

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

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

I. GENERAL INFORMATION

1. Name and Address of Applicant:

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2. State of Incorporation: _____

3. Date of Incorporation: _____

4. Corporation has been continually operating since: _____

5. Nature of Business: _____

6. Principal Products or Services: _____

7. Primary SIC Code(s): _____

8. Total Number of Locations (please check): one two three more than three 9. Does the Applicant operate any retail outlets? Yes No If yes, total number of retail outlets: _____

10. (a) Amount of insurance requested: \$ _____

(b) Self-insured retention desired (each loss): \$ _____

14. Are there any plans for a merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries? Yes No
- (a) If "Yes", have these plans been approved by the board of directors? Yes No
Date of Approval: _____
- (b) If "Yes", have these plans been approved by the shareholders? Yes No
Date of Approval: _____
15. Does the Applicant or any of its Subsidiaries anticipate any registration of securities under the Securities Act of 1933 or any other offering of securities within the next year? Yes No
- If "Yes", give details and submit any offering materials, if available. _____
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16. (a) There has not been nor is there now pending any claim(s) against any person proposed for insurance in his or her capacity of either Director or Officer of the named Applicant or any of its Subsidiaries, except as follows: (Attach complete details. If no such claim(s), check here: None
- (b) There has not been nor is there now pending any claim(s) against the Applicant or any of its Subsidiaries with regard to the securities of the Applicant or any of its Subsidiaries, except as follows: Attach complete details. If no such claim(s), check here: None
17. (a) No Director or Officer has knowledge or information of any act, error or omission which might give rise to a claim(s) under the proposed policy except as follows: (Attach complete details. If they have no such knowledge or information, check here: None
- (b) Neither the Applicant nor any of its Subsidiaries has knowledge or information of any act, error or omission which might give rise to a claim(s) under the proposed policy except as follows: (Attach complete details. If they have no such knowledge or information, check here: None
18. Has the Applicant, any of its Subsidiaries or any Director and/or Officer:
- (a) Been involved in any antitrust, copyright or patent litigation? Yes No
- (b) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes No
- (c) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes No
- (d) Been involved in any representative actions, class actions, or derivative suits? Yes No

IF ANY OF THE ABOVE ARE ANSWERED "YES", ATTACH FULL DETAILS

It is agreed that with respect to Questions 17 and 18 above, if such knowledge, information or involvement exists, any claim or action arising therefrom is excluded from the proposed coverage.

19. Previous Directors and Officers Insurance:

(a) Name of insurance company	_____

(b) Limit of Liability	_____

(c) Self-insured retention	_____

(d) Policy expiration date	_____

(e) Premium (indicate one year or more)	_____

(f) Loss experience (Attach full details). If no losses, check here: <input type="checkbox"/>	

20. Has any insurance carrier refused, canceled or nonrenewed insurance coverage?*** Yes No
 (If "Yes", attach full details including when and reason(s).)

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

22. Name and Location (City) of outside law firm(s) for the following:

Securities claims: _____

Employment Practices claims: _____

Other (please specify): _____

23. Attach copies of the following for the Applicant and, to the extent available, each of its Subsidiaries:

- (a) Latest annual report.
- (b) Latest 10K report filed with the SEC (if the Company is publicly traded).
- (c) Latest interim financial statement available.
- (d) All proxy statements and Notices of Annual Meeting of Stockholders within the last twelve months.
- (e) All registration statements filed with the SEC within the last twelve months (if the Company is Publicly traded).
- (f) Copy (certified by Corporate Secretary) of the indemnification provisions of the charter and the by-laws. Also attach copy of any corporate indemnification agreement.
- (g) Latest CPA management letter along with applicant's responses to any recommendations made therein.

It is agreed that the Applicant will file with the Insurer, as soon as it becomes available, a copy of each registration statement and annual or interim report which the Applicant or any Subsidiary may from time to time file with the Securities and Exchange Commission.

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 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.

Signed: _____
(Applicant)

Date: _____

Title: _____
(must be signed by Chairman of the Board or President)

Corporation: _____
(Corporate Seal)

Attest: _____

Broker: _____

Address: _____
