



CHUBB GROUP of Insurance Companies

15 Mountain View Road, P.O. Box 1615,  
Warren, NJ 07061-1615

**APPLICATION  
DIRECTORS & OFFICERS LIABILITY &  
REIMBURSEMENT EXCESS POLICY**

**FEDERAL INSURANCE COMPANY**

Name of Corporation:

Address:

Schedule of Directors & Officers Liability Insurance:

	Insurer	Limit	Policy No.	Term	Premium
Primary					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please enclose one copy of each of the following:

- latest Annual Report, 10-K Report and Interim Financial Report,
- latest Notice of Annual Meeting of Stockholders and Proxy Statement,
- the primary policy and all its endorsements,
- the latest long-form application for the primary insurance and any supplemental or renewal applications, and
- any other underwriting information submitted in conjunction with the primary insurance.

Please answer each of the following three questions:

- A. Has any similar primary or excess insurance on behalf of the Corporation or its Directors and Officers been declined, cancelled or refused renewal?  Yes  No. If yes, explain

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- B. 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?

CI Yes CI No. If yes, explain \_\_\_\_\_

\_\_\_\_\_

- C. Has the Corporation or any of its Directors and Officers given written notice under any similar past or present insurance, primary or excess insurance?  
 Yes  No. If yes, explain

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\_\_\_\_\_

Please complete only one of the following two sections. (Check one box.)

- This section applies if Retroactive Extension is requested.*

The proposed excess policy is to replace existing insurance and Retroactive Extension is requested. It is understood that if such Retroactive Extension is not granted, the Company may require the completion of the following section prior to binding coverage.

- This section applies if Retroactive Extension is not requested.*

(The Corporation may substitute for the following statement a signed copy of the similar statements in the application of the primary insurer.)

No person proposed for coverage is cognizant of any facts or circumstances (a) which he or she has reason to suppose might afford valid grounds for any future claims such as would fall within the scope of the proposed coverage or (b) which indicate the probability of any such claims, except: (if no exceptions, so state)

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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 Corporation or its Directors and Officers 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 become 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.

#### NEW YORK NOTICE

**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.**

Dated \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_  
Name Chairman of the Board  
or President