

# PAYROLL AND RENT EXPENSE PROTECTION (PREP™)

*Be Prepared with PREP™*

## APPLICATION FOR PROPOSED INSURED PARTY (the "Company")

### 1. Company Overview

A. Legal Name \_\_\_\_\_

#### B. Mailing Address

Street (1) \_\_\_\_\_

Street (2) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

C. Website Address \_\_\_\_\_

D. Nature of Business / Industry \_\_\_\_\_

E. Year Established \_\_\_\_\_

#### F. Contact Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**G. Officers**

Chief Executive Officer \_\_\_\_\_

Chief Operating Officer \_\_\_\_\_

Chief Financial Officer \_\_\_\_\_

**H. Ownership Information (check one)**

Public                   \_\_\_ Exchange / Ticker \_\_\_\_\_

Private                   \_\_\_ Ownership Structure / Details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I. Service Providers**

Auditor / Accountant \_\_\_\_\_

Payroll Services \_\_\_\_\_

Primary Bank(s) \_\_\_\_\_

**2. Employees / Business Locations (Company-Wide - All States, All Countries)**

*Please provide additional detailed information at Annex A*

*Note: For purposes of this Application, Historical Period 1 relates to the 12-month period preceding the date of Application*

*Note: For purposes of this Application, and Historical Period 2 relates to the 12-month period preceding Historical Period 1*

	Historical Pd. 1	Historical Pd. 2
A. Current Employee Count		
i. Full Time	_____	_____
ii. Part Time	_____	_____
iii. Full Time Equivalent ("FTE")	_____	_____
B. Projected Payroll (Full Year 2020)	_____	_____
C. Current Number of Facilities /Stores / Office Locations	_____	_____
D. Projected Rent / Lease / Mortgage Payments (Full Year 2020)	_____	_____

### 3. Operating Income (Company-Wide - All States, All Countries)

Please provide additional detailed information at Annex A and B

Note: For purposes of this Application, Operating Income = Revenue minus Cost of Goods Sold minus Operating Expenses

	Historical Pd. 1	Historical Pd. 2
A. Total Annual Operating Income	_____	_____

### 4. Questionnaire

- A. Has the Company initiated any civil litigation in the last ten (10) years? If so, please briefly describe the circumstances leading to such litigation.

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- B. Did the Company qualify as an "essential business" during the spring 2020 COVID-related "shelter in place" orders issued in the states in which the Company operates? (check one)

- Yes, the Company was deemed an essential business and maintained physical operations (at, or near, full capacity) throughout the shelter in place order
- Yes, the Company was deemed an essential business, and the Company's employees worked remotely during the shelter in place order
- No, the Company was not deemed an essential business, and the Company's employees worked remotely during the shelter in place order
- No, the Company was not deemed an essential business, and the Company effectively ceased operations during the shelter in place order

- C. Did the Company fire or furlough employees during the spring 2020 COVID-related "shelter in place" orders issued in the states in which the Company operates? (check one)

- Yes    Number of Employees fired or furloughed \_\_\_\_\_
- No

## 5. Important Disclaimer

Please be advised that all of the information provided in this Application shall form the basis of coverage under any PREP™ insurance policy issued to the Company by an insurer, and that such information shall be considered as being incorporated into and constituting a part of such insurance policy. Accordingly, in the event that there are misrepresentations herein, or there is a failure to state facts which are material to the risk assumed by such insurer, such insurance policy in its entirety would be deemed void and of no effect whatsoever.

## 6. Certification

The undersigned hereby acknowledges the disclaimer set forth above and certifies on behalf of the Company that all of the information stated herein is true, correct and complete.

Submitted By:

Name	_____
Signature	_____
Date	_____

## Annex A

(Note: if the Company operates more than five (5) locations, please use additional pages to complete this Annex A)

		Location 1	Location 2	Location 3	Location 4	Location 5
<b>ADDRESS</b>	Street Address (1)					
	Street Address (2)					
	City					
	State					
	Zip Code					
	County					
	Country					
	Phone Number					
<b>CURRENT EMPLOYEES</b>	Number of Full Time Employees at Location (Date of Application)					
	Number of Part Time Employees at Location (Date of Application)					
	Full Time Equivalent ("FTE") Employees at Location (Date of Application)					
<b>HISTORICAL PERIOD 1 FTE, PAYROLL AND RENT</b>	Full Time Equivalent (FTE) Employees at Location (HISTORICAL PERIOD 1)					
	Total Annual Payroll at Location (HISTORICAL PERIOD 1)					
	Total Rent/Lease/Mortgage Payment at Location (HISTORICAL PERIOD 1)					
<b>HISTORICAL PERIOD 2 FTE, PAYROLL AND RENT</b>	Full Time Equivalent (FTE) Employees at Location (HISTORICAL PERIOD 2)					
	Total Annual Payroll at Location (HISTORICAL PERIOD 2)					
	Total Rent/Lease/Mortgage Payment at Location (HISTORICAL PERIOD 2)					

NOTE: For purposes of this Application, **HISTORICAL PERIOD 1** relates to the 12 month period preceding the date of Application

NOTE: For purposes of this Application, **HISTORICAL PERIOD 2** relates to the 12 month period preceding HISTORICAL PERIOD 1

Annex B

	Month	Monthly Operating Income COMPANY WIDE	Monthly Payroll Obligations ALL COVERED STATES	Monthly Rent Obligations ALL COVERED STATES
<b>HISTORICAL PERIOD 1</b>				
<b>HISTORICAL PERIOD 2</b>				

NOTE: For purposes of this Application, **HISTORICAL PERIOD 1** relates to the 12 month period preceding the date of Application

NOTE: For purposes of this Application, **HISTORICAL PERIOD 2** relates to the 12 month period preceding HISTORICAL PERIOD 1