



**Personal Director's Liability
 Insurance Policy
 Application**

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
 EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")

**NOTICE: THE PERSONAL DIRECTORS LIABILITY INSURANCE POLICY PROVIDES CLAIMS MADE
 COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY
 APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR
 SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS". THE COVERAGE
 AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER
 POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, the term "**Applicant**" shall mean the Insured Person applying for coverage.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.
3. Complete a separate Application for each directorship the **Applicant** wants covered.

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Internet Address: _____

II. SPECIFIC INFORMATION:

1. Please attach a copy of the following for each Organization in which the **Applicant** maintains a board seat:
 - For Public Companies:*
 - The latest Annual Report, including audited financial statements;
 - The most recent CPA letter to management on internal controls, together with management's response.
 - For Private & Not-For-Profit Organizations:*
 - Latest audited annual financial statements;
 - Complete descriptive narrative of operations and/or purpose of Organization;
 - Complete list of the board of directors, including the **Applicant's** complete biography and resume;
 - Ownership structure of any privately held company.
 - For All Organizations:*
 - Complete copy of each directors & officers insurance policy, including excess insurance policies written by any insurance company for each company in which the **Applicant** maintains a board seat.
2. Limit of Liability Requested: \$ _____
3. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at **Applicant's** principal address.

Complete the following questions for the Organization in which the **Applicant** serves as a director, officer, trustee, committee member or chairperson and for which the **Applicant** is requesting coverage hereunder. If the **Applicant** wants coverage for more than one directorship position, complete a separate application for each Organization.

4. Organization: _____ Public _____ Private _____ Not-for-Profit
 If public, provide stock ticker symbol _____ Federal Tax I.D. No.: _____



**Personal Director's Liability
 Insurance Policy
 Application**

5. Date **Applicant** was elected to the board of directors: _____ Date term expires: _____
6. How many board meetings were held in the last year? _____
Applicant's attendance record? _____ (meetings attended/meetings held)
7. Does **Applicant** serve as chairperson, "lead director" or on any board committees? If yes, please explain and answer question 8. If no, skip to question 9.

8. **Applicant's** attendance record at committee meetings? _____ (meetings attended/meetings held)
9. Does the **Applicant** have an ownership interest in the Organization? ___ Yes ___ No
 If yes, number of shares held _____ Percentage of outstanding shares _____

10. Please answer the following questions and provide an explanation for any "yes" answers.
- a. Is **Applicant** a present or former employee of the Organization? ___ Yes ___ No
 - b. Is **Applicant** an employee of present/former auditor of the Organization? ___ Yes ___ No
 - c. Is any family member of **Applicant** an employee of the Organization? ___ Yes ___ No
 - d. Does the **Applicant** have any relationships or responsibilities that create the potential for a "conflict of interest"? ___ Yes ___ No
 - e. Is the **Applicant** associated with any entity that receives annual charitable donations from the Organization in excess of \$10,000? ___ Yes ___ No

11. Does the **Applicant** receive any compensation from the Organization other than for board services?
 ___ Yes ___ No If yes, please explain. _____

12. Has the board of directors affirmatively waived any code of business conduct or code of ethics since the **Applicant** was elected to the board of directors? ___ Yes ___ No If yes, please explain.

13. Recent, Pending and Contemplated Changes:
- a. Whether or not such discussions have been publicly disclosed, is the Organization or **Applicant** currently involved in discussions with any other party concerning any actual or potential:
 - (i) merger, acquisition, or tender offer? ___ Yes ___ No If yes, attach details.
 - (ii) public offering of securities (whether or not such securities are required to be registered under the Securities Act of 1933)? ___ Yes ___ No If yes, attach details, including the prospectus.
 - (iii) reorganization or material change in any arrangement with lenders, bondholders, financiers or other significant creditors? ___ Yes ___ No If yes, attach details.
 - b. Is the audit committee of the board of directors currently considering replacing the Organization's outside auditors? ___ Yes ___ No If yes, attach details.

14. Past Activities/Lawsuits/Proceedings:
- a. During the last 5 years, has the Organization or **Applicant**, in any capacity, been involved in any of the following matters?
 - (i) Civil, criminal or administrative proceeding or formal or informal investigation concerning compliance or noncompliance with any federal or state securities law or regulation?
 ___ Yes ___ No
 - (ii) Any other criminal action or proceeding? ___ Yes ___ No



**Personal Director's Liability
 Insurance Policy
 Application**

(iii) Class action, derivative suit or other representative proceeding? Yes No
 If yes to any of these, attach details.

b. Other than those identified in your response to Section 14(a), has any claim been brought at any time during the last 5 years against (i) the Organization or (ii) any **Applicant** in his or her capacity as a director or officer of any entity? Yes No If yes, attach details.

15. Current Insurance:

Provide the following information with respect to any executive/directors and officers liability insurance coverage currently maintained by the Organization or by any **Applicant**:

Insurer	Limits	Retention	Policy Period	Policy Number

16. Representation: Prior Knowledge of Facts/Circumstances/Situations:

The **Applicant** is not aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE
 or _____

Without prejudice to any other rights and remedies of the Company, **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 16, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under any policy issued by the Company.

III. MATERIAL CHANGE:

If there is any material change in the **Applicant's** answers in this Application before the policy inception date, **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IV. NOTICES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Maryland, Minnesota and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

Notice of District of Columbia, Maine, Tennessee and Virginia Applicants: It is a crime to knowingly provide false,



Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

**Personal Director's Liability
 Insurance Policy
 Application**

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 Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to Louisiana and New Mexico 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 civil fines and criminal penalties.

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 Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

V. DECLARATION AND SIGNATURE:

For the purposes of this Application, the **Applicant** declares to the best of his or her knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agrees that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Date	Signature of Applicant	Print Name of Applicant
_____	_____	_____

Produced By:

Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____

Submitted By:

Agency: _____

Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____