Berkley FinSecure | a Berkley Company

APPLICATION

Excess Insurance Policy

THE EXCESS INSURANCE POLICY MAY BE WRITTEN AS A CLAIMS-MADE AND REPORTED POLICY. COVERAGE IS LIMITED TO LOSS, INCLUDING DEFENSE EXPENSES, RESULTING FROM CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THERE IS NO COVERAGE UNDER THE EXCESS INSURANCE POLICY FOR CLAIMS MADE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY. PLEASE READ THE POLICY CAREFULLY.

For the purposes of this Application, the term applicant means the Parent Company and all subsidiaries being proposed for coverage. If additional space is required for answers, please attach separate sheets to this document.

Parent Company:			
Street:		City & State:	Zip Code:

1. Have there been during the past 5 years or are there now pending, any oral or written demands for monetary damages or non-monetary relief, civil or criminal proceedings, formal civil administrative or regulatory proceedings, or arbitration proceedings against the applicant, any subsidiary, or any director, officer, employee or other persons proposed for this insurance? Yes ☐ No ☐
   If yes, please provide details, including the damages sought and current status.

   It is agreed that any claim arising therefrom, is excluded from coverage.
2. Has any past or present director, officer or employee been charged with or convicted of any criminal act or been the subject of a criminal investigation or regulatory disciplinary action within the past 5 years?
   Yes ☐ No ☐
   If yes, please provide details.
3. Has the applicant sustained any loss in excess of the deductible under its Financial Institution Bond within the past 5 years? Yes ☐ No ☐
   If yes, please provide details, including the total amount of loss, the amount recovered from insurance and the corrective actions taken.
4. Does the applicant, any subsidiary or any director, officer, employee or other persons proposed for this insurance have knowledge of or know information about any act, error, omission which might give rise to a claim under this insurance? Yes ☐ No ☐
   If yes, please attach details.

   It is agreed that if such knowledge or information exists, any resulting claims are excluded from this coverage.

NOTICE: IN SOME STATES, ANY PERSON WHO KNOWINGLY AND INTENTIONALLY FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR INTENTIONALLY CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND IS PUNISHABLE BY LAW.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

Applicant:

By: _____

_____ Signature and Title (Must be signed by either the Chairman or the President)

_____ Date