Chubb Group of Insurance Companies
15 Mountain View Road
Warren, New Jersey 07059

ForeFront Portfolio[SM]

New Business Application

(for private companies with up to 250 employees)

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIABILITY COVERAGE SECTIONS OF FOREFRONT PORTFOLIO[SM] 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.

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term "**Applicant**" shall mean the Parent Corporation and all subsidiaries, unless otherwise stated.

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Name of **Applicant**: _____

2. Address of **Applicant**: _____
   City: _____ State: _____ Zip Code: _____ Telephone: _____

3. Name and Address (if different than above) of Primary Contact (Executive Officer authorized to receive notices and information regarding the proposed policy):
   Name: _____ Title: _____
   Address _____City: _____ State: _____ Zip Code: _____

4. For Employment Practices Loss Prevention eligibility, indicate the individual responsible for human resources or employment law matters:
   Name: _____ Title: _____
   E-Mail Address: _____ Telephone: _____

II. SPECIFIC INFORMATION:

5. Please indicate below which coverages are being requested.

Application	Coverage Included	Limit of Liability Requested
☐ **ForeFront Portfolio Application**	☐ Directors and Officers Liability ☐ Employment Practices Liability ☐ Fiduciary Liability ☐ Crime ☐ Kidnap/Ransom and Extortion	$_____ $_____ $_____ $_____ $_____
☐ **Supplemental Applications** (required if these coverages are selected)	☐ Workplace Violence Expense ☐ Miscellaneous Professional Liability ☐ Internet Liability	$_____ $_____ $_____

6. State of incorporation: _____ Date established: _____

7. Nature of the **Applicant's** business:
   _____

8. Does the **Applicant** have any subsidiaries for which coverage is requested? ☐ Yes ☐ No
   If "Yes", please attach a list of these entities and indicate nature of business for each.

9. Please complete the following information for the current year:
Total employees: _____ Annual revenues: _____

10. In the next 12 months (or during the past 18 months) is the **Applicant** contemplating (or has the **Applicant** 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? ☐Yes ☐No
   If "Yes" to any part of Question 10, please attach an explanation.

11. Has the **Applicant** 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.

DIRECTORS AND OFFICERS LIABILITY INFORMATION

12. Total assets (for the current year) : _____

13. In the next 12 months (or during the past 18 months) is the **Applicant** contemplating (or has the **Applicant** 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 the details.

14. Has the **Applicant** or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years:

	Organization	**Persons**
(a) Anti-trust, copyright or patent litigation?	☐Yes ☐No	☐Yes ☐No
(b) Civil, criminal or administrative proceeding alleging violation of any federal or state securities laws?	☐Yes ☐No	☐Yes ☐No
(c) Any other criminal actions?	☐Yes ☐No	☐Yes ☐No

If "Yes" to any of the above in Question 14, please attach a full description of the details.

15. Other than those identified in your response to Question 14, has any claim been brought at any time during the last 5 years against (i) any **Applicant** or (ii) any proposed insured individual in his or her capacity as a director or officer of any entity? ☐Yes ☐No
   If "Yes", please attach a full description of the details.

16. Please complete the following information:

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

EMPLOYMENT PRACTICES INFORMATION

17. Employee count

	Current Year	**Previous Year**
(a) Full time employees:	_____	_____
(b) Part time employees (include leased and seasonal):	_____	_____
(c) Number of employees located in California	_____	_____

18. Does the **Applicant** have written procedures in place regarding:
    (a) Equal Opportunity Employment: ☐ Yes ☐ No
    (b) Anti-discrimination: ☐ Yes ☐ No
    (c) Anti-sexual harassment: ☐ Yes ☐ No
    If any of the above answers are no, please attach a full explanation.

19. During the past 3 years, has any **Applicant** or any person proposed for coverage, been involved in any capacity in any of the following matters?
    (a) EEOC, NLRB or other similar administrative proceeding? ☐ Yes ☐ No
    (b) Employment-related civil suit? ☐ Yes ☐ No
    If "Yes" to either of the above in Question 19, please attach a full description of the details.

FIDUCIARY LIABILITY COVERAGE INFORMATION

20. Please list the names and types of **Applicant's** employee benefits plan(s)

Plan names (Do not include health & welfare plans)	Plan assets (current year)	Type of plan*	Under funded by more than 25%? (DB only)	Number of plan participants
			☐	
			☐	
			☐	

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

21. Does the **Applicant** handle any investment decisions in-house? ☐ Yes ☐ No
    If "Yes," please describe:_____

22. Are any plans NOT in compliance with plan agreements or ERISA? ☐ Yes ☐ No
    If "Yes," please explain: _____

23. 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
    If "Yes" to any of the above in Question 23, please attach a full description of the details.

CRIME COVERAGE INFORMATION

24. Does the **Applicant** allow the employees who reconcile the monthly bank statements to also sign checks or handle deposits? ☐ Yes ☐ No
    If "Yes," please explain: _____

25. Please describe the services the **Applicant** provides for clients (including, but not limited to, accounting, payroll or purchasing functions):
    _____
    _____

26. List all employee theft, forgery, computer fraud or other crime losses discovered by the **Applicant** in the last 5 years, itemizing each loss separately. Include date of loss, description and total amount of loss. (Attach additional pages if necessary.)

_____

_____

KIDNAP RANSOM & EXTORTION COVERAGE INFORMATION

27. Please complete the following information regarding the foreign travel of the **Applicant's** employees:

Countries Visited	Number of annual trips	Average stay	Number of employees

CURRENT INSURANCE INFORMATION

28. If the **Applicant** is applying for any Liability Coverage Sections please complete the chart that follows:

☐ Indicate those coverages currently purchased; and
☐ Attach a copy of all applications submitted to the current insurer or any prior insurers.

IMPORTANT: The Company will rely upon the declarations and statements contained in any prior application(s) and the **Applicant** understands and agrees that those declarations and statements will be incorporated into any ForeFront Portfolio policy issued by the Company.

Liability Coverage Sections	**The Applicant currently purchases this coverage**		**Current limit of liability**	**Current insurer**
	Yes	**No**		
Directors & Officers Liability	☐	☐	$	
Corporate (Entity) Liability	☐	☐	$	
Employment Practices Liability	☐	☐	$	
Fiduciary Liability	☐	☐	$	

III. REPRESENTATION: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS

29. The **Applicant** must complete the following prior knowledge statement, if:
   - the **Applicant** does not currently purchase any of the Liability Coverages to which this Application relates; or
   - the **Applicant** is requesting larger limits than currently purchased, as indicated in Question 5 of the **Specific Information** section of this Application form.

   This statement applies to those coverage types for which no coverage is currently maintained; and for any larger limits of liability requested.

No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of any of the proposed coverages for which the **Applicant** does not currently maintain insurance, or within any of the larger limits of liability sought by the **Applicant**, except: None ☐ or

_____

_____

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to this Question 29, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

IV. MATERIAL CHANGE:

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

V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this 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 Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this 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 Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: 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, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 District of Columbia, Maine, Tennessee and Virginia 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to 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 shall also be subject to criminal and civil penalties.

This Application must be signed by the Chief Executive Officer of the Parent Corporation acting as the authorized representative of all person(s) and entity(ies) proposed for this insurance.

Date	**Signature**	**Title**
_____	_____	Chief Executive Officer

PLEASE ATTACH A COPY OF THE FOLLOWING FOR EVERY APPLICANT SEEKING COVERAGE:

☐ When requesting D&O, EPL or Fiduciary Liability, the most recent annual financial statements, audited if outside audits are performed.

Produced By: Agent:_____ Agency: _____

Agency Taxpayer ID or SS No.:_____Agent License No.:_____

Address (Street, City, State, Zip):_____