

Application for Directors, Officers, and Corporate Securities Liability Coverage Section

RLIRLI Insurance Company
Peoria, Illinois 61615

1. GENERAL INFORMATION

Parent Company _____

Address _____

State of Incorporation _____ Date Established _____

Nature of Business _____

Limits Requested \$ _____ Policy Period requested: from _____ to _____

Officer of the **Parent Company** designated to receive any and all notices from the Insurer or the Insurer's authorized representative(s) concerning this coverage: _____Is a quotation for **Investigative Costs** coverage desired? Yes No

2. OWNERSHIP

On what exchange is stock publicly traded, if any? _____

What is the stock symbol? _____

Price range over last 12 months _____ high _____ low _____ current

Common shares outstanding _____ Common stock shareholders _____

Common stock owned directly or beneficially by all directors and officers _____

Name and percentage of holdings of any **Securities** holder who owns 5% or more of the common shares directly or beneficially

_____Describe fully any other **Securities** convertible to common stock _____

3. SUBSIDIARIES/PARTNERSHIPS

Do you want to include all **Subsidiaries**? Yes No**Attach a list of Subsidiaries to be covered including the following information: nature of business; % owned; date acquired or created.**Does the **Parent Company**, any **Subsidiary** or any proposed **Insured Person** presently act in the capacity of general partner in a limited or general partnership? Yes No**If Yes, attach details.**

4. OPERATIONAL CHANGES

Has the **Parent Company**:

publicly disclosed that it now has under consideration any acquisition, tender offer or merger? Yes No
If Yes, attach details.

publicly disclosed or made any new public offering of **Securities** pursuant to the Securities Act of 1933 or exempt from registration under Regulation A, within the last year? Yes No
If Yes, attach details including the prospectus.

or any **Subsidiary** changed auditors in the past 3 years? Yes No
If Yes, attach details.

5. EMPLOYMENT PRACTICES INFORMATION

Are all **Employees** indemnified under the indemnification provisions of the by-laws, charter or articles of incorporation? Yes No
If No, attach details.

Has the **Parent Company**, any **Subsidiary**, or any proposed **Insured Person** had any:

EEOC or NLRB charges, state and/or local judgments, demand letters from current or former **Employees** or their attorneys? Yes No

If Yes, please provide the following information: applicable dates, party(ies) named, damages incurred, legal expenses, current status, a brief description of the circumstances. Also please indicate the valuation date and source of this data.

Lawsuits, mediations, arbitrations or negotiated settlements with any current or former **Employee**? Yes No

If Yes, please provide for each, the applicable dates, party(ies) named, jurisdiction, Civil Action or Index Number, legal expenses incurred, current status, and brief description of circumstances.

It is agreed that any Claim(s) arising from any facts, circumstances or situations mentioned in the two questions immediately above are excluded from coverage.

6. PAST ACTIVITIES

Has the **Parent Company**, any **Subsidiary**, or any proposed **Insured Person** been involved in any of the following:

Anti-trust, copyright or patent litigation? Yes No

Civil or criminal action or administrative proceeding charging violation of a federal or state security law or regulation? Yes No

Any other criminal actions? Yes No

Representative actions, class actions or derivative suits? Yes No

If Yes to any of these, attach details.

7. INSURANCE

Do you currently have directors and officers liability insurance? Yes No

If Yes, please provide:

Insurer: _____, Lmts.: _____, Ded.: _____, Prem.: _____, Exp.: _____

Has the **Parent Company**, any **Subsidiary** or any proposed **Insured Person** given written notice under the provisions of any prior or current directors and officers liability policy or employment practices liability coverage or similar insurance or endorsement of specific facts or circumstances which might give rise to a **Claim** being made against any **Insured**?

If Yes, attach details. Yes No

Have any **Loss** payments been made on behalf of any **Insured** under any directors and officers liability policy and/or employment practices liability coverage or similar insurance or endorsement? Yes No

If Yes, attach details.

8. PRIOR KNOWLEDGE/REPRESENTATION

IT IS IMPORTANT THAT YOU FILL IN THE BLANK IN THIS PARAGRAPH. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future **Claim** that would fall within the scope of proposed coverage, except None or _____

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.

9. ADDITIONAL MATERIALS NEEDED

As part of this Application, please attach the following (where applicable):

- Latest Annual Report (including balance sheet and income statement).
- Latest Interim Financial Statement
- A copy of the indemnification provisions of the by-laws, charter or articles of incorporation.
- Latest proxy statement

IMPORTANT INFORMATION

The submitting of this Application does not obligate the Insurer to issue a coverage section. You will be advised if your Application for coverage is accepted.

FALSE INFORMATION

Any person who, knowingly and with the 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.

MATERIAL CHANGE

Signing of this Application does not bind the **Parent Company** or the Insurer. If there is any material change in the answers to the questions prior to the Policy inception date the **Parent Company** will notify the Insurer in writing and any outstanding quotation or indication may be modified or withdrawn.

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 Company** or its' **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 deemed attached to and shall form part of the Policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

Application must be signed by the Chairman of the Board or President.

Date _____ (Chairman of the Board or President) _____ Title _____
Signature

ExecutivePerils

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