

# 5Star Specialty Programs

A division of Crump Insurance Services, Inc.



## Private Company Liability Non-Binding Indication Questionnaire

### PLEASE INDICATE COVERAGE REQUESTED:

Coverage	Limit*	Retention	Currently Purchased?	Expiring Limit	Expiring Retention
<input type="checkbox"/> Directors & Officers Liability			Yes / No		
<input type="checkbox"/> Employment Practices Liability			Yes / No		
<input type="checkbox"/> Fiduciary Liability			Yes / No		

\*Please indicate whether you are requesting:  Shared Limit or  Separate Limits

1. Name & Address of Insured: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Web site: \_\_\_\_\_

3. Nature of Business / Operations: \_\_\_\_\_

4. Length of Operations: \_\_\_\_\_

5. Financial Information (in millions):

	Current Year (est.)	Previous year-end
Total Assets	\$ _____	\$ _____
Current Assets	\$ _____	\$ _____
Current Liabilities	\$ _____	\$ _____
Long Term Debt	\$ _____	\$ _____
Total Equity	\$ _____	\$ _____
Gross Revenues	\$ _____	\$ _____
Net Income	\$ _____	\$ _____

6. Number of Employees / Locations \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Locations

7. Fiduciary Information:

Name of Plan	Type of Plan**	Assets	# of Participants
		\$ _____	
		\$ _____	
		\$ _____	

\*\*ESOP, 401k, Pension, Health/Welfare Benefit Plan, etc.

8. Have any claims, losses, litigation, or proceedings that would fall within the scope of the proposed insurance occurred in the last five (5) years or has anyone knowledge of any circumstance which could reasonably give rise to a claim?  Yes  No

If yes, please provide complete details in separate attachment giving names, dates, allegations, current status, and all costs incurred.

9. Other information or material concerns that may impact terms: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name \_\_\_\_\_ Agent/Broker \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (required) \_\_\_\_\_ Web site \_\_\_\_\_

Please send completed form to [DandO@5starSP.com](mailto:DandO@5starSP.com) or Fax (866) 720-5003