ACORD®	DIREC	CTORS	& OFFIC	ERS	LIABILI	TY SE	CT	ION		DATE (MM/DD/YYYY)			
AGENCY				FIRS	FIRST NAMED INSURED								
POLICY NUMBER				CAR	CARRIER NAIC COD								
REQUESTED EFFECTIVE DATE:					EXPIRATION DATE:								
COVERAGES				=7									
COVERAGE	PRIMARY	EXCESS REQ	UESTED LIMITS		CURRENT LIMITS		R	ETENTION	ı				
A DIDECTORS & OFFICERS		PER	CLAIM: \$		PER CLAIM: \$		R	EQ: \$					
A - DIRECTORS & OFFICERS		AGG	iR: \$		AGGR: \$		С	URR: \$					
B - COMPANY REIMBURSEMI	ENT	PER	CLAIM: \$		PER CLAIM: \$		R	EQ: \$					
B - COMPANT REIMBORSEM	EINI	AGG	iR: \$		AGGR: \$		С	URR: \$					
C - COMPANY / ENTITY LIABI	VII.	PER	CLAIM: \$		PER CLAIM: \$		R	EQ: \$					
0 - OOMI AIVI / EIVIII I EIADI		AGG	R: \$		AGGR: \$		С	URR: \$					
		PER	CLAIM: \$		PER CLAIM: \$		R	EQ: \$					
		AGG	iR: \$										
		PER	CLAIM: \$		PER CLAIM: \$		R	EQ: \$					
		AGG	R: \$		AGGR: \$			URR: \$					
SEPARATE DEFENSE COSTS	LIMIT (If Available)					DEFENSE LI		ENDING &	PRIOR LITIGATI	ON DATE			
(Y / N) \$													
SHARED LIMITS	(Y / N) A	DDITIONAL C	OVERAGES ATT	ACHED	(Y / N)								
INDICATE SECTIONS INCLUD	DED												
EPLI	FIDUCIARY												
PROF LIABILITY													
CRIME							П						
ENDORSEMENTS		7		$\sim$	/ / /								
EQRIM NUMBER (For Insurer Use Only)			TITLE	EDITION DATE									
WORLD WIDE COVERAG	GE						$oxed{\square}$						
DULY CONSTITUTED CO	OMMITTEE CHARGE												
ODL - NON PROFIT													
ODL - FOR PROFIT													
PROFESSIONAL SERVICE	CES COVERAGE												
FINANCIAL STATEME													
DATE OF FINANCIAL INFORM	IATION	OUTSIDE AUDI	ITOR (Y / N) IF "YES", I		VER THE FOLLOWI THE OUTSIDE FINA		P IN THE	I AST TH	DEE (3) VEARS?	Y/N			
PERIOD OF FINANCIAL INFO	RMATION		2. HAS A	NY AUDITOR	ISSUED A "GOING	CONCERN" OP							
	O:		TS SU	JBSIDIARIES	FINANCIAL STATEN	MENTS?							
CURRENT YEAR:	OUDDENT AGGETG	INVENTORY	0.001	OUD	DENT LIABILITIES	TOTAL LIADU	ITIEO	TOTAL	DEVENUE	NET INCOME / LOSS			
	CURRENT ASSETS	INVENTORY			RENT LIABILITIES	TOTAL LIABIL	IIIES		REVENUE	NET INCOME / LOSS			
	\$	\$	\$	\$		\$		\$		\$			
PRIOR YEAR:	CUDDENT ASSETS	INVENTORY	04011	0115	DENT LIABILITIES	TOTAL LIAD!	ITIES	TOTAL	DEVENUE	NET INCOME / LOSS			
				CURRENT LIABILITIES		TOTAL LIABILITIES		REVENUE	NET INCOME / LOSS				
	<b>\$</b>	\$	\$	\$		\$		\$		\$			
NOT FOR PROFIT	NCE (NET ASSETS)		DDIOD VEA	D EIIND DAL	NCE (NET ASSETS	١			OPGANIZATION	TAY EYEMDT? (V / N)			
	·		K LOND RAL	IND BALANCE (NET ASSETS)				ORGANIZATION TAX EXEMPT? (Y / N)					
\$ PRIVATE			\$										
PRIVATE  PARENT COMPANY / ORGAN	IZATION (if applicable	<u> </u>		# OWNERS	# VOTING SHARI	ES TOTAL#		# VOTING	SHARES	# VOTING SHARES			
TARLET COMPANY / ORGAN	ESTION (III applicable	7		# OWNERS	OUTSTANDING	VOTING SI	HARES		BY DIRECTORS	OWNED BY OFFICERS			

AGENCY	CUSTOMER	ID:

OWNIED CLUD	/ OPGANIZATION STRUCTURE	

OWNERSHIF / ORGANIZATION STRUCTURE											
LIST ALL DIRECTORS	AND (	OFFICERS OF THE	POLICYHO	DLDER (Attach addition	nal sheets if more space	is required)					
NAME				AFFILIATION WITH C	THER ORGANIZATIONS						
LIST ALL OTHER	PROF	OSED INSURED IN	NDIVIDUAL	S (Attach additional sh	eets if more space is rec	uired)					
NAME	TITL			RESPONSIBILITY		_	TION WIT	L OT	HED OD	GANIZATIO	NC
IVANIL	1111			KESFONSIBILITI		AFFILIA	IION WII	11 01	IILK OK	GANIZATIO	113
LIST ALL SUBSIDIARIES,	FOUN	JDATIONS AND CH	IARITABI F	TRUSTS (Attach addit	tional sheets if more spa	ce is requir	ed)				
		T		TROOTO (Attaon duan	nonal onecto il more spa	oc io requir		ACQ	UIRFD/	% OWN	RSHIP
NAME		NATURE OF BUS	SINE 35				C	REAT	UIRED/ ED	% OWNE	RENT
LIST ALL SHAREHOLDERS DIRECTLY OR E	BENE	FICIALLY HOLDING	3 5% (OR M	IORE) OF COMMON ST	OCK (Attach additional s	sheets if mo	re space	is re	quired)		
NAME							BOAR	D ME	MBER	PERCENT	OWNED
IVANIE O	F		$\overline{}$					(Y / N	)	LICENT	OTTITLE
	`	$\mathcal{L}$	11-	<u> </u>	<del>                                     </del>						
	) I г		11 /								
	′ ⊔										
DO ALL SHAREHOLDERS THAT OWN 5% OR MORE OF TH	HE V	OTING SHARES, F	EITHER DI	RECTLY OR BENEFIC	CIALLY; HAVE A						
REPRESENTATIVE ON THE BOARD OF DIRECTORS? (Y / N)											
IF NO SHAREHOLDERS OWN MORE THAN 5% OR MORE, PLEAS	SE INI	TIAL HERE:	15.11								
IF THE PROPOSED BOLIEVIAL DEPLIE OWNED BY A DARENT C	OMD	ANY LIST THE NAM	INITI/								
IF THE PROPOSED POLICYHOLDER IS OWNED BY A PARENT C	OWP	ANY, LIST THE NAM	WE OF THE	PARENI:							
GENERAL INFORMATION											
EXPLAIN ALL "YES" RESPONSES											Y/N
1. DURING THE LAST FIVE (5) YEARS HAS THE AP	PLIC	ANT OR ANY D	IRECTOR	OFFICER MEMB	FRS OF THE BOARD	OF MAN	NAGERS	S OR	ANY (	OTHER	
PROPOSED INSURED BEEN INVOLVED IN ANY CLA										J	
2. ANY CHANCES IN THE BOARD OF DIRECTORS OR	OEN	UOD MANIACEMI	CNIT INI TI	IC LACT TUDEE (2)	VEADO2						
2. ANY CHANGES IN THE BOARD OF DIRECTORS OR	SEIV	IOR WANAGEWE	EINI IIN I F	TE LAST THREE (3)	TEARS!						
3. DURING THE LAST THREE (3) YEARS, HAS THE	APPI	LICANT COMPLE	ETED OR	AGREED TO. OR	IS CONTEMPLATING	WITHIN	THE NE	XT 1	2 MON	NTHS: A	
MERGER, ACQUISITION OR CONSOLIDATION WITH										,,,,,	
4. DURING THE THE LAST THREE (3) YEARS, HAS T		ADDI ICANT CON	ADI ETED	OR ACREED TO	OD IS CONTEMPIATI		N THE	NIE V	T 12 M	ONTHE	
ANY REGISTRATION FOR A PUBLIC OFFERING OR					DR IS CONTENIFLATI	NG WITH	IN ITIE	INEX	1 12 1010	ONTHS,	
7.111 NEGIOTIVITION TORVIT OBEIG OF ENING OR	,,,,,,	11070121210	LIVILITI	a occontineo.							
5. DURING THE LAST THREE (3) YEARS, HAS THE	ΔΡΡΙ	ICANT COMPLI	ETED OR	AGREED TO OR	IS CONTEMPI ATING	WITHIN	THE NE	YT 1	2 MON	ITHS: A	
REORGANIZATION OR ARRANGEMENT WITH CREI					IS SOLVIEWING	VVIIIIIN	L INE	.//	- IVIOIN	o, A	
	. •		0.1	<del></del>							
O DOEG THE ADDITIONALT OF ANY OF ITS SUBSTITUTE	150	OT 40 4 65::=	DAL D. 5	INIED IN AND CO. C.	JEDOLIID OD 155 ""	(01) (55 ::		O11 :-		IDEOC	
6. DOES THE APPLICANT OR ANY OF ITS SUBSIDIAR	IES F	ICT AS A GENER	KAL PART	NEK IN ANY PARTI	NEKSHIP OK AKE IN/	OLVEDIN	N ANY J	OIN	VENIL	JKES?	

GENERAL INFORMATION (continued)  AGENCY CUSTOMER ID:
EXPLAIN ALL "YES" RESPONSES  Y/M
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? (Not applicable in Missouri)
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?
ATTACHMENTS
RESUME(S)  REGISTRATION STATEMENT(S)  SCHEDULE OF SHAREHOLDERS  SCHEDULE OF SHAREHOLDERS
WARRANTY(IES) PRIVATE PLACEMENT MEMORANDA
SPECIMEN

APPLICANT'S NAME (PLEASE PRINT OR TYPE)

APPLICANT'S TITLE

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

SIGNATURE