

DIRECTORS AND OFFICERS / EMPLOYMENT PRACTICES FOR-PROFIT APPLICATION



I. General Information Section:

1. a) Name of organization: _____
b) Organization Address: _____
2. Date Organized: _____
3. Nature of Operations: _____
4. Has the Organization been involved in any merger or acquisition within the past three (3) years, or is the Organization currently contemplating any merger or acquisitions? Yes No
(If "Yes", please give details) _____
5. List all Subsidiaries of the Organization for which coverage is requested: _____

6. Stock Ownership
 - a) Number of common shares outstanding: _____
 - b) Number of common shares owned directly or beneficially by Directors and Officers: _____
 - c) Number of common stock shareholders: _____
 - d) List any shareholder that owns directly or beneficially five percent (5%) or more of the common shares (include shareholders relationship to the Organization, if any): _____
_____NOTE: Please answer separately for each class of common stock.
 - e) Preferred Stock: Attach details of preferred stock including number of shares and schedule of ownership.
7. Securities Offerings
 - a) List details of all securities offerings (including debt offerings) made in the past five (5) years including date of offering and amount of capital raised: _____
 - b) Does the Organization contemplate any securities offerings (including debt offerings) in the next twelve (12) months? Yes No
(If "Yes", please give details) _____
8. Current Directors' and Officers' Liability Insurance (answer each item)
 - a) Insurer(s): _____
 - b) Total Limit(s): _____
 - c) Retention(s) / Deductible: _____
 - d) Total Premium: _____
 - e) Expiration Date: _____
 - f) Loss Experience (Attach full details of all claims during the past five (5) years that would fall within the scope of proposed insured). If no losses check "None." None

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g) Has any similar insurance been declined, cancelled or non-renewed? Yes No
(If "Yes", please give details) _____

II. Employment Practices Liability Section:

1. Number of Employees:

	Union	Non-Union
Full Time:	_____	Full-Time: _____
Part Time:	_____	Part Time: _____
Total:	_____	Total: _____

2. List total number of Employees in the following states:
California _____
Massachusetts _____
New Jersey _____
New York _____
Texas _____

3. How many Employees or Officers have been terminated within the past two (2) years?
Number of Employees: _____
Number of Officers: _____

4. Turnover percentage of Employees within the past three (3) years?
Year 1: _____
Year 2: _____
Year 3: _____

5. Does the Organization anticipate making any reductions in the work force within the next twelve (12) months? (If "Yes", please give details) Yes No

6. Does the Organization have a separate Human Resources Department? Yes No

7. Does the Organization have an Employee manual or handbook governing the terms and conditions of employments? Yes No

8. Does the Organization have a written policy regarding sexual or workplace harassment, Affirmative Action and Equal Opportunity Employment? Yes No

9. Does the Employee handbook contain an employment-at-will statement, disclaimer of Employment contract and disclaimer of benefit statement? Yes No

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III. Prior Knowledge Section:

1. Have there been, or are there now any claim(s) pending against the Organization or its Subsidiaries, or any person proposed for insurance that is based upon or arises from, Acts, Errors or Omissions in a capacity as Director, Officer or Employee of the Organization, or its Subsidiaries (including but not limited to demands by the past, present or potential Employees and administrative proceedings)? Yes No

(If "Yes", please give details) _____

2. Does any person proposed for this insurance have knowledge of any fact, circumstance or situation involving the Organization, its Subsidiaries or the Directors, Officers or Employees of the Organization or its Subsidiaries which he / she has reason to believe might result in any future claim(s) which might fall within the scope of proposed insurance? Yes No

(If "Yes", please give details) _____

Signature: _____

Title: _____

(Only Chairman of the Board or President)

Date: _____

One copy of each of the following documents is attached and made part of the policy:

- Complete copy of latest audited financials, including auditors notes
- Copy of latest interim financial statement
- Current list of Directors and officers
- EEO-1 Report (if required by federal law)
- Copy of employment application and employee handbook
- Copy of the indemnification provision of the Organization
- Shareholder (Common Stock and Preferred stock) listing with ownership percentages