circumstance of which any Insured had knowledge as of the Inception Date on the Certificate of Insurance and which a reasonable person might expect would afford valid grounds for a claim which would fall within the scope of the coverage hereunder or which would indicate the likelihood of any such claim. If any Insured has knowledge of facts and circumstances which a reasonable person might expect would afford valid grounds for a claim which would fall within the scope of the coverage hereunder or which would indicate the likelihood of any such claim, please attach complete details.

8 WARRANTY

By completion of this Application the Designated Insured and any Insured or Insureds warrant and any successors warrant, after full investigation and inquiry, that the information provided in the Application are true and includes all material facts and that such statements and representations are accurate and complete and shall be deemed material to and part of the Group Policy and the Certificate of Insurance and that a Certificate of Insurance is issued in reliance upon the truth of such statements and representations, and that the statements and representations made shall be binding on all Insureds. A material fact is one likely to influence assessment of risk, the premium charged and the terms and conditions imposed by United Insurance Company Limited's underwriters. If you are in any doubt as to whether a fact would be considered material, you should declare it (for example, all the information requested in this Application is considered material).

The undersigned Applicant, on behalf of itself as the Designated Insured and any individuals identified as an Insured or Insureds in the Group Policy, further warrants that if the information supplied on this Application changes between the date of this Application and the Inception Date on the Certificate of Insurance under United Insurance Company Limited's Group Policy, it will immediately notify the Company in writing of such changes and the Company may withdraw or modify any outstanding premium indication and/or authorization or agreement to issue a Certificate of Insurance. The signing of this Application does not bind United Insurance Company Limited to approve coverage nor the Applicant to accept such insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made a part of the Certificate of Insurance issued under the Group Policy should this Application be accepted and a Certificate of Insurance be issued.

THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER

Name: _____ Title: _____

Signature: _____ Date: ____/____/____
(MM / DD / YYYY)

*** PLEASE ENSURE THAT ALL ADDITIONAL INFORMATION IS ATTACHED WHERE APPLICABLE ***

WHERE TO SEND THIS APPLICATION:

When you have completed your application, please return it and all attachments to the application, via pre-paid air express

(FedEx No. 1701-3408-7) to:

UNITED INSURANCE COMPANY LIMITED

Butterfield Bank Building, 6th Floor

65 Front Street

Hamilton, HM 12, Bermuda

For questions, please call United at 800-825-1527

IF YOU HAVE ANY QUESTIONS...

United Insurance Company Limited

Butterfield Bank Building, 6th Floor
65 Front Street

Hamilton, HM 12, Bermuda

P.O. Box HM 2087

Hamilton HM HX, Bermuda

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