

CORIX

Leading insurance into what's next

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Application for Coverage

Management Liability Policy

Except to such extent as may otherwise be provided herein, this **Application** is for a policy that provides **Liability Coverage** on a claims-made basis for **Claims** first made against **You** during the **Policy Period** or any applicable Extended Reporting Period. Unless otherwise endorsed, the limit of insurance available to pay judgments or settlements shall be reduced by amounts incurred as **Defense Costs**.

Coverage Request

Requested effective date (MM/DD/YY):

Please indicate the coverages being requested:

- ☐ Directors & Officers Liability Coverage
☐ Employment Practices Liability Coverage
☐ Fiduciary Liability Coverage

Applicant is applying:

- ☐ For a new policy
☐ For a renewal policy
☐ To add coverage to an existing policy

Company Information

What is the **Company's** legal business name?

What is the **Company's** primary business address?

Street:

Suite/Apt Number:

City:

County:

Zip Code:

Name of Applicant:

Title of Applicant:

Email of Applicant:

Name of Insured Contact:

Email of Insured Contact:

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Title of Insured Contact:

What year was the **Company** incorporated?**Company** Revenue (Past 12 Months):**Company** Revenue (Next 12 Months):

Description of Business:

*Use [the Appendix](#) if you need more space.*Has the **Company** launched a product already, or is the **Company** planning to do so in the next 12 months? No Yes

If yes, please provide details:

*Use [the Appendix](#) if you need more space.*Is artificial intelligence a primary part of the **Company's** product or service offering, or will it be in the next 12 months? No Yes

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Directors & Officers Liability Coverage

[Skip this section](#) if you are not applying for Directors & Officers Liability Coverage.

Coverage Limit Requested:	\$
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What best describes the **Company** proposed for this insurance?

☐ Privately Owned ☐ Non-Profit ☐ Publicly Traded ☐ Unknown

Total Capital Raised (Equity):

Include expected funds within the next 90 days.

\$

☐ Check this box if no equity capital has been raised

Total Capital Raised (Debt):

Include expected funds within the next 90 days.

\$

☐ Check this box if no debt capital has been raised

Total Assets:

\$

Specify Period End (MM/DD/YY):

Total Cash:

\$

Specify Period End (MM/DD/YY):

Total Liabilities:

\$

Specify Period End (MM/DD/YY):

Is the **Company** publicly-held or a public reporting company under the Securities Exchange Act of 1934, as amended?

☐ No ☐ Yes

Has the **Company** completed any Regulation A exempt offering in the past 3 years?

No Yes

If yes, please provide details:

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Use [the Appendix](#) if you need more space.

Does any shareholder own more than 10% of total equity?

☐ No Yes

If yes, complete the following:

Name of shareholder:

% Owned:

Name of shareholder:

% Owned:

Name of shareholder:

% Owned:

Name of shareholder:

% Owned:

Use [the Appendix](#) if you need more space.

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Has the **Company** raised equity or debt capital in the last 18 months?No ([go to next question](#))

Yes (complete items below)

Date of close (MM/DD/YY): What is the name of the individual investor or fund that was the largest investor? Total amount of equity capital: \$ Total amount of debt capital: \$

Have any series of preferred shares included any of the following terms or structures: (1) Liquidation preference greater than 1x; (2) Participating preferred; or (3) Reduction in stock price from the prior round?

No

Yes

If yes, please provide details:

Use [the Appendix](#) if you need more space.

Does the **Company** own or control more than 50% of the outstanding securities or voting equity shares of any **Subsidiary**?

No

Yes

If yes, please attach an organizational chart.

Does the **Company** contemplate transacting any merger, acquisition, asset sale or divestment in the next 12 months where such merger, acquisition, asset sale or divestment would involve more than 50% of the total assets or securities of the Applicant?

No

Yes

In the last three years, has the **Company** experienced a shareholder, investor, competitor or regulator making a written demand for monetary damages or filing a civil proceeding against the **Company** or one of its officers or directors?

☐ No ([go to next question](#))☐ Yes (complete items below)Date of demand or civil proceeding (MM/DD/YY):

Description of written demand or civil proceeding (include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

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In the last three years, has the **Company** filed a Directors & Officers Liability **Claim** with its insurance company?

- ☐ No ([go to next question](#))
☐ Yes (complete items below)

How many claims have been filed in the last 3 years?

Date of demand (MM/DD/YY):

Description of claim(s) (please include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

In the last three years, has an insurer of the **Company** (other than an employee benefits provider) cancelled or refused to renew an insurance policy due to claims, losses or fraud?

- ☐ No ([go to next question](#))
☐ Yes (complete item below)

If "yes" due to claims or losses, please provide details:

Use [the Appendix](#) if you need more space.

Does the **Company** have existing Directors & Officers Liability coverage for which it is applying to replace?

- ☐ No ([go to next section](#))
☐ Yes (complete item below)

Is the **Insured** aware of any fact, circumstance, or situation that might reasonably result in a written demand or civil or criminal proceeding against the **Company** or any proposed **Insured** that could give rise to a **Claim** under Directors & Officers Liability Coverage?

- ☐ No
☐ Yes

If yes, please provide details:

Use [the Appendix](#) if you need more space.

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Employment Practices Liability Coverage

[Skip this section](#) if you are not applying for Employment Practices Liability Coverage.

Coverage Limit Requested: \$

How many of the following based in the United States do you have today?

- Full-time **Employees** (W-2)

How many of these full-time **Employees** are based in California?

- Part-time, temporary, and seasonal **Employees** (W-2)
- **Contractors** (1099 basis or a third party)

How many of the following based in the United States do you expect to have 12 months from today?

- Full-Time **Employees** (W-2)
- Part-time, temporary, and seasonal **Employees** (W-2)

How many of the following based outside the United States do you have today?

- Full-Time **Employees**
- Part-time, temporary, and seasonal **Employees**
- **Contractors** or third parties

How many **Employees** are compensated:

- Less than \$50,000 annually?
- More than \$100,000 annually?

Does the **Company** have a Human Resources department or other designated/qualified staff member(s) serving the equivalent function?

No Yes

Does the **Company** have an employee handbook that is distributed to all **Employees** at time of hire?

No Yes

If yes, are the **Employees** required to sign or otherwise acknowledge the employee handbook?

No Yes

Does the **Company** have procedures to handle complaints from contractors, clients, the general public, or any other third party pertaining to discrimination or harassment?

No Yes

Does the **Company** require employees to complete anti-discrimination and anti-harassment training?

No Yes

Are performance evaluations required for all **Employees** at least once a year?

No Yes

How many full-time **Employees** does the **Company** plan to involuntarily terminate over the next 12 months?

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How many full-time **Employees** have been involuntarily terminated within the last 12 months?

If you entered a number equal to or less than 10, [go to the next question](#).

If you entered a number greater than 10, please address the following:

- | | | |
|---|----|-----|
| • Were all terminations reviewed with Human Resources or legal counsel? | No | Yes |
| • Were releases (waiving rights to sue) signed by all terminated Employees ? | No | Yes |

In the last three years, has the **Company** experienced an **Employees** making a written demand for monetary damages or filing a civil proceeding against the **Company** or one of its **Employees**, officers or directors?

- ☐ No ([go to next question](#))
☐ Yes (complete items below)

How many instances of a written demand for monetary damages or filing of a civil proceeding against the **Company** or one of its employees, officers or directors have occurred in the last 3 years?

Has any one instance or is any instance expected to result in a combined settlement and defense expense exceeding \$500,000? No Yes Unknown

Date of demand or civil proceeding (MM/DD/YY):

Description of written demand or civil proceeding (include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

In the last three years, has the **Company** filed an Employment Practices Liability **Claim** with its insurance company?

- ☐ No ([go to next question](#))
☐ Yes (complete items below)

How many claims have been filed in the last 3 years?

Date of demand (MM/DD/YY):

Description of claim (please include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

In the last three years, has an insurer of the **Company** (other than an employee benefits provider) cancelled or refused to renew an insurance policy due to claims, losses or fraud?

- ☐ No ([go to next question](#))
☐ Yes (complete items below)

If "yes" due to claims or losses, please complete the following:

Date of demand (MM/DD/YY):

Description of claim (please include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

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Does the **Company** have existing Employment Practices Liability coverage for which it is applying to replace?

☐ No (complete item below)

☐ Yes ([go to next section](#))

Is the **Insured** aware of any fact, circumstance, or situation that might reasonably result in a written demand or civil or criminal proceeding against the **Company** or any proposed **Insured** that could give rise to a **Claim** for under Employment Practices Liability Coverage?

☐ No

☐ Yes

If yes, please provide details:

Use [the Appendix](#) if you need more space.

Fiduciary Liability Coverage

[Skip this section](#) if you are not applying for Fiduciary Liability Coverage.

Coverage Limit Requested: \$

Indicate the type of plan(s) to be insured: ☐ 401(k) ☐ Pension ☐ Welfare Benefit ☐ Profit Sharing

☐ Employee Stock Ownership ☐ Employee Share Ownership Trust ☐ Other:

What is the total asset value of all plans combined for the most recent fiscal year? \$

Who is the trustee of the **Company** sponsored plan(s)?

Do you self-administer the **Company** sponsored plan(s)? No Yes

In the last three years, has the **Company** experienced an **Employee**, plan participant or regulator making a written demand for monetary damages or filing a civil proceeding against the **Company** or one of its **Employees**, officers or directors or a sponsored ERISA plan trustee?

☐ No ([go to next question](#))

☐ Yes (complete items below)

Date of demand or civil proceeding (MM/DD/YY):

Description of written demand or civil proceeding (include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

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In the last three years, has the **Company** filed a Fiduciary Liability **Claim** with its insurance company?

- ☐ No ([go to next question](#))
☐ Yes (complete items below)

How many claims have been filed in the last 3 years?

Date of demand (MM/DD/YY):

Description of claim(s) (please include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

In the last three years, has an insurer of the **Company** (other than an employee benefits provider) cancelled or refused to renew an insurance policy due to claims, losses or fraud?

- ☐ No ([go to next question](#))
☐ Yes (complete items below)

Date of demand (MM/DD/YY):

Description of claim(s) (please include any subsequent risk reduction actions put into place):

Use [the Appendix](#) if you need more space.

Does the **Company** have existing Fiduciary Liability coverage for which it is applying to replace?

- ☐ No (complete item below)
☐ Yes ([go to next section](#))

Is the **Insured** aware of any fact, circumstance, or situation that might reasonably result in a written demand or civil or criminal proceeding against the **Company** or any proposed **Insured** that could give rise to a **Claim** for under Fiduciary Liability Coverage?

- ☐ No
☐ Yes

If yes, please provide details:

Use [the Appendix](#) if you need more space.

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Signature

By signing below, you understand that you are acting on behalf of all proposed **Insureds**. You declare that the statements in this **Application** are true and correct and that you have made thorough efforts to obtain sufficient information from each proposed **Insured** to ensure the proper and accurate completion of this **Application**.

You agree that the information and statements contained in this **Application** and any material submitted with the **Application** are your representations and that your representations are material and are the basis of the insurance contract. You further agree that the **Application** shall be considered attached to and a part of the Policy. Any material submitted with the **Application** shall be maintained on file (either electronically or paper) with the insurance company and shall be deemed to be attached hereto as if physically attached.

You further agree that:

- if any significant change in the condition of the applicant is discovered between the date of this **Application** and the Policy inception date, which would render this **Application** inaccurate or incomplete, notice of such change will be reported in writing to the insurance company immediately;
- any Policy, if issued, will be issued in reliance upon the truth of such representations;
- this **Application** has been completed as respects the entire **Company**;
- and the signing of this **Application** does not bind the undersigned to purchase the insurance.

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.

Signature (Officer of the **Company**)

Date

Print Name

Title

Notices

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: "ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

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 MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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.

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NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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Appendix

If needed, use the space below to provide additional information: