AGENCY CUSTOMER ID: _____

DIRECTORS & OFFICERS LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	FIRST NAMED INSURED	
REQUESTED EFFECTIVE DATE:	EXPIRATION DATE:	

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGES

COVERAGE	PRIMARY	EXCESS	REQUESTED LIMITS	CURRENT LIMITS	RETENTION
A - DIRECTORS & OFFICERS	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
B - COMPANY REIMBURSEMENT	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
C - COMPANY / ENTITY LIABILITY	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $

SEPARATE DEFENSE COSTS LIMIT (If Available)	DEFENSE LIMIT INSIDE	DEFENSE LIMIT OUTSIDE	PENDING & PRIOR LITIGATION DATE
☐ (Y / N) $	☐	☐	

SHARED LIMITS ☐ (Y / N) **ADDITIONAL COVERAGES ATTACHED** ☐ (Y / N)

INDICATE SECTIONS INCLUDED

☐ EPLI ☐ PROF LIABILITY ☐ CRIME ☐ FIDUCIARY ☐ ☐

ENDORSEMENTS

		FORM NUMBER (For Insurer Use Only)	TITLE	EDITION DATE
☐	WORLD WIDE COVERAGE			
☐	DULY CONSTITUTED COMMITTEE CHARGE			
☐	ODL - NON PROFIT			
☐	ODL - FOR PROFIT			
☐	PROFESSIONAL SERVICES COVERAGE			
☐				
☐				
☐				
☐				
☐				
☐				

FINANCIAL STATEMENT INFORMATION

DATE FINANCIAL INFORMATION PREPARED	OUTSIDE AUDITOR (Y / N)	IF "YES", PLEASE ANSWER THE FOLLOWING:	Y / N
	☐	1. ANY CHANGES TO THE OUTSIDE FINANCIAL AUDITOR IN THE LAST THREE (3) YEARS?	☐
		2. HAS ANY AUDITOR ISSUED A "GOING CONCERN" OPINION FOR THE APPLICANTS OR ANY OF ITS SUBSIDIARIES FINANCIAL STATEMENTS?	☐

CURRENT YEAR:	FROM:	TO:					
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS
$	$	$	$	$	$	$	$
PRIOR YEAR:	**FROM:**	**TO:**					
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS
$	$	$	$	$	$	$	$

NOT FOR PROFIT

CURRENT YEAR FUND BALANCE (NET ASSETS)	PRIOR YEAR FUND BALANCE (NET ASSETS)	ORGANIZATION TAX EXEMPT? (Y / N)
$	$	☐

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Attach to ACORD 825

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AGENCY CUSTOMER ID: _____

PRIVATE

# OWNERS	# VOTING SHARES OUTSTANDING	TOTAL # VOTING SHARES	# VOTING SHARES OWNED BY DIRECTORS	# VOTING SHARES OWNED BY OFFICERS

OWNERSHIP / ORGANIZATION STRUCTURE

LIST ALL DIRECTORS AND OFFICERS OF THE POLICYHOLDER (Attach additional sheets if more space is required)

NAME	AFFILIATION WITH OTHER ORGANIZATIONS

LIST ALL OTHER PROPOSED INSURED INDIVIDUALS (Attach additional sheets if more space is required)

NAME	TITLE	RESPONSIBILITY	AFFILIATION WITH OTHER ORGANIZATIONS

LIST ALL SUBSIDIARIES, FOUNDATIONS AND CHARITABLE TRUSTS (Attach additional sheets if more space is required)

NAME	NATURE OF BUSINESS	DATE ACQUIRED/ CREATED	% OWNERSHIP BY PARENT

LIST ALL SHAREHOLDERS DIRECTLY OR BENEFICIALLY HOLDING 5% (OR MORE) OF COMMON STOCK (Attach additional sheets if more space is required)

NAME	BOARD MEMBER (Y / N)			PERCENT OWNED

DO ALL SHAREHOLDERS THAT OWN 5% OR MORE OF THE VOTING SHARES, EITHER DIRECTLY OR BENEFICIALLY; HAVE A REPRESENTATIVE ON THE BOARD OF DIRECTORS? (Y / N) ☐

IF NO SHAREHOLDERS OWN MORE THAN 5% OR MORE, PLEASE INITIAL HERE: _____ **INITIALS**

IF THE PROPOSED POLICYHOLDER IS OWNED BY A PARENT COMPANY, LIST THE NAME OF THE PARENT:

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DURING THE LAST FIVE (5) YEARS HAS THE APPLICANT OR ANY DIRECTOR, OFFICER, MEMBERS OF THE BOARD OF MANAGERS OR ANY OTHER PROPOSED INSURED BEEN INVOLVED IN ANY CLAIMS, LAWSUITS OR ADMINISTRATIVE PROCEEDINGS?	
2. ANY CHANGES IN THE BOARD OF DIRECTORS OR SENIOR MANAGEMENT IN THE LAST THREE (3) YEARS?	
3. DURING THE LAST THREE (3) YEARS, HAS THE APPLICANT COMPLETED OR AGREED TO, OR IS CONTEMPLATING WITHIN THE NEXT 12 MONTHS; A MERGER, ACQUISITION OR CONSOLIDATION WITH ANOTHER ENTITY? (If "YES", please provide details and a financial statement from the other entity)	
4. DURING THE THE LAST THREE (3) YEARS, HAS THE APPLICANT COMPLETED OR AGREED TO, OR IS CONTEMPLATING WITHIN THE NEXT 12 MONTHS; ANY REGISTRATION FOR A PUBLIC OFFERING OR ANY PRIVATE PLACEMENT OF SECURITIES?	
5. DURING THE LAST THREE (3) YEARS, HAS THE APPLICANT COMPLETED OR AGREED TO, OR IS CONTEMPLATING WITHIN THE NEXT 12 MONTHS; A REORGANIZATION OR ARRANGEMENT WITH CREDITORS UNDER FEDERAL OR STATE LAW?	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
6. DOES THE APPLICANT OR ANY OF ITS SUBSIDIARIES ACT AS A GENERAL PARTNER IN ANY PARTNERSHIP OR ARE INVOLVED IN ANY JOINT VENTURES?	
7. ARE ANY PERSONS OR ENTITIES PROPOSED FOR THIS INSURANCE, AWARE OF ANY FACT, CIRCUMSTANCE, ACT, ERROR, OMISSION, OR SITUATION WHICH MAY GIVE RISE TO A CLAIM THAT WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE? (If "YES", has the policyholder or any insured individual, given written notice under the provisions of any prior or current insurance policy?)	
8. HAS ANY INSURER REFUSED, CANCELLED, NON-RENEWED, OR STATED AN INTENT TO NON-RENEW YOUR D&O INSURANCE? **(Missouri Applicants - Do not answer this question)**	
9. ARE ANY OF THE APPLICANTS' SECURITIES OR THOSE OF ITS SUBSIDIARIES, PUBLICLY TRADED OR SUBJECT TO PUBLIC REPORTING UNDER THE SECURITIES EXCHANGE COMMISSION ACT OF 1934?	
10. HAS THE APPLICANT HAD A BREACH OF DEBT COVENANT OR LOAN AGREEMENT?	
11. DOES THE APPLICANT PROVIDE ANY CONSULTING AND/OR PROFESSIONAL SERVICES?	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐	RESUME(S)	☐	REGISTRATION STATEMENT(S)	☐	SCHEDULE OF SHAREHOLDERS	☐	
☐	WARRANTY(IES)	☐	PRIVATE PLACEMENT MEMORANDA	☐		☐	

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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 FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S NAME (PLEASE PRINT OR TYPE)		APPLICANT'S TITLE	STATE PRODUCER LICENSE NO (Required in FL and NE)
APPLICANT'S SIGNATURE	**DATE**	**PRODUCER'S SIGNATURE**	**NATIONAL PRODUCER NUMBER**