



**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
 FEDERAL INSURANCE COMPANY (THE "COMPANY")**

NOTICE: THE EXECUTIVE LIABILITY AND ENTITY SECURITIES LIABILITY COVERAGE SECTION PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR AN APPLICABLE EXTENDED REPORTING PERIOD. THE APPLICABLE LIMIT(S) 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. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT(S) OF LIABILITY. 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.

I. GENERAL INFORMATION:

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

Primary Contact: Officer designated, as agent of the Company and of all insured Directors and Officers, to receive any and all notices from the Insurer or their authorized representative(s) concerning this insurance:

II. SPECIFIC INFORMATION:

1. Please attach a copy of the following for every **Applicant** seeking coverage:
 - The latest Annual Report, including audited financial statements;
 - All subsequent Quarterly Reports to Stockholders;
 - The most recent reports filed with the SEC on Form 10-K and all subsequent 10-Qs;
 - All reports filed with the SEC on Form 8-K or Schedule 13D (by any filer, with respect to any equity securities of such **Applicant**) during the preceding twelve months;
 - The notice to shareholders and proxy statement and (if different) the most recent definitive proxy statement filed with the SEC for both the last and next scheduled meetings;
 - Latest Convention Statement, if applicable;
 - The most recent CPA letter to management on internal controls, together with management's response; and
 - All Registration Statements of securities made in the last year.



2. Limit of Liability Requested: \$ _____ Retention Requested: \$ _____
3. Policy Period Requested:
 From _____ to _____ both days at 12:01 a.m. at the principal address of the Parent Organization.
4. Ownership:
- a. If the Parent Organization is privately held, provide the following:
 Number of common shares outstanding: _____ Number of common stockholders: _____
- b. Provide the name and ownership percentage of every direct or indirect beneficial owner of 5% or more of the common shares of (i) the Parent Organization or (ii) any other **Applicant** whose common shares are publicly traded (attach a separate addendum if necessary):

- c. Has there been a change in controlling ownership (10% or more) in the period since the date of the last application submitted to the Underwriter? Yes No
 If "Yes", attach details.
- d. Are there any negotiations now pending for the sale of stock in this Company in excess of 10% of the total stock outstanding? Yes No
 If "Yes", attach details.
- e. Describe fully any securities convertible into common stock that have been issued by (i) the Parent Organization or (ii) any other **Applicant** whose common shares are publicly traded (attach a separate addendum if necessary):

5. Provide the following information for the **Applicant**:
 Number of Directors: _____ Number of Officers: _____
6. Recent, pending and contemplated changes:
- a. Whether or not such discussions have been publicly disclosed, is any **Applicant** or individual proposed for coverage currently involved in discussions with any third party concerning any actual or potential:
- (i) Merger, acquisition, or tender offer? Yes No
 If "Yes", attach details.
- (ii) Public offering of securities (whether or not such securities are required to be registered under the Securities Act of 1933 or any other similar Federal, State or Municipal Statute or qualification of securities under Regulation A or any other similar Federal, State, or Municipal Regulation)? Yes No
 If "Yes", attach details including the prospectus.
- (iii) Reorganization or material change in any arrangement with lenders, bond-holders, financiers or other significant creditors? Yes No
 If "Yes", attach details.
- b. Does any **Applicant** currently anticipate replacing its outside auditors? Yes No
 If "Yes", attach details.



For Questions 7 through 10, in the period since the date of the last application submitted to the underwriter:

7. Has any regulatory agency denied or indicated that they would deny any contemplated merger, acquisition or divestment? Yes No
 If "Yes", attach details.
8. Has the **Applicant** offered any new services or are they planning to offer any new services? Yes No
 If "Yes", attach details.
9. a. Have there been any changes in senior management? Yes No
 If "Yes", attach details.
- b. Has the Company changed the Certified Public Accounting firm that prepares its independent audited financial statements? Yes No
 If "Yes", attach details of when the change occurred and the reason for making the change.
10. Have there been, or are there now pending, any suits, claims or proceedings against the **Applicant**? Yes No
 If "Yes", attach details.
11. Provide the following information with respect to any other Bond, Trust Department E&O, and General Liability coverages currently maintained by any **Applicant** or by any proposed insured individual.

Coverage	Insurer	Limits	Retention	Policy Period
Blanket Bond	_____	\$ _____	\$ _____	_____
Trust Depart E&O	_____	\$ _____	\$ _____	_____
General Liability	_____	\$ _____	\$ _____	_____

It is represented and agreed that above coverages, referenced in Question 11, in current amounts will be maintained by the Applicant during the policy period of the proposed insurance and that the Insurer is relying upon such representation when issuing a Policy.

12. How often are Board of Directors meetings held? _____
13. List the Board of Directors committees which are in existence and indicate the frequency of meetings:

Committee	Meeting Frequency



14. Indicate the areas in which formal written policies and/or procedures have been implemented by the Board of Directors to address the following:

- | | |
|-----------------------------------|-------------------------------------|
| Asset-Liability Management Policy | Merger or Tender Offers |
| Audit Policy | Operating Procedures |
| Conflicts of Interest Policy | Personnel Policy |
| Duties of Directors and Officers | Risk Management Policy |
| Investment Policy | Selection Process for New Directors |
| Loan Policy | |

15. How often does the Board of Directors review the following?:

- | | |
|---|-------|
| Financial Statements of the Institution | _____ |
| Investment Activities (Purchase, Sales, Gains & Losses) | _____ |
| Insurance Coverages | _____ |
| Threatened or Actual Litigation | _____ |

III. MATERIAL CHANGE:

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

IV. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

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

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agree that this Renewal Application, such attachments and other documents, and all other signed applications submitted by the **Applicant** to the Company for the proposed insurance or any other insurance contract of which the proposed insurance is a direct or indirect renewal or replacement shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, 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, Maine, Tennessee and Virginia 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 Florida and 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 (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is 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 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 New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

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

*This Renewal 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.

Produced By: Agent: _____ Agency: _____	
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Submitted By: Agency: _____	
Taxpayer ID or SS No.: _____ Agent License No.: _____	
Address: _____	
City: _____	State: _____ Zip: _____