

A capital stock company
(the "Insurer")

INVESTIGATION EDGESM APPLICATION GLOBAL ENTITY INVESTIGATION RESPONSE INSURANCE

(For new (rather than renewal) insurance)

Notices: In underwriting your submission for coverage, the insurer will rely upon the accuracy and completeness of the statements, warranties and representations contained in this form. Such statements, warranties and representations will be a basis for any policy that results and deemed incorporated into that resulting policy. If a policy results, it will provide coverage for investigations that commence during the policy period and that are reported as required under such policy. Also, amounts incurred for response costs shall be applied against the retention and then shall reduce the limit of liability available to pay covered settlement costs. Please consider this application carefully and review it with your insurance agent or broker.

MAIN APPLICATION PART

All Applicants must complete the following questions:

1. About the Applicant/Policyholder (the "Applicant")

Full (Legal) Name:			
Ticker:		State of Formation:	
Applicant Address:			

2. Desired Coverage

Amount of insurance desired (Aggregate Limit of Liability)?	\$
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3. Claims History and Anticipated Exposures

Has the Applicant or any of its subsidiaries been the subject of any investigations, whether formal or informal, by any law enforcement authority or enforcement unit of a governmental authority or securities exchange that investigates violations of securities laws, including the Department of Justice and the Division of Enforcement of the U.S. Securities and Exchange Commission, or any similar foreign authority, in the past three years?	Yes/No
Has the Applicant or any of its subsidiaries been contacted by any law enforcement authority or enforcement unit of a governmental authority or securities exchange that investigates violations of securities laws, including the Department of Justice and the Division of Enforcement of the U.S. Securities and Exchange Commission, or any similar foreign authority, with regard to accounting irregularities or other disclosure issues in the past three years?	Yes/No
Have there been any employee-generated tips, concerns or complaints reported to management in the past three years regarding substantive accounting or disclosure issues?	Yes/No
If the answer to the immediately preceding question is "yes," was there an investigation by the company as a result of such tip(s) or complaint(s)?	Yes/No

If any of the above is answered "yes," or additional details are necessary to properly answer the question, attach full details, including, where applicable, costs incurred.

IT IS AGREED THAT IF ANY SUCH INVESTIGATION, POTENTIAL EXPOSURE, PRIOR ACTION, COMPLAINT OR TIP EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION THEREWITH.

FCPA INVESTIGATION EXTENSION APPLICATION PART (Optional)

To be considered for FCPA investigation coverage, the following questions must be answered completely:

4. Please describe any policies, procedures or guidelines that the **Applicant** or any of its subsidiaries have in place to ensure compliance with the U.S. Foreign Corrupt Practice Act of 1977, as amended, or any similar foreign law, and prevention of bribery and corruption, including when they were implemented, when they were last updated, and whether an outside consultant or law firm was involved in their development.

Please attach the policies, procedures or guidelines and any additional information.

Please describe any audits that are done to ensure compliance with the policies, procedures, guidelines and applicable laws referenced above, including any remedial actions taken in response to the most recent audit.

Attach additional information if more space is needed to answer properly.

Attach a list of all the countries in which the **Applicant** or any of its subsidiaries currently have operations, do business or plan to do so in the next 18 months.

Attached

IT IS AGREED THAT, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, FCPA INVESTIGATION COVERAGE SHALL NOT BE PROVIDED IN CONNECTION WITH ANY ACTUAL OR SUSPECTED BRIBERY OF FOREIGN GOVERNMENT OFFICIALS IN A COUNTRY THAT IS NOT IDENTIFIED IN THE LIST OF COUNTRIES PROVIDED BY THE APPLICANT IN RESPONSE TO THE QUESTION ABOVE.

Has the **Applicant** or any of its subsidiaries within the past five years conducted an internal inquiry or been the subject of any inquiry or investigation by any domestic or foreign governmental agency in connection with payments of benefits or any other favors to or for the benefit of any full or part-time domestic or foreign governmental or armed services officials, agents, representatives, employees or any members of their family or any entity with which they are affiliated? If yes, please provide details including the date of the investigation, the specific acts being investigated, the outcome and the amount spent in connection with the investigation and any remedial actions taken.

Yes/No

IT IS AGREED THAT IF ANY SUCH INQUIRY OR INVESTIGATION EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION THEREWITH.

DERIVATIVE INVESTIGATION EXTENSION APPLICATION PART (Optional)

To be considered for derivative investigation coverage, the following question must be answered completely:

5. If the Applicant seeks to have a Derivative Extension endorsement added, please complete the following:

Have any of the current or past directors or officers (last 5 years) of the Applicant or any of its subsidiaries been the subject of a derivative investigation or suit?	Yes/No
If the answer is "yes," please attach full details, including, where applicable, costs incurred.	

IT IS AGREED THAT IF ANY SUCH INQUIRY OR INVESTIGATION EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION THEREWITH

IMPORTANT

- ✓ The undersigned authorized officer of the applicant declares that the statements set forth herein are true, and agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the applicant 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 by or on behalf of the insured in conjunction with this application are incorporated by reference into this application and made a part of it.

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 _____

(Applicant)

Date _____

Title _____

Corporation _____

(must be signed by President, Chief Executive Officer,
Chief Financial Officer or General Counsel)

(Corporate Seal)

Attest _____

Broker _____

Address _____

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:

Please read the following statement carefully and sign on the next page 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 response costs and, in such event, the Insurer shall not be liable for the response costs or for the amount of any covered settlement costs to the extent that such exceeds the limit of liability of this policy.

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

Signed _____

(Applicant)

Date _____

Title _____

(must be signed by President, Chief Executive Officer,
Chief Financial Officer or General Counsel)