



UNDERWRITTEN IN FEDERAL INSURANCE COMPANY OR VIGILANT INSURANCE COMPANY

1. General Information

Parent Corporation

Principal Address

Incorporated

Nature of Business

2. Coverage Requested

Limits of Liability
Each Loss Each Policy Year

1. Directors and Officers Liability	\$	_____	\$	_____
2. Employment Practices Liability	\$	_____	\$	_____
3. Fiduciary Liability	\$	_____	\$	_____
4. Commercial Crime	\$	_____		None
5. Kidnap/Ransom and Extortion	\$	_____		None

3. Policy Period

From _____ To _____ both days at 12:01 a.m. at the principal address

4. Underlying Information

a. Directors and Officers Liability Coverage

Schedule of Underlying Policies

	Insurer	Limit	Policy No.	Term	Premium	Follow-form policy?
1. Primary	_____	_____	_____	_____	_____	
2. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered no for any of the excess policies listed above, please list and explain any different terms and conditions applicable to this limit of liability that does not follow the terms and conditions of the primary policy.

b.. Employment Practices Liability Coverage

Schedule of Underlying Policies

	Insurer	Limit	Policy No.	Term	Premium	Follow-form policy?
1. Primary	_____	_____	_____	_____	_____	
2. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered no for any of the excess policies listed above, please list and explain any different terms and conditions applicable to this limit of liability that does not follow the terms and conditions of the primary policy.

c. Fiduciary Liability Coverage

Schedule of Underlying Policies

	Insurer	Limit	Policy No.	Term	Premium	Follow-form policy?
1. Primary	_____	_____	_____	_____	_____	
2. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered no for any of the excess policies listed above, please list and explain any different terms and conditions applicable to this limit of liability that does not follow the terms and conditions of the primary policy.

d.. Commercial Crime Coverage

Schedule of Underlying Policies

	Insurer	Limit	Policy No.	Term	Premium	Follow-form policy?
1. Primary	_____	_____	_____	_____	_____	
2. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered no for any of the excess policies listed above, please list and explain any different terms and conditions applicable to this limit of liability that does not follow the terms and conditions of the primary policy.

e. Kidnap/Ransom and Extortion Coverage

Schedule of Underlying Policies

	Insurer	Limit	Policy No.	Term	Premium	Follow-form policy?
1. Primary	_____	_____	_____	_____	_____	
2. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Excess	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered no for any of the excess policies listed above, please list and explain any different terms and conditions applicable to this limit of liability that does not follow the terms and conditions of the primary policy.

5. Directors and Officers Liability, Fiduciary Liability and Employment Practices Liability Coverages

Has any similar or excess insurance of behalf of he **Parent Corporation**, its directors, officers or any **Insured** been declined, cancelled or refused renewal? Yes No. If yes, explain: _____

Are there or have there been any pending or past claims such as would fall within the scope of the proposed insurance were it now or had it been in force as primary or excess insurance? Yes No. If yes, please attach details.

Has the **Parent Corporation** or any of its directors, officers or any **Insured** given written notice under any similar past or present insurance, primary or excess, of specific facts or circumstances which might give rise to a claim being made

against any Insured? Yes No. If yes, please attach details.

It is important that you fill in the blank in this paragraph.

No person proposed for coverage is cognizant of any facts or circumstances (a) which he or she has reason to suppose might give rise to any future claim that would fall within the scope of the proposed coverage, except: (if no *exceptions*, please state).

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.

6. Commercial Crime, Kidnap/Ransom and extortion Coverages

Loss Experience:.

Please list individual losses over \$50,000 that have been sustained in the past 5 years as a result of employee dishonesty, forgery, burglary, robbery, disappearance, destruction, extortion or kidnapping.

If none so state: _____

7. Additional Material

As part of this application, please attach the following with respect to the **Parent Corporation** (where applicable):

- Latest Annual Report (including balance sheet and income statement).
- Latest 10-K and 10-Q reports filed with S.E.C.
- Copies of all Primary Underlying Policies.
- Copies of original Directors & Officers Liability, Fiduciary Liability, Employment Practices Liability and most recent renewal applications.
- A Copy of the most recent Crime application.
- With underlying underwriting information.

Declaration and Signature

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the **Parent Corporation** or its directors, officers or **Insured Persons** to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form a part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

False Information

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 fact material thereto, commits a fraudulent insurance act, which is a crime.

Date _____ Signed _____ Title _____
Chairman of the Board or President
(or risk manager & plan administrator
only if Directors & Officers Liability
and Employment Practices Liability
Coverages are not requested.)

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 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.