

# Private Company Select Insurance Policy Renewal Application



THE LIABILITY COVERAGE PARTS, IF PURCHASED, ARE ON A CLAIMS MADE AND REPORTED BASIS AND COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED(S) DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD OR RUN-OFF COVERAGE PERIOD, IF EXERCISED, AND REPORTED TO THE UNDERWRITER AS REQUIRED BY THE POLICY. THE LIMITS OF LIABILITY AND ANY RETENTION SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ CAREFULLY.

## INSTRUCTIONS

1. THIS APPLICATION ONLY APPLIES TO PRIVATE HELD ORGANIZATIONS.
2. THIS APPLICATION MUST BE COMPLETED IN FULL INCLUDING ALL REQUIRED ATTACHMENTS.
3. THIS APPLICATION AND ALL ATTACHMENTS SHALL BE DEEMED TO BE ATTACHED TO AND FORM A PART OF THE POLICY IF ISSUED.
4. THE TERMS **CLAIM, CLIENT, COMPUTER SYSTEMS, EMPLOYEES, EMPLOYEE BENEFIT PLAN, COMPANY, INSURED PERSON(S), INSURED(S), MANAGERS, MESSENGER, MONEY, OUTSIDE POSITION, PLAN, POLICYHOLDER, PROPERTY, SECURITIES, SUBSIDIARY**, AND UNDERWRITER HAVE THE SAME MEANING IN THIS APPLICATION AS IN THE POLICY.
5. IF THIS IS A RENEWAL FOR ANY COVERAGE PART, PLEASE DO NOT ANSWER QUESTION 7 FOR SUCH COVERAGE PART.
6. COVERAGE PARTS REQUESTED (Application section must be completed for each Coverage Part selected.):

<input type="checkbox"/> Management and Company Liability	<input checked="" type="checkbox"/> Employment Practices and Third Party Discrimination Liability
<input checked="" type="checkbox"/> Fiduciary Liability	<input type="checkbox"/> Crime
<input type="checkbox"/> Security and Privacy	
7. IF THE **POLICYHOLDER** AND ITS **SUBSIDIARIES** PROVIDE MEDICAL SERVICES, PLEASE COMPLETE THE APPROPRIATE SUPPLEMENT.

If you want to learn more about the compensation Zurich pays agents and brokers visit:  
<http://www.zurichproducercompensation.com> or call the following toll-free number: (866) 903-1192.  
This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

## 1. GENERAL INFORMATION

a.	Name of <b>Policyholder</b> :	QWERTY International Observatory LLC
b.	Address:	100 W. Kirkland Street, Suite 360
		Seattle, WA 91223
c.	State of Incorporation/ Organization:	Washington
d.	Organization Type (corporation, LLC, sole proprietorship etc.):	LLC
e.	Date Established:	2014
f.	Website Address:	www.qwerty.org
	Insurance Contact:	Anastasia Smith
	Title:	Chief of Staff
	Phone Number:	222-444-1111
	E-mail address:	dddd234@qwerty.org

## 2. OWNERSHIP AND OPERATIONAL INFORMATION

(Please respond regardless of what Coverage Parts are sought)

- a. Nature of operations of **Policyholder** and **Subsidiaries**: SIC Code:  
Develop, build, and operate next generation telescope NAICS Code: 52171
- b. Please complete the following information for the **Policyholder** (attach separate sheets if necessary)

Names of director or officer shareholders (include name and title)	Voting Shares Owned
[See attachment]	%
	%
	%
	%
List any shareholders (include individual and corporate names) who are not directors and not officers	Voting Shares Owned
[See attachment]	%
	%
	%

- c. Please provide the following financial information (only answer if audited financial statement does not exist):

Total assets:	\$
Current assets:	\$
Total liabilities:	\$
Current liabilities:	\$
Total Equity:	\$
Total Revenues/Contributions:	\$

- d. Has an independent CPA rendered a going concern opinion in the past 36 months? ☐ Yes ☒ No  
(if "Yes", attach details)

- e. Has the **Policyholder** or any **Subsidiary** been the subject of any bankruptcy proceeding ☐ Yes ☒ No or legal or financial reorganization in the past two (2) years?  
(if "Yes", attach details)
- f. Is the **Policyholder** considering any private or public offering of debt or equity securities ☐ Yes ☒ No in the next 18 months?  
(if "Yes", attach details)
- g. In the next 12 months is the **Policyholder** or any **Subsidiary** contemplating, or in the past 24 months has any such **Company** completed, any merger, acquisition or consolidation? ☐ Yes ☒ No  
(if "Yes", attach details)
- h. Has there been any change in the Policyholder's ownership within the last 12 months, ☒ Yes ☐ No or is any change anticipated in the next 12 months?

### 3. EMPLOYMENT INFORMATION

(Please complete only if the Employment Practices and Third Party Discrimination Liability Coverage Part is requested)

- a. **Employee** Count (include leased, seasonal, volunteers and independent contractors):

Total Worldwide Employees:

74

Breakdown of Employee Count (Total of all categories should equal Total Worldwide Employees. Full-Time employees should include Union Employees)

	Full Time	Part Time	Union	Volunteer
Total U.S.:	44	20		
Washington:	30	9		
Total Non-U.S.:	4	7		

- b. Total number of terminations (not including lay-offs, reductions-in-force or downsizings) within last 3 years:  
8
- c. Turnover rate (separations/average # of employees) within last 3 years:

Year – 1 (Current Year)	Year -- 2	Year -- 3
1.6%	8.2%	0%

- d. Has the **Policyholder** had within the last 3 years or anticipate in the next 2 years any facility closings, consolidations, layoffs or staff reductions which will result in the termination of more than 5% of the workforce at any one business location? ☒ Yes ☐ No  
If yes, how many employees will be (were) affected? 12

### 4. PLAN INFORMATION

(Please complete only if the Fiduciary Liability Coverage Part is requested)

- a. For the three largest **Plans** (by asset size), please provide the following information (only answer if an audited financial statement does not exist and attach a separate sheet if there are more than two **Plans** sponsored by the **Policyholder** and its **Subsidiaries**):

	Plan 1	Plan 2	Plan 3
Name:	QWERTY International Observatory LLC Defined Contribution Retirement Plan	QWERTY International Observatory Voluntary TDA Program	

Type (i.e., defined contribution, defined benefit, health, welfare):	Defined Contribution	Voluntary TDA	
Year of financial information supplied below:	2024	2024	
Total Assets:	\$28,432,664.74	\$6,879.160.62	
Total Liabilities	n/a	n/a	
Number of Participants:	94	39	
Investment Manager:	TIAA	TIAA	
Plan Administrator:	Angel D. Doe	Angel D. Doe	

- b. Are there any outstanding delinquent contributions? ☐ Yes ☒ No  
(if "Yes", attach details)
- c. In the next 12 months, is the **Policyholder** contemplating (or has the **Policyholder**) completed within the last 12 months) merging, freezing or terminating any **Plan(s)**? ☐ Yes ☒ No

## 5. CRIME INFORMATION

(Please complete only if a quote for Crime Coverage Part is requested)

a.

Coverage(s) Requested:	Limit	Deductible
Employee Theft		
Clients' Property		
Forgery or Alteration: Checks Forgery		
Forgery or Alteration: Credit, Debit or Charge Card Forgery		
On Premises		
In Transit		
Computer Fraud		
Funds Transfer Fraud		
Money Orders and Counterfeit Money		
Electronic Data or Computer		
Programs Restoration Costs		
Investigation Expenses		

b.

Countries of operations	Type of Operations	Locations	Employees	Revenues
				\$
				\$
				\$

c. Are bank accounts reconciled on a monthly basis?

☐ Yes ☐ No

If "No", how often:

- d. Do **Employees** who reconcile the monthly bank statements also perform the following:
- i. approve or disburse payments ☐ Yes ☐ No
  - ii. receive checks or handle deposits ☐ Yes ☐ No
  - iii. have access to electronic or mechanical signatures ☐ Yes ☐ No
- e. Is countersignature of checks required? ☐ Yes ☐ No
- If "Yes", over what amount: \$
- If "No" attach details
- f. Is the responsibility for authorizing vendors, approving invoices and processing payments assigned to different individuals? ☐ Yes ☐ No
- g. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them? ☐ Yes ☐ No
- h. Is an approved vendor list utilized and updated as needed? ☐ Yes ☐ No
- i. What is the maximum amount of cash, checks and negotiable securities at any one location? \$

## 6. SECURITY AND PRIVACY INFORMATION

(Please complete only if the Security and Privacy Coverage Part is requested)

### a. Gross Revenue

	U.S.	International	Total
Current (most recent 12 months)	\$	\$	\$
Projected (next 12 months)	\$	\$	\$

- b. Estimated number of unique records of personal information (employees and non-employees) entrusted to the **Policyholder's** care:

### c. Insurance Information

Please check the boxes for coverages requested and indicate limits, retentions, and retroactive dates:

Coverage	Requested	Limit	Retention	Retroactive Date
Security and Privacy Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Regulatory Proceedings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	(incl above)
Media Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Privacy Breach Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	N/A
Business Income Loss and Extra Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$ / hours	N/A
Dependent Business Income Loss and Extra Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$ / hours	N/A
Digital Asset Replacement Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	N/A
Cyber Extortion Threat Expense and Extortion Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	N/A
Reward Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	N/A

### d. Organizational Changes

- i. Is the **Policyholder** controlled, owned, affiliated or associated with any other firm corporation or company? ☐ Yes ☐ No

ii. During the past 12 months:

Has the name of the **Policyholder** been changed?

☐ Yes ☐ No

Has any other business been acquired, merged or consolidated with the **Policyholder**?

☐ Yes ☐ No

If "Yes", please describe:

iii. During the past 12 months has any other business been divested by the **Policyholder**?

☐ Yes ☐ No

If "Yes", please describe:

e. Changes

Please review your responses on the prior full application and provide any updated information. If there has been no change, please check the corresponding box:

i. The subsection references below correspond with each subsection of the full Zurich application (U-NPL-100-B (01/17) requiring review and response:

6.c.	Business Activities:	No Changes: <input type="checkbox"/> Updated Information:
6.d.	Governance, Policies and Procedures	No Changes: <input type="checkbox"/> Updated Information:
6.e.	Vendor Management:	No Changes: <input type="checkbox"/> Updated Information:
6.f.	Data Security Protections:	No Changes: <input type="checkbox"/> Updated Information:
6.g.	Media:	No Changes: <input type="checkbox"/> Updated Information:
6.h.	Business Continuity and Resilience:	No Changes: <input type="checkbox"/> Updated Information:

ii. If an application other than the Zurich application was used, please comment on any changes to the previously submitted information below:

No changes: ☐

Updated Information:

## 7. ATTACHMENTS

The following information must be attached to this application if it exists:

- **Policyholder's** most recent audited financial statement
- **Policyholder's** most recent interim financial statement
- The names and occupations of the **Policyholder's** board of directors and trustees
- List of all **Subsidiaries** proposed for coverage
- For the three largest **Plans**, including, but not limited to any funded **Plans**, most recent Form 5500 and audited financial statement

NOTICES

The **Company** and the **Insured Persons** declare that the statements set forth herein are true. The signing of this application does not bind the Underwriter, the **Policyholder** or its **Insured Persons** to effect insurance. The undersigned agrees that this application, its attachments and any materials submitted therewith are true, complete and accurate as of the date thereof. These representations shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The application, its attachments and any materials submitted therewith are considered physically attached to the policy and will be deemed incorporated therein. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

The undersigned, on behalf of the **Company** and all **Insured Persons**, agrees that if the information in the Declarations and representations contained in this application and its attachments materially changes between the date of this application and the inception of the proposed coverage, the undersigned will immediately report in writing to the Underwriter such change, and the Underwriter may withdraw or modify any outstanding quotations or agreements to bind coverage. The undersigned acknowledges and agrees that the Underwriter's receipt of such written report, prior to inception of the proposed coverage, is a condition precedent to coverage.

Prior to signing this application, review the applicable statutory fraud notices as they may apply to the applicant's place of domicile.

MUST BE SIGNED BY AN **EXECUTIVE OFFICER OF THE POLICYHOLDER ON BEHALF OF ALL INSURED**S.

SIGNATURE \_\_\_\_\_ TITLE Business Manager

DATE 5/23/2024

AGENT'S NAME (FL only) \_\_\_\_\_

AGENT'S LICENSE NO. (FL only) \_\_\_\_\_

AGENT'S COMPANY (FL only) \_\_\_\_\_