CSIMON@FAIRCAVE.BIZ

LUSTGARTEN ASSOCIATES, INC.

375 FIFTH Avenue, 3rd Fl., New York, NY 10016
Tel: (212) 683-2440 • Fax: (212) 447-7265
Guy's Email: guy@lustgarten-insurance.com
General Email: admin@lustgarten-insurance.com

FACSIMILE

TO: CLAUDE SIMON

FROM: TOBIN GUY LUSTGARTEN

CO:

DATE: 6/27/19

SUBJECT: MGT. LIABILITY

OF PAGES:

CLAUDE SORRY FOR THE BIT OF DELAY?
ENCLOSED IS THE APPLICATION FOR REAL ESTATE MANAGEMENT. PLEASE LOOK IT OVER - IT'S FROM EXECUTIVE RISK - THEY HAVE 3 CARRIERS & WE WILL SEND IT TO 4 MORE. WE HAVE TO FILL IT OUT - I WILL BE IN ~~PB~~ LONDON TOMORROW SO DO THE BEST YOU CAN - DON'T WORRY I'LL HELP YOU WHEN I GET BACK. QUESTIONS? ISSUES? CALL ME.
CELL - 914-450-0771

Best
Guy

Tobin Guy Lustgarten, CEO, **Ext 804**

Guy

From: Scott Hayward <shayward@crcins.com>
Sent: Monday, June 17, 2019 4:02 PM
To: Guy
Subject: RE Mgmt App
Attachments: Chubb MPL App.pdf

Here Yo go.

Thanks,

Scott

Scott K. Hayward, RPLU | CRC
Senior Vice President | Director

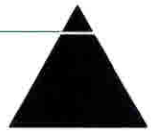
O | 212.618.0143
C | 917.301.4313
E | shayward@crcins.com

32 Old Slip – 4th FL, New York, NY 10005
CRCIns.com

CRC | Placing You First
CA License # 0778135 & 0E40192

Executive Risk Indemnity Inc.
Home Office
Wilmington, DE 19808

Administrative Offices/Mailing
82 Hopmeadow
Simsbury, Connecticut 06070-



MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS.

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. Name of **Applicant**:_____
   Address: _____
   _____

2. Limits of Liability desired:
   $_____ each Claim or Related Claims
   $_____ aggregate for all Claims

3. Deductible desired: ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ Other: _____

4. **Applicant** is: ☐ Individual ☐ Partnership ☐ Corporation
   ☐ Non-profit ☐ Privately Held ☐ Publicly Traded

5. Year established: _____. If less than two years, please attach resumes of all principals.

6. Please describe in detail the professional services for which coverage is desired:
   _____
   _____
   _____

7. Is the **Applicant** engaged in any business or profession other than as described in Question 6?
   ☐ Yes ☐ No
   If "Yes," please attach an explanation and estimated revenues.

8. Please indicate the total annual gross revenues derived from the services described in Question 6 for the past three years and the projected revenues for the current year:

	YEAR	REVENUE
a)	Current	$ _____
b)	_____	$ _____
c)	_____	$ _____
d)	_____	$ _____

9. For the revenue listed in Question 8a, please indicate the approximate percentage derived from each of the services listed in Question 6:

SERVICE	PERCENTAGE OF REVENUE
_____	____%
_____	____%
_____	____%
_____	____%
_____	____%

10. Is the **Applicant** controlled or owned by or associated or affiliated with, or does it own, any other firm or business enterprise? ☐ Yes ☐ No
If "Yes," please attach an explanation and indicate if any services described in Question 6 are provided to such firm or business enterprise.

11. During the past three years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business or has the **Applicant** been purchased? ☐ Yes ☐ No
If "Yes," please attach an explanation.

12. Are any changes in the nature or size of the **Applicant's** business anticipated over the next 24 months? ☐ Yes ☐ No
If "Yes," please attach an explanation. Changes in size of less than 25% need not be explained.

13. Please indicate the number of:
a) Principals, partners, officers and professional employees directly engaged in providing services to clients: _____
b) All other (non-professional/clerical) employees: _____

14. Please list professional associations to which the **Applicant** belongs:
_____
_____
_____

15. Please provide the following:

NAMES OF ALL PARTNERS, PRINCIPALS, AND KEY EMPLOYEES	PROFESSIONAL QUALIFICATIONS/DESIGNATIONS	# OF YEARS IN PRACTICE	# OF YEARS WITH APPLICANT

16. Has the **Applicant** provided services to any governmental entities? ☐ Yes ☐ No
If "Yes," please attach an explanation.

17. Has the **Applicant** provided services to any employee benefit plans, including any pension plans, or does it plan to do so? ☐ Yes ☐ No
If "Yes," please attach an explanation.

18. Has the **Applicant** provided services to any bank, savings and loan or other financial institution, or does it plan to do so? ☐ Yes ☐ No
If "Yes," please attach an explanation.

19. Please indicate the **Applicant's** five largest jobs/projects during the past three years, showing client's name, services provided and gross revenues for each:

CLIENT	SERVICE	REVENUE

20. Does any director, officer, employee or partner of the **Applicant** serve on the board of directors of any client of

the **Applicant**? ☐ Yes ☐ No
If "Yes," please attach an explanation.

21. Does the **Applicant** use a written contract with clients? ☐ In all cases ☐ Sometimes ☐ Never
Please attach sample copies of all types.

22. Does the **Applicant** subcontract work to others? ☐ Yes ☐ No
If "Yes," please attach an explanation.

23. Does the **Applicant** have a written procedural manual for employees to follow? ☐ Yes ☐ No

24. Does the **Applicant** have a formalized training program for newly hired employees? ☐ Yes ☐ No

25. Does the **Applicant** have promotional literature? ☐ Yes ☐ No
If "Yes," please attach sample copies of all types.

26. Please attach the **Applicant's** most recent annual report/financial statement.

27. **MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER THIS QUESTION.**
Has any errors and omissions or professional liability insurance ever been declined or canceled?
☐ Yes ☐ No
If "Yes," please attach an explanation.

28. Is any errors and omissions or professional liability insurance currently in force? ☐ Yes ☐ No
If "Yes," please indicate:

Name of Insurer: _____
Expiration Date: _____ Limit: _____
Deductible: _____ Premium: _____
Length of time coverage has been continuously in force: _____

29. Does any director, officer, employee or partner of the **Applicant** have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? ☐ Yes ☐ No
If "Yes," please attach an explanation.

30. Has the **Applicant** or any director, officer, employee or partner of the **Applicant** ever been the subject of disciplinary action as a result of professional activities? ☐ Yes ☐ No
If "Yes," please attach an explanation.

31. Please attach a list and status of all errors and omissions claims made during the past three years against the **Applicant** or any director, officer, employee or partner of the **Applicant**.
If none, please check here: ☐ None

32. The basic policy for which you have applied will not cover acts committed before the inception date of the policy. If you desire a quote for these prior acts, please enter the date from which you want prior acts covered: _____. (Note that coverage does not apply to known or expected claims or those which any insured could have foreseen.)

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE A POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION. THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION. IF, AS A RESULT OF THIS APPLICATION, A POLICY IS ISSUED, THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ON SUCH ATTACHMENTS.

IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE MATERIALLY BEFORE THE EFFECTIVE DATE OF ANY PROPOSED POLICY, THE APPLICANT MUST NOTIFY THE COMPANY, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION.
THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

(A) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT; AND

(B) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR THE DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND

(C) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.

NOTICE TO ARKANSAS, MINNESOTA, 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 OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

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

NOTICE TO LOUISIANA AND 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 ALABAMA AND 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.

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.

NOTICE TO OKLAHOMA APPLICANTS: 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 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT		
BY *(Principal, Partner, or Shareholder)*	TITLE	DATE

NOTE: This Application is signed by the undersigned authorized agent of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

REQUIRED INFORMATION

PRODUCED BY *(Insurance Agent)* Please print and sign name _____ _____	
INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS *(No., Street, City, State, and ZIP)*	
EMAIL ADDRESS	

SUBMITTED BY *(Insurance Agency)*	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS *(No., Street, City, State, and ZIP)*		