



NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY "CLAIM" (AS DEFINED IN THE POLICY) FIRST MADE DURING THE "POLICY PERIOD" (AS DEFINED IN THE POLICY). THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE COSTS" (AS DEFINED IN THE POLICY), AND SUCH DEFENSE COSTS SHALL BE SUBJECT TO THE APPLICABLE RETENTION. THE POLICY DOES NOT PROVIDE FOR ANY DUTY BY THE INSURER TO DEFEND ANY GENERAL PARTNER.

Complete this Application in full and attach all required materials. If coverage is bound, this Application and the materials submitted with it will be deemed attached to the Policy and will constitute a part thereof. Many of the terms used herein are defined in the Policy.

GENERAL INFORMATION

1. a) Name of Applicant:

(Applicant means the Named Insured acting on behalf of all Insureds)

b) Name and title of the Insured's Representative: _____

c) Principal address:

d) Formed pursuant to the Partnership Act of the State of: _____

e) Date of formation: _____

f) Nature of operations:

g) Name of General Partner(s) if Named Insured is a Limited Partnership:

2. List all additional Additional Partnerships (attach separate schedule if needed):

<u>Name</u>	<u>Date (A) Acquired (C) Created</u>	<u>General Partner(s)</u>	<u>Type of Operations</u>	<u>Number of Limited Ptrs</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Security ownership of each Insured Organization (include all record and beneficial ownership relationships):

a) Are partnership units publicly traded? _____ Yes _____ No



General Partners Liability Insurance Policy Application

b) Identify each individual or entity that owns 5% or more of the outstanding partnership units of any Insured Organization, or the stock of any Subsidiary, and indicate the percentage of such security held by each such person or entity:

If there is no such individual or entity, check here: _____ None

c) Describe fully any other securities (debt or equity) of each Insured Organization:

d) Are funds commingled among entities managed by any General Partner(s) ? _____ Yes _____ No
If yes, attached separate schedule identifying the entities and reasons

4. List all Subsidiaries (attach separate schedule if needed):

Name (D) Domestic (F) Foreign	Type of Operations	Percent Owned by the Insured Organization	Date (A) Acquired or (C) Created
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. If there have been any changes in any senior management of any Insured Organization within the last 3 years for reasons other than death or retirement at normal retirement age, describe:

6. If not provided in materials submitted with this Application, provide a list of all the General Partners, Directors and Officers, Board of Managers of each Insured Organization in an attachment to this Application.

7. a) Name of Insured Organizations' outside legal counsel

b) Name of Insured Organizations' outside auditors

c) Has any Insured Organization changed its outside auditors or outside legal counsel within the last 12 months? If so, give details:

8. State whether any Insured Organization has in the last 12 months agreed to, or contemplates agreeing within the next 12 months to any of the following, whether or not such transactions were or will be completed in such period (if yes, describe the essential terms of each such transaction in an attachment to this application):



General Partners Liability Insurance Policy Application

- a) Merger, “roll-up”, “roll-over” or consolidation with another entity whose assets prior to such merger or consolidation exceed(ed) 10% of the Applicant’s consolidated assets. _____ Yes _____ No.
- b) Acquisition or disposition of any assets, stock or interests of any other corporation or partnership where such acquisition or disposition increased or decreased or would increase or decrease the Applicant’s consolidated assets by more than 10%. _____ Yes _____ No.
- c) Sale, distribution or divestiture of any assets other than in the ordinary course of business involving more than 10% of the Applicant’s consolidated assets. _____ Yes _____ No.
- d) Reorganization or arrangement with creditors under federal or state law. _____ Yes _____ No.

EMPLOYEE INFORMATION

1. Locations of **Applicants** and Number of Employees* for Each:

State or Foreign Country	# of Locations	Full Time Employees		Part Time Employees	
		As of Date of Application	12 Months Ago	As of Date of Application	12 Months Ago

*Employees include Leased, Temporary and Seasonal Employees and Volunteers
To enter more information, please attach a separate page to the application

2. Please provide the following turnover figures for each of the last three years:

	20__	20__	20__
Voluntary Terminations			
Involuntary Terminations			
Layoffs			
Number of employees compensated less than \$50,000 annually:			
Number of employees compensated more than \$100,000 annually:			

3. Maximum number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

Labor Unions	Independent Contractors	Temporary	Leased	Seasonal

4. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:

- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
- b. Any creation of a new business, subsidiary or division? Yes No
- c. Any registration for a public offering or a private placement of securities? Yes No
- d. Any reorganization or arrangement with creditors under federal or state law? Yes No
- e. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If any of the above questions were answered “Yes”, please attach an explanation, including the timing, the essential terms of the event, arrangement, and the surrounding circumstances

HUMAN RESOURCES INFORMATION



General Partners Liability Insurance Policy Application

1. Does the **Applicant** have a Human Resources department? Yes No
 Number of HR employees: _____

2. Are individuals who handle Human Resources functions, both in HR department and locally, formally trained on HR matters? Yes No
3. Does the **Applicant** have an employee handbook which has been reviewed by legal counsel? Yes No
4. Does the **Applicant** utilize an employment application? Yes No
5. Does the employment application or employee handbook contain "Employment at Will" language? Yes No
6. Does the employment application contain an "Equal Employment Opportunity" statement? Yes No
7. Please indicate whether the **Applicant** has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

		Receipt Acknowledged
Zero Tolerance Sexual Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discrimination	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equal Opportunity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disabled Employees and Accommodations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Grievance Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pregnancy Leave/FMLA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employee Discipline	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Written Performance Evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>	

8. Have the above policies and procedures been reviewed by legal counsel within the past 24 months? Yes No
9. With respect to employee terminations, does the **Applicant** consult with legal counsel or Human Resources personnel prior to every termination? Yes No
If "No", please attach an explanation describing your procedures
10. Please indicate whether the **Applicant** conducts human resources training, including sexual harassment training for managers and supervisors? Yes No
11. What percent of the **Applicant's** revenue is derived from being a Federal Contractor? _____ %
12. Is **Applicant** a: General Contractor Subcontractor
 If General Contractor, what percentage of jobs require Subcontractors? _____ %

LOSS & CURRENT INSURANCE INFORMATION

NOTICE: IF THIS APPLICATION IS FOR RENEWAL OF A POLICY WRITTEN BY A MEMBER COMPANY OF ST. PAUL TRAVELERS, DO NOT ANSWER QUESTIONS 1, 2, 3 OR 4. IN SUCH CASE, IT IS AGREED THAT THIS RENEWAL APPLICATION IS A SUPPLEMENT TO THE APPLICATION(S) WHICH ARE PART OF THE EXPIRING POLICY, AND THAT THOSE APPLICATION(S) TOGETHER WITH THIS RENEWAL APPLICATION, CONSTITUTE THE COMPLETE APPLICATION THAT SHALL BE THE BASIS OF THE CONTRACT AND SHALL FORM PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF THIS IS A RENEWAL APPLICATION, ITEM 7 BELOW OF THIS APPLICATION SHALL NOT APPLY.

1. If insurance had been in force similar to that proposed under this application, no claim which would have fallen within the scope of such insurance has been made or is now pending against any Insureds proposed for this insurance, except as follows (include loss payments and defense costs):



General Partners Liability Insurance Policy Application

Provide details in an attachment to this application.
If the answer is "None," check here: _____ None.

2. a) There has not been, nor is there now pending, any claim against anyone proposed for insurance in the capacity as either a General Partner of an Insured Organization or director or officer of any Subsidiaries, except as follows:

Three horizontal lines for providing details of claims.

Provide details in an attachment to this application.
If there is no such claim, check here: _____ None.

b) Has such claim been the subject of notice to any insurer? _____ Yes _____ No.
If "Yes", provide details in an attachment to this application.

3. No General Partner of an Insured Organization or director or officer of any Subsidiaries has knowledge or information of any fact, circumstance or situation which might give rise to a Claim under the proposed Policy, except as follows:

Three horizontal lines for providing details of knowledge or information.

Provide details in an attachment to this application.
If there is no such knowledge or information, check here: _____ None.

4. Has any Insured Organization(s) or Insured Person(s) within the last 3 years:

a) Been named in any civil or criminal action or administrative proceeding involving a violation of any federal or state security law or regulation; anti-trust, copyright, patent litigation or Fair Trade Law? _____ Yes _____ No.

b) Been involved in any representative actions, class actions, or derivative suits? _____ Yes _____ No.

c) Been involved in any criminal proceeding? _____ Yes _____ No.

If Question 4(a) or 4(b) or 4(c) is answered "Yes", provide details in an attachment to this application.

5. Has any Insured Organization filed within the last 18 months or do they contemplate filing with the next 12 months any registration statement for an offering of securities with any governmental authority? _____ Yes _____ No.

If "Yes", attach a copy of the registration statement.

6. a) Give details of the following insurance currently or previously carried by the Insured Organization (If the answer is none, so state):

Table with columns: TERM, LIMIT, PREMIUM, RETENTION, INSURER. Rows: EPL, General Partnership Liability/, Directors and Officers Liability.

b) Have any of the coverages described in response to Question 14(a) been refused or cancelled by any insurer or has any insurer refused to renew any of those coverages? _____ Yes _____ No.

If "Yes", provide details in an attachment to this application.

7. It is agreed with respect to Questions 1, 2, 3, and 4 above that if such knowledge or information exists (whether or not disclosed), in addition to any other remedy the Insurer may have, any Claim arising there from will be excluded from this

proposed coverage; however this exclusion shall apply only with respect to the Insured having such knowledge or information, if the Policy so provides.

REQUIRED ATTACHMENTS

1. In an attachment to this application, submit the following documents with respect to the Insured Organization:
 - a) Last annual report to security holders and any quarterly reports to security holders subsequent to the last annual report.
 - b) Any reports prepared by outside financial analysts or consultants within the last 12 months, including the latest CPA letter to management on internal controls and any written response thereto.
 - c) Most recent offering memorandum or prospectus.
 - d) Last notice of regular security holders meeting and all notices of special security holders meetings for meetings held during the last year, together with accompanying proxy statements.
 - e) Copy of the Partnership Agreement.
 - f) Copy of Organization Chart for all proposed Insured Organizations

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html
If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

Attention: Insureds in FL

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.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in MD

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



Attention: Insureds in PA

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.

Attention: Insureds in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED ST. PAUL TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY ST. PAUL TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE: (1) IN VA AND UT, PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED; AND (2) IN ALL STATES OTHER THAN VA AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature of Applicant's Authorized Representative (President or CEO)		Title:	
Name (Printed):		Date:	