

The Solution for Public Company D&O Application



Applicant information

Name of applicant _____ Date _____

Applicant's principal address _____ City _____ State _____ Zip code _____

Telephone number _____

General information

Officer designated to receive correspondence and notices from the insurer:

Name of officer _____ Title _____

Please provide the following information with respect to the applicant:

Nature of business _____ State of incorporation _____

Website address _____

Please list all subsidiary companies:

Name of entity	Nature of operations	Date acquired or created	% of ownership

Desired Coverage

Primary limit requested _____ Total limits currently purchased _____

Policy period requested _____

From _____ To _____ both days at 12:01 a.m.
at the principal address of the Parent Organization.

General risk information

Identify any exchange on which the applicant's securities are traded and indicate the ticker symbol

Is the applicant contemplating a public disclosure concerning any actual or potential:

- | | | |
|---|------------------------------|-----------------------------|
| a. Acquisition of, or tender offer for, another entity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Merger, sale or significant divestiture of the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Public offering of securities (whether or not such securities are required to be registered under the Securities Act of 1933)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Replacement of its outside auditors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Restatement of financials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes" to any of the above, please attach details.

Outside entity information

Is coverage requested for service with any outside entity other than an exempt entity under Section 501 (C)(3) of the Internal Revenue Code? Yes No

If "yes", please complete the following table for all other outside entities:

Name of individual(s) requesting coverage	Name of outside entity on whose Board of Directors this individual serves	Address of outside entity	Public ticker symbol (if applicable)	Business/Activity in which the outside entity is engaged	Total amount of D&O coverage purchased by outside entity
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Current directors and officers liability insurance, if any

Policy period	Total amount of traditional D&O limits purchased, if any	Total amount of Side A DIC limits purchased, if any
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Has any insurance carrier refused, canceled or non-renewed any directors and officers liability or other management liability insurance coverage? Yes No
(Missouri applicants need not reply.)

Indemnification

For the proposed entity insureds, attach the language in the documents of formation (charter/bylaws/articles of incorporation or similar documents) and any corporate indemnification agreement.

Representation — Prior knowledge of acts/circumstances/situations

The undersigned authorized agent of the Proposed Insureds represent, after reasonable inquiry, that no person or entity proposed for this insurance is aware of any fact, circumstance or situation which could reasonably be expected to give rise to a claim to which the proposed insurance would apply, except as disclosed immediately below (a "Disclosed Matter").

If no Disclosed Matter exists, please write "None" here

The undersigned authorized agent acknowledges and agrees, on behalf of all Proposed Insureds proposed for this insurance, that any Disclosed Matter shall be excluded from coverage under the proposed insurance.

Material change

If there is any material change in the answers to the questions in this Application before the policy inception date, the applicant must immediately notify the Insurer in writing, and any outstanding quotation may be modified or withdrawn.

Fraud warnings

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 fines and confinement in prison.

Notice to Alaska residents: "A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."

Notice to Arizona residents: "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

Notice to California residents: "For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Notice to Colorado residents: "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 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."

Notice to Delaware residents: “Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Florida residents: “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.”

Notice to Idaho residents: “Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Indiana residents: “A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.”

Notice to Kansas residents: “A ‘fraudulent insurance act’ means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.”

Notice to Kentucky residents: “Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits an fraudulent insurance act, which is a crime.”

Notice to Maryland residents: “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 Maine residents: “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 Minnesota residents: “A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

Notice to New Hampshire residents: “Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.”

Notice to New Jersey residents: “Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

Notice to New Mexico residents: “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 Ohio residents: “Any person who, with intent to defraud or knowing that he 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.”

Notice to Oklahoma residents: “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an 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 Pennsylvania residents: “Any person who knowingly and with intent to defraud any insurance company or other person files a 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.”

Notice to Tennessee, Virginia and Washington residents: “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.”

Notice to Texas residents: “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

Notice to New York residents: “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 violation.”

Signatures

Applicant's name (please print)

Title (please print)

Applicant's signature

Date

Name (please print)

Title (please print)

Signature

Date

If this application is completed in Florida, please provide the insurance agent's name and license number as designated. If this application is completed in Iowa, please provide the insurance agent's name only.

Name of insurance agent

License number

A policy cannot be issued unless the application is properly signed and dated.