

APPLICATION FOR:

**PRIVATE COMPANY PROTECTION PLUS
DIRECTORS AND OFFICERS & PRIVATE COMPANY LIABILITY INSURANCE
EMPLOYMENT PRACTICES LIABILITY INSURANCE
FIDUCIARY LIABILITY INSURANCE**

NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITER PURSUANT TO THE TERMS HEREIN. THIS POLICY PROVIDES A LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS THAT SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. FURTHER NOTE THAT DEFENSE COSTS PAID SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

INSTRUCTIONS

- Whenever used in this Application the term **Applicant** shall mean the Named Corporation and its wholly-owned/controlled Subsidiaries and their respective Directors, Officers, Trustees or Governors.
- The **Applicant** is required to complete Sections 1 and 5.
- The **Applicant** should complete the other applicable Section(s) for which coverage is desired. (See chart below)

Check Coverage Desired	Application Section	Requested Limit	Requested Retention	Requested Effective Date
General Information	1	N/A	N/A	N/A
Directors & Officers	2	\$	\$	
Employment Practices	3	\$	\$	
Fiduciary Liability	4	\$	\$	
General Summary	5	N/A	N/A	N/A

SECTION I – GENERAL INFORMATION
(The Applicant must complete this section.)

1. Name of Applicant:
2. Address:
Telephone: _____ Website Address: www. _____
3. Standard Industrial Classification (SIC) Code:
a. Federal Employer Identification Number (FEIN): _____
4. Date established: _____ State of Incorporation: _____
Form of Incorporation (Inc., Ltd., LLC, etc.): _____
5. Please describe the nature of the **Applicant's** operations:

6. The Officer of the **Applicant** designated to receive any and all notices from the underwriter or their authorized representative concerning this insurance is:
Name:

6A. Risk Management Contact: _____ Risk Management's Phone: _____
Risk Management Email: _____

SECTION II - DIRECTORS & OFFICERS INFORMATION
(Complete this section **only** if Directors & Officers Liability coverage is desired.)

7. Directors and Officers Liability Insurance has been continuously in force since:

8. **Ownership Information:**

- | | | | |
|--|--------------------------------------|-----|----|
| a. Number of common shares outstanding: | If LLC, number of membership shares: | | |
| b. Number of common shareholders: | Number of active members: | | |
| c. Total number of shares owned directly or beneficially by Directors and Officers or Board of Managers: | | | |
| d. Does(do) any shareholder(s) or group of affiliated shareholders (including an employee stock ownership plan) own more than five (5)% of the voting shares directly or beneficially? | | Yes | No |
| If yes, please provide details: | | | |
| e. Are the common shares publicly traded? | | Yes | No |
| If yes, specify the exchange and symbol: | | | |
| f. Does the Applicant have any public debt? | | Yes | No |
| If yes, please attach details. | | | |
| g. Are there any other securities which are convertible to common stock? | | Yes | No |
| If yes, please attach details. | | | |
| h. Is the applicant owned by another entity? | | Yes | No |
| If yes, please indicate the name and principal address of the other entity? | | | |

9. Provide a list of all direct and indirect subsidiaries:

Name:		Type of Business:
Percent Owned by the Applicant :	%	Date Created/Acquired:
Name:		Type of Business:
Percent Owned by the Applicant :	%	Date Created/Acquired:
Name:		Type of Business:
Percent Owned by the Applicant :	%	Date Created/Acquired:

If additional space is needed, please attach a separate page or use the additional information page provided at the end of the application.

10. In the past twenty four (24) months or in the next twelve (12) months, has the **Applicant** or will the **Applicant** be involved in any of the following: **If yes, provide details by attachment.**

- | | | |
|---|-----|----|
| Merger, acquisition or consolidation with another entity? | Yes | No |
| Sales, distribution or divestiture of any assets other than in the ordinary course of business? | Yes | No |
| Changes in the board of directors or senior management (other than death or retirement)? | Yes | No |
| Change in the Applicant's independent auditors? | Yes | No |

11. **Offering of Securities Information**

- a. In the past thirty-six (36) months, has the **Applicant** completed or agreed to any private offering of debt or equity of securities, whether or not such transactions were or will be completed? Yes No
- b. Within the next twelve (12) months, is the **Applicant** contemplating any private or public offering of debt or equity of securities? Yes No

Note: If the Applicant answered yes to 11(a) or (b), please attach the offering memorandum or prospectus describing the essential terms of each transaction, including the effective date, the professionals used, the amount of the offering and the current status of each such transaction.

12. **Financial Information**

- a. In the past thirty-six (36) months, has the **Applicant** been the subject of or agreed to a bankruptcy, reorganization or arrangement with creditors under federal or state law? Yes No
- b. Within the next twelve (12) months, is the **Applicant** contemplating any bankruptcy, reorganization or arrangement with creditors under federal or state law? Yes No
- c. Is the **Applicant** in violation of any of its debts or loan covenants? Yes No
- d. In the past thirty-six (36) months, did an Independent CPA render a "going concern" opinion? Yes No

Note: If the Applicant answered yes to 12 (a), (b), (c), or (d) please attach details including the most recent financial audit, review or compilation with the auditors notes.

13. Has the **Applicant**, a director or officer or other person proposed for this insurance been involved in any of the following: **If yes, attach complete details.**

- Anti-trust, copyright or patent infringement litigation? Yes No
- Administrative proceeding charging violation of a federal or state law or regulation? Yes No
- Representative actions, class actions or derivative suits? Yes No
- Administrative, criminal, legislative or regulatory investigation? Yes No
- Any action where a license was revoked or suspended? Yes No

It is agreed that with respect to Question #13, if such circumstances exist, any claim arising from such circumstances is excluded from the proposed insurance.

14. Indicate the following areas in which the board has implemented formal written policies and/or procedures:

Merger/Acquisition Procedures	Investment Policy	Audit Policy
Selection of New Directors	Related Party Transactions	Personnel Policy
Conflict of Interest Policy	Operations Procedures	Compensation
Affiliated Party Stock Transactions	Other Policies	

15. **Outside Directorship**

- Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity? Yes No

If yes, please complete question a - g below.

- a. Name of individual director, officer, governor or trustee:
Position Held:
- b. Name of outside entity:

Directors & Officers Liability cont'd

- c. Nature of entity's business:
- d. Percentage of ownership by **Applicant**: % Domestic or Foreign
- e. Does the outside entity provide indemnification to its Directors and Officers? Yes No

- f. Complete the following information regarding the Directors and Officers Liability Insurance carried by the outside entity:
 Insurer: _____ Limit of Liability: \$ _____ Policy Period: _____
- g. Has the outside entity or its Directors and Officers been involved in any Directors and Officers Liability litigation? Yes No

SECTION III - EMPLOYMENT PRACTICES INFORMATION
 (Complete this section only if Employment Practices Liability coverage is desired.)

16. Employment Practices Liability Insurance has been continuously in force since:
17. Please provide the following employee count information:
- | | <u>Currently</u> | <u>One Year Ago</u> | <u>Two Years Ago</u> |
|---|------------------|---------------------|----------------------|
| U.S. based employees: | | | |
| Total Full Time: | | | |
| Total Part Time: | | | |
| Volunteers: | | | |
| Temporary: | | | |
| Leased: | | | |
| Total Non U.S. based employees: | | | |
| TOTAL SUM OF ABOVE: | | | |
| Number of employees per the following states: | | | |
| | CA: | | |
| | FL: | | |
| | NJ: | | |
| | NY: | | |
| | TX: | | |
18. Total number of current employees with annual compensation greater than \$100,000:
19. How many employees have been terminated or demoted in the past twelve (12) months?
- | | | |
|------------|--------------|-----------|
| Voluntary: | Involuntary: | Laid Off: |
|------------|--------------|-----------|
20. Is any reduction of employees or change of status anticipated or being contemplated in the next year? Yes No
If yes, number estimated:
21. Does the **Applicant** anticipate any plant, facility, branch, office, or department closing, consolidation, reorganization or layoff within the next twenty-four (24) months? Yes No
If yes, attach details.
22. Does the **Applicant** have a human resources department? Yes No
If no, describe how this function is handled.
23. **Human Resource Policies and Procedures**
- | | | |
|--|-----|----|
| Does the Applicant : | | |
| have a standard employment application for all applicants? | Yes | No |
| have an employment handbook? | Yes | No |
| document the receipt of the employee handbook by the employee? | Yes | No |
| have an "At Will" provision in the employment application? | Yes | No |
| have a written policy with respect to sexual harassment? | Yes | No |
| have a written policy with respect to discrimination? | Yes | No |

- have written annual evaluations for employees? Yes No
- have a written policy on progressive discipline for employees? Yes No
- have a written policy for Family Medical Leave Act? Yes No
- have a written policy for Americans with Disabilities Act? Yes No
- have a written human resources manual or guidelines? Yes No
- use outside counsel for employment advice? Yes No
- use any tests to screen applicants or employees for continued employment? Yes No
- utilize any form of alternative dispute resolution (ADR) or an arbitration policy? Yes No
- offer severance arrangements in return for a release from future litigation? Yes No
- provide formal training for its supervisors in administering employment procedures? Yes No
- provide formal diversity or cultural sensitivity training for all of its employees? Yes No

Please provide an explanation by attachment for all no answers.

24. Third Party Policies and Procedures

Does the **Applicant**:

- a. have policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non harassment statements? Yes No
- b. have policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties? Yes No
- c. have employees who work at customer locations or perform a majority of their functions off-site? Yes No

If yes, please provide the following:

- a) Number of employees: _____ Number of locations: _____
- b) Describe the services performed / provided: _____

25. Has the **Applicant**, a director or officer or other person proposed for this insurance been involved in any of the following: **If yes, attach complete details.**
- Any discriminatory practice violation or litigation? Yes No
 - Any disciplinary action by any regulatory agency or association, including the EEOC? Yes No

SECTION IV - FIDUCIARY LIABILITY COVERAGE
(Complete this section **only** if Fiduciary Liability coverage is desired.)

26. Fiduciary Liability Insurance has been continuously in force since:

27. List all plans for which coverage is requested (use attachment if necessary):

<u>Plan Name</u>	<u>Year Established</u>	<u>Assets/ Contributions</u>	<u>Type*</u>	<u>Participants</u>	<u>Administrator</u>
Example: The ABC Manufacturing Corp 401K Plan	2000	\$1,000,000	3	75	self

- a)
- b)
- c)
- d)

*1 = Employee Welfare Benefit Plan (as defined by ERISA),
 2 = Defined Contribution Plan (as defined by ERISA),
 3 = Defined Benefit Plan (as defined by ERISA)
 4 = Other. **If "Type" is an ESOP a Fiduciary Liability - ESOP Supplement must be completed.**

If additional space is needed, please attach a separate page or use the additional information page provided at the end of the application.

- | | | | |
|-----|---|-----|----|
| 28. | Do any plan(s) employ the investment, trustee, actuarial, legal, administrative, custodial or benefits consulting services of any outside provider?
If yes, provide details by attachment. | Yes | No |
| 29. | Do the plan trustee(s) and administrator meet on a regular basis?
If yes, indicate how often such meetings are held: | Yes | No |
| 30. | Does the plan(s) have prepared audited financial statements?
If yes, please attach a copy of the latest audited financial statement and indicate when the next such statement is expected to be prepared: | Yes | No |
| 31. | Do any plans hold any contract with a guaranteed return (including Guaranteed Investment Contracts (GIC's), Guaranteed Annuity Contracts (GAC's) or Bank Investment Contracts (BIC's)?
If yes, provide details by attachment. | Yes | No |
| 32. | Has any plan requested or contemplated filing a request for termination?
If yes, provide details by attachment. | Yes | No |
| 33. | Within the past three (3) years, has any party in interest (as defined by ERISA) with respect to any plan engaged in any transaction prohibited by ERISA, including but not limited to: | | |
| | The sale, exchange or lease of property between the plan and such party? | Yes | No |
| | The lending of money or the extending of credit between the plan and such party? | Yes | No |
| | The furnishing of goods, services or facilities between the plan and such party? | Yes | No |
| | The transfer to, or use of plan assets by or for, any such party? | Yes | No |
| | The investment in or acquisition by the plan of securities or real property of any such person? | Yes | No |

If yes to any question, provide details by attachment.

- | | | | |
|-----|--|-----|----|
| 34. | Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to, an increase in participants' share of costs?
If yes, provide details by attachment. If there has been any amendment, please attach copies of amendment(s). | Yes | No |
| 35. | Has any plan been spun-off (sold), transferred or terminated?
If yes, provide details by attachment. | Yes | No |
| 36. | Are all defined benefit plans funded in accordance with the requirements of ERISA (or other applicable law) as attested to by a qualified actuary?
If no, provide details by attachment. | Yes | No |
| 37. | Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions?
If yes, provide details by attachment. | Yes | No |
| 38. | Are there or have there been within the last three (3) years any known or alleged violations of ERISA or any similar statutory or common law (including applicable amendments, rules and regulations) of the United States, Canada or any state or other jurisdiction to which a plan is subject?
If yes, provide details by attachment. | Yes | No |
| 39. | Has there been any indication from any government agency with respect to any plan that such agency is investigating or examining any aspect of such plan, including but not limited to the funding, administration or investment strategies of such plan?
If yes, provide details by attachment. | Yes | No |

40. Is Form 5500 filed on an annual basis for each plan? Yes No
If no, provide details by attachment.

SECTION V - GENERAL SUMMARY
 (The Applicant **must** complete this section.)

41. Please provide details on the following insurance coverage currently in place:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D&O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
General Liability		\$	\$		\$
Professional Liability		\$	\$		\$

- a. With respect to the above coverage, has any Underwriter refused, canceled or non-renewed coverage? (Not Applicable in Missouri) Yes No
If yes, provide details by attachment.
- b. With respect to the above coverage, has any Underwriter indicated any intent not to offer renewal terms to the **Applicant**? (Not Applicable in Missouri) Yes No
If yes, provide details by attachment.
- c. With respect to the above coverage, has the **Applicant** given notice of any claim, circumstance or potential claim to any Underwriter? Yes No
If yes, a Supplemental Claim form must be completed.

42. Has the **Applicant** given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance? Yes No
If yes, a Supplemental Claim form must be completed.

43. No person applying for this coverage is aware of any facts or circumstances which he or she has reason to presume might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the **Applicant** has applied, except: **None** or as noted below: **(Provide attachment if necessary)**

Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations whether or not disclosed in #41, #42, and #43 above is excluded from the proposed insurance.

Material Change

If there is any material change to the answers of this Application's questions prior to the policy inception date, the Applicant must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

False Information

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

As part of this Application, please submit the following documents:

- a) **Applicant's latest fiscal year end financial statement (CPA prepared) and latest interim financial statement**
- b) List of the **Applicant's** current Directors & Officers
- c) Copies of the most recently filed Forms 5500 (and attachments) for all ERISA plans for which coverage requested (If Fiduciary Liability coverage is being requested)
- d) Copies of the latest versions of the **Applicant's** employee handbook and employment applications
- e) Copy of the **Applicant's** current Directors & Officers/ EPLI Policy (optional)

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, SHOULD ONE BE ISSUED. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date