



DECOTIS
SPECIALTY INSURANCE

**FINANCIAL INSTITUTIONS RISK
PROTECTOR® APPLICATION**

Management and Professional Liability for Financial Institutions

NOTICES:

IF A POLICY IS ISSUED, DEFENSE COSTS WILL REDUCE THE LIMITS OF LIABILITY (AND, THEREFORE, AMOUNTS AVAILABLE TO RESPOND TO SETTLEMENTS AND JUDGMENTS) AND WILL BE APPLIED AGAINST APPLICABLE RETENTIONS.

IF A POLICY IS ISSUED, COVERAGE WILL BE GENERALLY LIMITED TO LOSS FROM CLAIMS FIRST MADE AGAINST INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER AS THE POLICY REQUIRES.

INSTRUCTIONS: The words “you”, “your” and “Applicant” refer to the Named Applicant and all the other entities applying for coverage. The General Information Section, Financial Information Section, Policy Coverage Details Section, and the Current Insurance Details Section need to be completed in their entirety as well as those sections for which the Applicant is applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment. In the event that you are applying for Bankers Professional Liability coverage, the Bankers Professional Liability Supplemental Application must be completed and will be attached to, and made part of, this Application. This Application, its respective attachments, supplements and any other related information or documentation you provide (or indicate is available on a website) will constitute a single “Application”.

Section A. GENERAL INFORMATION

1. Named Applicant: _____
Address of Named Applicant: _____
City: _____ Domicile State: _____ Zip Code: _____
2. State of Incorporation: _____
3. Years of Operation: _____
4. Is the Applicant a General or Limited Partnership? Yes No
5. Does the Applicant or any of its Subsidiaries act as a general partner in any partnership? Yes No
6. (a) Applicant’s Primary Nature of Business: _____
(b) Applicant’s Primary SIC Code: _____
7. The Applicant does not own, operate, manage, or control any captive insurance company or foresee the formation, ownership, or participation in the ownership of any captive insurance company in the future, except for the following captive insurance companies (“Captive(s)”: _____
8. Does any Captive listed above conduct any third party business or will any Captive listed above conduct any third party business in the future? Yes No
9. What coverage is the Applicant applying for?

omission, which could give rise to a claim(s), suit(s) or action(s) under the proposed policy with regard to:

Private Company Directors and Officers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Public Company Directors and Officers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employment Practices Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Fiduciary Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Bankers Professional Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Insurance Company Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
netAdvantage Security & Privacy Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employed Lawyers Professional Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If "Yes" was checked with respect to any of the above, please attach complete details.

Please answer Questions 4 through 6 if applying for Employed Lawyers Professional Liability.

4. Is any employed lawyer or the Applicant aware, after reasonable inquiry, of any claims or actions against any person proposed for insurance in his or her capacity as an employed lawyer within the past three (3) years?

Yes No N/A

If "Yes," please attach complete details.

5. Is any employed lawyer or the Applicant aware, after reasonable inquiry, of any act, error or omission which may be reasonably be expected to give rise to a claim against any employed lawyer or has the Applicant or any employed lawyer been charged in any civil, criminal, administrative or regulatory action or proceeding with a violation of any federal, state or foreign securities law, rule or regulation? Yes No N/A

If "Yes," please attach complete details.

6. Has any employed lawyer been the subject of a reprimand or disciplined by, or refused admission to a federal or state bar, court or administrative agency? Yes No N/A

If "Yes," please attach complete details.

Please answer Questions 7 through 10 if applying for netAdvantage Security & Privacy Liability.

7. Is Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a claim against for invasion or interference with rights of privacy, wrongful disclosure of personal information, or which might otherwise result in a claim against the Applicant with regard to issues related to Security & Privacy Liability? Yes No N/A

If "Yes," please attach complete details.

8. During the past three (3) years, has anyone filed suit or made a claim against the Applicant with regard to invasion or interference with rights of privacy, wrongful disclosure of personal information, or which might otherwise result in a claim against the Applicant with regard to issues related to Security & Privacy Liability? Yes No N/A

If "Yes," please attach complete details.

9. During the past five (5) years, has a complaint, claim, demand, lawsuit or regulatory proceeding concerning the security of a computer system or website been made or initiated against the Applicant? Yes No N/A

If "Yes," please attach complete details.

10. During the past three (3) years, has the Applicant suffered any breach or failure of computer security?

Yes No N/A

If "Yes," please attach complete details.)

It is agreed that with respect to Questions 1 through 10 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, r action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

Section C. FINANCIAL INFORMATION

Please provide the following financial information for the Applicant and its Subsidiaries. Information must be from within the last twenty-four (24) months.

1. Please provide the following Financial Information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated:	(Year/Month)
Total Assets	\$
Current Assets	\$
Total Liabilities	\$
Current Liabilities	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Long-Term Debt with Maturity Date within next 18 months	\$
Cashflow from Operations	\$

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A

If "Yes," please attach complete details.

3. Has any auditor issued a "going concern" opinion for the Named Applicant's or any of its Subsidiaries' financial statements or is the Named Applicant or any of its Subsidiaries declaring bankruptcy or has the Named Applicant or any of its Subsidiaries declared bankruptcy or operated under a different name in the last 7 years? Yes No

If "Yes," please attach complete details.

Section D. DIRECTORS AND OFFICERS INFORMATION

Coverage Requested for:

Private Company Directors and Officers Liability? Yes No

Public Company Directors and Officers Liability? Yes No

Please complete this Section if applying for this coverage.

1. (a) Please provide a complete list of all Directors or Officers who are members of the board of directors (or equivalent governing body) of the Applicant and of its Subsidiaries by name and affiliation with other organizations. If included as an attachment herein, check here .
- (b) Please provide a complete list of all Officers of the Applicant and of its Subsidiaries who are not described in 1(a) above by name and affiliation with other organizations.

If included as an attachment herein, check here .

2. Please list all directly and indirectly owned entities, other than partnerships entities, that are Subsidiaries:

If included as an attachment herein check here .

Name of Company	Type of Operation	Percentage of Ownership	Date Acquired or Created	Country of Incorporation: Domestic/Foreign
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

Is coverage to include all Subsidiaries listed? Yes No

If "Yes," include complete list of all directors or officers of each Subsidiary.

If "No," include complete list of those directors or officers of each Subsidiary for which coverage is requested.

If included as an attachment herein, check here .

3. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past twenty-four (24) months? Yes No

4. Are there any plans being for a merger, an acquisition or a consolidation of or by the Applicant or any of its Subsidiaries in the next twelve (12) months? Yes No

If "Yes," have these plans been approved by any of the following? Please check all that apply.

Board of Directors (or equivalent governing body) and Date of Approval: ____

Shareholders and Date of Approval: ____

5. Does the Applicant or any of its Subsidiaries anticipate any registration of securities under the Securities Act of 1933 (or any similar state or foreign rule or law) or any other offering of securities within the next twenty-four months? Yes No

If "Yes," please attach complete details and submit offering materials if available, including the Offering Size and Use of Proceeds.

6. Does any Applicant engage in any securitizations? Yes No

If "Yes," please attach complete details on all securitizations in the last twenty-four (24) months, including, but not limited to, the number of securitizations, the amount of each securitization, the assets underlying each securitization, whether the securitization was on balance sheet versus off balance sheet, the securitization service provider(s) and advisor(s) used, etc.

7. Has the Applicant experienced changes to its board of directors or to key executives over the past year?

Yes No If "Yes," please attach complete details.

8. Does the Applicant have any of the following Committees? Please check all that apply.

Audit Compensation Nominating

9. Does the Applicant's charter or by-laws contain indemnification provisions? Yes No

10. Does any Applicant provide services to its customers or clients for a fee or compensation? Yes No

Please answer questions 11(a) - (g) through 13 if applying for Private Company Directors and Officers Liability:

11. (a) Are any of the Applicant's securities or those of its Subsidiaries publicly traded or the subject of a "shelf registration?" Yes No
Exchange(s): _____ Ticker Symbol(s): _____
- (b) Total number of voting shares outstanding: _____
- (c) Total number of voting shareholders: _____
- (d) Total number of voting shares owned by its Directors and Officers (direct and beneficial): _____
- (e) Does any shareholder own five percent (5%) or more of the voting shares directly or beneficially?
Yes No
If "Yes," please designate name and percentage of holdings. _____
If included as an attachment herein, check here .
- (f) Is any of the stock held by the Employee Stock Ownership Plan? Yes No
If "Yes," what is the percentage? _____% Is it leveraged? Yes No
- (g) Does the Applicant of any of its Subsidiaries have a portion of its private company debt purchased by the public? Yes No
If "Yes," please provide the amount: \$_____
If "Yes," please provide the Debt Rating: _____
12. Within the last twelve (12) months, has any Applicant had any private placement, or anticipate having any private placements or other offering of securities within the next 12 months? Yes No
If "Yes," what is the amount of proceeds from the private placement? \$_____
13. Within the last twelve (12) months, has any Applicant had an offering of securities exempted pursuant to section 3(b) of the Securities Act of 1933? Yes No

Please answer question 14(a - (c) if applying for Public Company Directors and Officers Liability:

14. (a) Are (or have there been) any securities of the Applicant or of any Subsidiary thereof publicly traded or the subject of a shelf registration? Yes No
- (b) If "Yes" to question 14(a), please attach the following information for each entity:
If included as an attachment herein, check here .
- (i) The name of the entity and the type of securities which are publicly traded or the subject of a shelf registration: _____.
- (ii) Total number of voting shares outstanding: _____.
- (iii) Total number of voting shareholders: _____.
- (iv) Total number of voting shares owned by members of its board of directors (or equivalent governing body) (direct and beneficial): _____.
- (v) Total number of voting shares owned by its directors or officers (direct and beneficial) who are not members of its board of directors (or equivalent governing body): _____.
- (vi) Does any shareholder own five percent (5%) or more of the voting shares directly or beneficially?
Yes No
If "Yes," please attach name and percentage of holdings.
- (vii) Are there any other securities convertible to voting stock? Yes No
If "Yes," please attach complete details.

(c) For those entities proposed for insurance whose securities are not publicly traded or subject of a shelf registration, please attach the following information for each entity:

If included as an attachment herein, check here .

- (i) Total number of voting shares outstanding: _____.
- (ii) Total number of voting shareholders: _____.
- (iii) Total number of voting shares owned by members of its Board of Directors (or equivalent governing body) (direct and beneficial): _____.
- (iv) Total number of voting shares owned by its Directors or Officers (direct and beneficial) who are not members of its Board of Directors (or equivalent governing body): _____.
- (v) Does any shareholder own five percent (5%) or more of the voting shares of such entity directly or beneficially? Yes No

If "Yes," attach name and percentage of holdings.

Section E. EMPLOYMENT PRACTICES INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

Please provide the following information regarding Employees, including Directors and Officers:

1. Enter the TOTAL number of employees (by type) in the boxes below.

Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)

Number Employees in ALL STATES/JURISDICTIONS:

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			

Total Number of Independent Contractors	
---	--

2. Enter the number of employees (by type) in the specified jurisdictions ONLY in the boxes below.

Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)

Number of Employees located in CALIFORNIA ONLY:

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
---	--

Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
---	--

3. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?

Domestic: Year ____, ____% Year ____, ____% Year ____, ____%
Foreign: Year ____, ____% Year ____, ____% Year ____, ____%

4. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?

Yes No

If "No," does the Applicant and any of its Subsidiaries have other designated/qualified staff member(s) serving the equivalent function? Yes No

For all "No" answers, how are these issues handled and by whom? Please attach full details.

5. Does the Applicant or any of its Subsidiaries have a human resources manual or equivalent written management guidelines? Yes No

If "Yes", does it address the following issues?

- Legally prohibited Discrimination Yes No
- Sexual Harassment Yes No
- Compliance with the Americans with Disabilities Act Yes No
- Compliance with the 1991 Civil Rights Act Yes No
- Compliance with the Family Medical Leave Act Yes No
- Employee disciplinary actions Yes No
- Terminations, layoffs and early retirements Yes No
- Employee appraisals / reviews Yes No

For all "No" answers, how are these issues handled and by whom? Please attach full details.

6. Do employees certify that they have reviewed the HR material and will comply with its Terms and Conditions?

Yes No

7. Do these staff members receive training in the proper implementation of your personnel policies and procedures?

Yes No

8. Does the Applicant and any of its Subsidiaries have an Employee Handbook? Yes No

If "Yes," is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? Yes No

9. Does the Applicant and any of its Subsidiaries conduct employee training with regards to discrimination and harassment? Yes No

10. Has the Applicant and any of its Subsidiaries implemented and adopted anti-discrimination/harassment policies? Yes No

11. Is there a formalized process in place for reporting complaints/ harassment? Yes No

If "Yes," do employees know this action will not result in a retaliatory action? Yes No

12. Has Legal Counsel reviewed the HR Guidelines in the last 2 years? Yes No

13. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department?

Yes No

If "Yes," please provide details.

If "No," please provide details on how these issues are handled.

14. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant or any of its Subsidiaries contemplate undergoing during the next twelve (12) months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)?

Yes No

If "Yes", please attach full details.

(a) Have there been any structured layoffs in the past twenty-four (24) months? Yes No

If "Yes," what percentage of employees? 1-10% 11-25% Over 25%

(b) Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay off procedure? Yes No

(c) Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs? Yes No

(d) Please provide the number of layoffs that have occurred or are about to occur. ____

(e) Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work? Yes No

15. Has a discrimination or harassment claim been filed against an executive or officer in the last five (5) years?

Yes No

If "Yes," please describe the claim, the disposition of same and the disciplinary action taken against that executive or officer.

16. Does the Applicant ensure that each employee is aware of state and federal discrimination, sexual harassment and civil rights laws with respect to third parties (i.e. clients or customers)? Yes No

17. Does the Applicant have policies or procedures outlining employee conduct when interacting with third parties (i.e. customers or clients)? Yes No

If "Yes," please provide a copy.

18. Has the Applicant implemented a formal procedure for recording and handling the discrimination, sexual harassment and civil rights complaints of third parties (i.e. customers or clients)? Yes No

If "Yes," please provide a copy.

Section F. FIDUCIARY LIABILITY INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

1. List of Plans for which coverage is requested:

If included as an attachment herein check here .

Full name of plan to be covered	Type of Plan (fill in all that apply)*	Does the Plan invest in employer securities?	Total amount of plan assets	Number of Plan participants	Are all plan assets held in trust by a bank, registered investment company or insurance company?	Does the Plan hold or permit investment in collectibles?

—	—	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	—	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
—	—	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	—	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
—	—	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$___	—	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Types of Plans:

1 = 401(k)	2 = Profit Sharing	3 = ESOP	4 = Money Purchase Pension	5 = Defined Benefit
6 = Cash Balance	7 = Welfare Benefit	8 = Stock Option Plan	9 = Multiemployer Plan or Multiple Employer Plan	10 = Other

2. If you listed any 401(k) plan(s) in Question 1, please answer this question. If there is no 401(k) plan(s), please proceed to Question 3.

(a) Do plan participants have at least three investment options, each with a materially different risk and return characteristic (for instance an equities fund, a bond fund, and a money market fund)? Yes No

3. If you listed any defined benefit plan(s) in Question 1, please answer this question. If there are no defined benefit plan(s), please proceed to Question 4.

(a) Are all defined benefit plans adequately funded in accordance with ERISA or any applicable similar, common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, as attested to by an actuary? Yes No

(b) Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions? Yes No

(c) Has any defined benefit plan undergone a conversion to a cash balance plan or is any such conversion being considered? Yes No

4. If in the answer to Question 1 above, you indicated that any plan invests in employer securities, please complete the following:

(a) Was the value of the shares in the plan established through an independent appraisal performed annually? Yes No

(b) What is the per-share value now? \$___
 What was the per share value the year before? \$___
 What was the per share value the year before that? \$___
 What was the per share value at plan establishment? \$___

5. In the past twenty-four (24) months has there been, or in the next twelve (12) months is there anticipated, any amendment that has resulted in or is expected to result in any reduction of benefits, including but not limited to an increase in participants' share of costs? Yes No

If "Yes," please attach complete details.

6. Have any of the Applicant's plans (or portion of any plan) been spun off (sold), transferred, or terminated or is any such transaction contemplated? Yes No

If "Yes," please attach complete details.

Section G. BANKERS PROFESSIONAL LIABILITY INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

1. (a) Regulatory agency with examination authority: ____

(b) Date of last examination: ____

2. Does Applicant have a Banker's Blanket Bond in force? Yes No

If "Yes," please indicate the following:

Name of Carrier: ____ Limit of Liability: ____ Expiration Date: ____

3. To request coverage for a professional service, please place an "X" in the box next to each professional service requested and complete the corresponding Section in the Bankers Professional Liability Supplemental Application:

(1) The administration of trusts, estates or guardianships within the Company's Trust Department, including the rendering of investment advice and valuation services in connection therewith.

(2) The administration of Individual Retirement Accounts or Keogh Retirement Accounts.

(3) Acting as a receiver, trustee in bankruptcy or assignee for the benefit of creditors.

(4) The administration of a program for the lending of securities administered for trust and custodial customers where there is a specific written instrument authorizing the applicant to so act on behalf of such customer.

(5) Acting as a trustee under bond indenture.

(6) Acting as a dividend disbursing agent, exchange agent, redemption or subscription agent, or warrant or scrip agent.

(7) Acting as a fiscal or paying agent, or tax withholding agent.

(8) Acting as a custodian or depository, or a managing agent for securities or money.

(9) Acting as an escrow agent.

(10) Acting as a registrar, transfer agent or clearing agent.

(11) Acting as a fiduciary as defined by the Employee Retirement Income Security Act of 1974.

(12) Acting as a tax planner and/or tax preparer to trusts, estates and individuals.

(13) The servicing of any loan, lease or extension of credit including, but not limited to, record keeping, billing and disbursements of principal and interest, insurance premium and taxes, determination of the depreciation amounts for leased property (but not for projections of or an appraisal for residual value of leased property); Loans shall include all types of consumer or commercial lending activity including consumer finance, commercial finance, consumer banking and mortgage banking (including mortgage backed securities or other securities representing pooled assets) except financing for Leveraged Buy-Outs.

(14) Acting as a securities broker/dealer for the account of others.

(15) Sale of Municipal General Obligation Bonds with an rating of A+ or better by Standard & Poor's or A1 or better by Moody's Investors Services at the time of issuance.

(16) Acting as an investment advisor and/or financial advisor and/or economic advisor and/or investment manager (unless acting as an Investment Advisor to Investment Companies, as each is defined in the Investment Company Act of 1940) pursuant to a written contract defining the scope of such advice and/or services and the compensation to be paid therefore, provided that these services are not rendered in the Insured's trust department.

(17) Acting as a consumer financial planner to individuals.

- (18) Acting as a wire transfer agent.
- (19) Accounting, net asset valuation or transfer services for mutual funds that are Open-End Investment Companies as registered with the Securities and Exchange Commission under the Investment Company Act of 1940.
- (20) Acting as a notary public.
- (21) Acting as a real estate broker or agent or real estate appraiser and/or managing real or personal property for others (other than Real Estate Investment Trust Management).
- (22) Acting as an insurance agent or broker, or otherwise rendering advice or recommendations regarding insurance.
- (23) Sale of travelers checks, certified checks or money orders.
- (24) The administration or sale of credit cards or credit card services.
- (25) The administration or lease of lockboxes.
- (26) Electronic data processing services, data collection services or acting as a custodian for database or sensitive information stored electronically.
- (27) Specified Other Professional Service not listed above.

Section H. INSURANCE COMPANY LIABILITY INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

1. What is the percentage of revenues derived from each of the following:

Property & Casualty: ___%	Life, Accident & Health: ___%
Reinsurance: ___%	Other (please explain): ___%

- 2. (a) Direct written premium for all entities for most recent year: \$___
- (b) Estimated direct written premium for all entities for current year: \$___
- (c) Net written premium for all entities for most recent year: \$___
- (d) Estimated net written premium for all entities for current year: \$___
- 3. Are any services performed by the Applicant for non-policyholders? (e.g., claims adjusting, safety engineering, loss control, actuarial consulting, rehabilitation services, premium financing, other.) Please list, describe and include expected revenues generated. If included as an attachment herein check here .

- 4. (a) Regarding facultative and treaty reinsurance contracts Applicant buys to reinsure itself, with respect to coverage of punitive and exemplary damages the contracts are:
 - Silent
 - Specifically Included
 - Specifically Excluded
- (b) Please provide names of principal treaty reinsurers of Applicant and their respective ratings:

Principal Treaty Reinsurers of Applicant	Reinsurers' Ratings

5. Claim Services:

(a) Number of claims handling personnel:

Adjusters: ____	Medical Staff: ____
Examiners: ____	Attorneys: ____

(b) Approximate total number of claims handled annually:

ALBI: ____	ALPD: ____	APHD: ____	GL: ____	WC: ____
Life Individual: ____	Life Group: ____	A&H Individual: ____	A&H Group: ____	Other (please describe): ____
Miscellaneous Casualty & Fire & Allied: ____				

(c) Does the Applicant contract outside adjustment services? Yes No

If "Yes," please indicate the percentage of claims that are handled by outside adjustment services and attach a copy of standard contract. ____%

6. List the five largest premium volume states and approximate Direct Written Premium for each state:

State	Direct Written Premium
____	\$ ____
____	\$ ____
____	\$ ____
____	\$ ____
____	\$ ____

7. Total Premium Volume:

	Last Year	Current Year
Direct Written Premium	\$ ____	\$ ____
Net Written Premium	\$ ____	\$ ____

8. Please provide the following information regarding the Applicant's procedures for the handling, assessment and monitoring of all actual lawsuits against the Applicant, its directors, officers or employees for Wrongful Acts in the performance of Professional Services (as defined in the Insurance Company Liability Coverage Section of the policy), including, but not limited to, lawsuits alleging errors or omissions or seeking extra-contractual, punitive or bad faith damages.

(a) Does the applicant have established procedures? Yes No

If "Yes," please describe:

(b) Is a written directive for these procedures in effect? Yes No

If "Yes," please provide a copy.

(c) Who is (are) the senior person(s) responsible (i.e., senior claims department personnel, general counsel, etc.) monitoring and assessing lawsuits of this nature?

Name(s)	Title(s)	Department(s)

Section I. netADVANTAGE SECURITY & PRIVACY LIABILITY INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

1. Does the Applicant have a written corporate-wide privacy policy? Yes No

If "Yes," please attach a copy and answer the questions below:

(a) Has it been reviewed by a qualified attorney? Yes No

(b) Does the Applicant's privacy policy allow you to share information with third parties?

Yes, if consumers "opt in" Yes, unless consumers "opt out" No

2. Does the Applicant collect, store, maintain, or distribute credit card data or personally identifiable consumer information? Yes No

If "Yes," please describe below:

3. Does Applicant have an Internet privacy policy posted on its website? Yes No

If "Yes," has it been reviewed by a qualified attorney? Yes No

4. How often is the Applicant's privacy policies reviewed and updated?

Annually Quarterly Other: ____

5. Does Applicant employ a chief privacy officer? Yes No

If "No," what position is responsible for management of, and compliance with, Applicant's privacy policies?

6. Within the past two (2) years, has Applicant passed an outside privacy audit or has Applicant received a privacy certification? Yes No

If "Yes," please provide a copy.

7. Within the last twelve (12) months, has Applicant completed an internal audit or assessment to determine Applicant's compliance with regulations and laws concerning the protection of privacy rights? Yes No

If "Yes," please answer the following:

(a) Have all recommendations or issues been resolved? Yes No

(i) If "No," please describe the recommendation(s), outline timetable for compliance or explain why the recommendation(s) will not be implemented: _____

_____ If included as an attachment herein check here .

8. Within the past two (2) years, has Applicant passed an outside privacy audit or has Applicant received a privacy certification? Yes No

If "Yes," please provide a copy.

9. Within the last twelve (12) months, has Applicant completed an internal audit or assessment to determine compliance with Applicant's privacy policy? Yes No

If "Yes," please answer the following:

- (a) Have all recommendations or issues been resolved? Yes No

(i) If "No," please describe the recommendation(s), outline timetable for compliance or explain why the recommendation(s) will not be implemented: _____

If included as an attachment herein check here .

10. Does Applicant have a document retention and destruction policy? Yes No

11. Does Applicant have, and enforce, a clean desk policy?

Yes, for all areas Yes, in selected areas No

If the clean desk policy only applies to selected areas, please describe: _____

12. Does the Applicant provide training for employees on privacy, data security and related issues? Yes No

13. Has the Applicant entered into any data sharing or interchange agreements with another entity? Yes No

If "Yes," please answer the following:

(a) Does Applicant require others providing data processing or technology services to Applicant to sign a data sharing or interchange agreements, or does Applicant otherwise address responsibility for securing data in your written contracts with such entities? Yes No

(b) Are all contracts reviewed by legal counsel? Yes No

If "Yes," to 13(a) or (b) above, please provide a copy of Applicant's standard contract.

14. (a) Does Applicant's contracts with vendors and others with whom Applicant shares Personally Identifiable Information require the other party to defend and indemnify Applicant for legal liability arising from any release or disclosure of the information due to the negligence of the vendor or other party? Yes No

(b) Does Applicant require vendors to maintain professional liability insurance? Yes No

15. Does Applicant require all vendors to whom Applicant outsources technology or data processing functions to demonstrate adequate security of computer systems? Yes No

If "Yes," please check all that apply.

Vendor must supply SAS 70 Vendor must provide security audit

Security is assessed by internal staff Other (describe: _____)

16. In all cases, does the Applicant's hiring procedure include the following? Please check all that apply.

	<u>All Employees</u>	<u>Some Employees*</u>	<u>All Independent Contractors</u>	<u>Not Required</u>
Criminal Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Background:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work History:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If hiring procedures are only required in some cases, please describe when such procedure is required:

17. Does the Applicant sell, or otherwise release consumer or client information to:

(a) Related entities? Yes No

(b) Outside entities? Yes No

If "Yes," to 17(a) or (b) above, in all cases is the Applicant's agreement to sell or release such information subject to a written agreement? Yes No

Please attach a copy of Applicant's written agreement to sell or release information.

If no written agreement is required, please describe the exact circumstances when written agreements are not required.

If included as an attachment herein check here .

Section J. EMPLOYED LAWYERS PROFESSIONAL LIABILITY INFORMATION Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

1. Please provide the number of attorneys employed by the Applicant in their capacity as such: ____
2. Does the Applicant's legal department provide legal advice or issue a legal opinion with respect to securities law or certify a registration statement filed under the Securities Exchange Act of 1934? Yes No
3. (a) Does any employed lawyer serve on the Board of Directors or equivalent governing body of the Applicant or its subsidiaries? Yes No
(b) Does the Applicant or its subsidiaries permit or require employed lawyers to issue written legal opinions to outside parties in connection with sales, acquisitions or other transactions? Yes No
(c) Does any employed lawyer serve on a due diligence committee or perform legal services regarding any merger, acquisition or a consolidation of or by the Applicant or its subsidiaries? Yes No
4. Do the Applicant's employed lawyers appear in court on behalf of the Applicant or any other party?
Yes No
5. Does the Applicant wish to exclude coverage for acts of employed lawyers that are committed outside of the course of their employment by the Applicant? Yes No
If "No," does any employed lawyer provide personal legal services with respect to criminal, matrimonial, or intellectual property law or estate/financial planning? Yes No

Section K. CLAIM REPORTING PROCEDURES

1. Within the Applicant and its Subsidiaries, where or to whom are lawsuits, administrative charges and demand letters reported?
General Counsel: ____ Human Resources: ____ Risk Management: ____ Other: ____
2. Does the Applicant have a mechanism in place for its operating companies to immediately report lawsuits, administrative charges and demand letter to a corporate office of General Counsel, Human Resources or Risk Management? Yes No

3. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Name: _____ Title: _____ Years in Current Position: _____

E-mail Address: _____ Phone Number: _____

Section L. POLICY COVERAGE DETAILS

AGGREGATE LIMIT OF LIABILITY REQUESTED FOR ALL COVERAGE SECTIONS: \$ _____

Coverage	Separate Limit of Liability Requested:	Shared Limit of Liability Requested (indicate which Coverage Sections would share limits)	Self-Insured Retention Requested
Private Company Directors and Officers Liability	\$ _____	\$ _____	Securities Claims: \$ _____
			All Other Claims: \$ _____
Public Company Directors and Officers Liability	\$ _____	\$ _____	Securities Claims: \$ _____
			All Other Claims: \$ _____
Employment Practices Liability	\$ _____	\$ _____	\$ _____
Fiduciary Liability	\$ _____	\$ _____	\$ _____
Bankers Professional Liability	\$ _____	\$ _____	\$ _____
Insurance Company Liability	\$ _____	\$ _____	\$ _____
netAdvantage Security & Privacy Liability	\$ _____	\$ _____	\$ _____
Employed Lawyers Professional Liability	\$ _____	\$ _____	\$ _____

Section M. CURRENT INSURANCE DETAILS

1. For the coverages the Applicant is applying for via this Application (for which the Applicant currently has similar insurance), provide the following details of such current insurance:

If included as an attachment herein check here .

Coverage	Does the Applicant currently have such insurance?	Current Policy Expiration Date	Current Limit	Current Retention	Current Premium	Current Carrier	Continuity Date	Loss Experience in prior 3 years? If "Yes," please attach details
Private Company Directors and Officers Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	\$ _____	\$ _____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Public Company Directors and Officers Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	\$ _____	\$ _____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Practices Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	\$ _____	\$ _____	\$ _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fiduciary Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	___	\$___	\$___	\$___	___	___	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bankers Professional Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	___	\$___	\$___	\$___	___	___ Retroactive Date:___	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	___	\$___	\$___	\$___	___	___	Yes <input type="checkbox"/> No <input type="checkbox"/>
netAdvantage Security & Privacy Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	___	\$___	\$___	\$___	___	___ Retroactive Date:___	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employed Lawyers Professional Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	___	\$___	\$___	\$___	___	___	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Has any insurance carrier refused, canceled or non-renewed any public directors and officers liability or executive liability insurance coverage? Yes No ***MISSOURI APPLICANTS NEED NOT REPLY**
If "Yes," attach full details including when and reason(s).

WE MAY REQUIRE THE FOLLOWING ADDITIONAL INFORMATION:

1. Completed, Signed and Currently Dated Original Application.
2. Copy of the indemnification provisions of the Applicant's charter and by-laws.
3. Copy of the Applicant's Employee Handbook and Human Resources Manual.
4. Latest Applicant Financials (with Treasurers Warranty Letter if not audited.)
5. If applying for Public Company Directors and Officers Liability, then provide copies of the following for the Applicant and, to the extent available, each of its Subsidiaries. If attached please indicate below. If such information is available on the Company's website, please indicate below and provide website address:

Requested Information	"Attached"	"Website"
(a) Latest annual report.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Latest 10K report filed with the Securities and Exchange Commission (SEC) (or similar state or foreign agency).	<input type="checkbox"/>	<input type="checkbox"/>
(c) Latest interim financial statement available.	<input type="checkbox"/>	<input type="checkbox"/>
(d) All proxy statements and notices of Annual Meeting of Stockholders within the last twelve months.	<input type="checkbox"/>	<input type="checkbox"/>
(e) All registration statements filed with the SEC (or similar state or foreign agency) within the last twelve months.	<input type="checkbox"/>	<input type="checkbox"/>
(f) Latest CPA management letter along with Applicant's responses to any recommendations made therein.	<input type="checkbox"/>	<input type="checkbox"/>

6. Mainform Application from current carrier (if applicable).
7. Copy of Registration Statement(s).
8. For the Applicant's five largest Pension Plans (in terms of total assets), copies of the most recent Form 5500s with all attachments, including the latest CPA-audited financial statements (if applicable). If plans are exempt from audit, plan investment portfolios.
9. For each Applicant Plan whose assets at any time within twelve months prior to the inception date of this policy was comprised of 20% or more of securities of the Named Entity, the latest CPA-audited financial statement (with investment portfolio), and complete copy of independent appraisal of employer securities, if applicable.
10. Written plan description and latest financial statement, if applicable, for any Applicant non-qualified plans.
11. If applying for Bankers Professional Liability, please provide all promotional materials and specimen contracts applicable for each Professional Service selected.
12. Any and all additional information or documentation the Insurer may require to underwrite this policy.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON.

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 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN 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 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.

NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 MINNESOTA APPLICANTS: 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 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 OHIO APPLICANTS: 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 APPLICANTS: WARNING: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed _____
Attest _____
(Applicant)

Date _____
Broker _____

Title _____ License _____

(Must be signed by President, Chairman,
Chief Executive Officer or Chief Financial Officer)
Address _____

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____

(Applicant)

Date _____

Title _____

(Must be signed by President, Chairman,
Chief Executive Officer or Chief Financial Officer)