



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

NOTICE: THE OUTSIDE DIRECTORSHIP LIABILITY COVERAGE SECTION PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE 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 COVERAGE SECTION 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 Parent Organization and all organizations 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. As part of this Application, every individual seeking coverage for service as director of an Outside Entity that is not an exempt entity under Section 501(c)(3) of the Internal Revenue Code must provide a completed Application Supplement with all required attachments.

I. GENERAL INFORMATION

- 1. Name of Applicant:
2. Address of Applicant:
City: State: Zip Code: Telephone:
3. Web address:
4. Name and Address of Primary Contact:
City: State: Zip Code: Telephone:

II. SPECIFIC INFORMATION

- 1. Limit of Liability Requested: \$
2. Policy Period Requested:
From to both days at 12:01 a.m. at the principal address of the Parent Organization.
3. Partnerships:
Is any Organization or Outside Entity currently a general partner in any limited or general partnership?
Yes No. If yes, attach details



4. Outside Entity Information:

- (a) If coverage is requested for service as a director of an Outside Entity that qualifies as an exempt non-profit corporation under Section 501(c)(3) of the Internal Revenue Code, please check the box:
 - 501(c)(3) coverage requested.
- (b) If coverage is requested for service with any Outside Entity that is not an exempt entity under Section 501(c)(3), see Instruction No. 3 above.

III. 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** authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Minnesota, New Mexico 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, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 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 of 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 and Rhode Island 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, 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 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 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 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.

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 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 Puerto Rico Applicants: 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 with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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.

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.

IV. MATERIAL CHANGE

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

V. DECLARATION AND SIGNATURE

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their 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 agree 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.

This Application must be signed by the chief executive officer and chief financial officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.



Chubb Group of Insurance Companies
 15 Mountain View Road
 Warren, New Jersey 07059

Executive Protection Portfolio SM
Outside Directorship Liability Coverage
Application

Date	Signature	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial Officer</u>

Produced By:

Agent: _____ Agency: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Submitted By:

Agency: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____



**OUTSIDE DIRECTORSHIP LIABILITY COVERAGE
 APPLICATION SUPPLEMENT**

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I. ADDITIONAL UNDERWRITING INFORMATION TO BE ATTACHED

As part of this Application, please attach the following for every Outside Entity that is not an exempt entity under Section 501(c)(3) of the Internal Revenue Code:

- The latest Annual Report, including audited financial statements;
- The most recent reports filed with the SEC on Forms 10-K and 10-Q;
- All reports filed with the SEC on Form 8-K or Schedule 13D (by any filer, with respect to any equity securities of such Outside Entity) during the preceding twelve months;
- The most recent proxy statement and (if different) the most recent definitive proxy statement filed with the SEC; and
- The most recent CPA letter to management on internal controls, together with management's response.

II. OUTSIDE ENTITY INFORMATION (To be completed for every proposed Insured Person)

Name of individual requesting coverage: _____

Name and address of the Outside Entity on whose Board of Directors this individual serves:

Business and other activities in which the Outside Entity is engaged: _____

Are any securities issued by the Outside Entity publicly traded? Yes No

If you answered "Yes" to the preceding question, provide the stock symbol for the publicly traded securities and identify any exchange on which the securities are listed or traded:

If the Outside Entity is privately held, provide the following:

Number of common shares outstanding: _____

Number of common stockholders: _____

Provide the name and ownership percentage of every direct or indirect beneficial owner of 5% or more of the common shares of the Outside Entity (whether or not the common shares or any other securities of the Outside Entity are publicly traded): _____

Does any individual proposed for coverage have any reason to believe that the Outside Entity is currently considering: (i) the issuance of any securities to the public; (ii) any merger, acquisition, tender offer or other business combination of any kind; or (iii) any reorganization or material change in any arrangement with lenders, bondholders, financiers or other significant creditors?

Yes No If yes, attach details.



Does any individual proposed for coverage have any reason to believe that the Outside Entity currently anticipates replacing its outside auditors? _____ Yes _____ No If yes, attach details.

Does any individual proposed for coverage have any reason to believe that the President, Chief Executive Officer, Chief Financial Officer or any Executive Vice President of the Outside Entity has left such office within the last three years for any reason other than death or retirement at normal retirement age? _____ Yes _____ No If yes, attach details.

Does the Outside Entity provide indemnification for its directors and officers? _____ Yes _____ No If yes, attach a copy of the by-laws or other organizational documents providing for such indemnification.

Does any individual proposed for coverage have any reason to believe either that there is now pending, or that there has been asserted at any time during the last 5 years, any claim against the Outside Entity or any of the Outside Entity's directors, officers or other employees? _____ Yes _____ No If yes, attach details.

Provide the following information with respect to any executive/directors and officers liability or other securities liability insurance coverage currently maintained by the Outside Entity (if there is more than one such policy, attach additional pages as necessary):

Insurer	Limits	Retention	Policy Period
_____	\$ _____	\$ _____	_____

III. REPRESENTATION: PRIOR KNOWLEDGE

No person proposed for coverage is 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, the **Applicant** and each proposed insured individual understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to Item III, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under any policy issued by the Company.

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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.

This Application Supplement must be signed by each individual proposed as an insured individual under the Outside Directorship Liability Coverage.

Date	Signature	Title

Produced By:

Agent: _____ Agency: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Submitted By:

Agency: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____