



NOTICE

WITH RESPECT TO ALL COVERAGE PARTS, THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES.

DEFENSE COSTS, AS WELL AS ANY LOSSES AS DEFINED IN EACH APPLICABLE COVERAGE PART, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Applicants that answer "Yes" to questions asked below may require substantially different terms and conditions at renewal. Please provide detailed information to any questions answered "Yes" with in the space provided at the end of this application. In addition, please attach the documents requested in the Specific Attachments Section.

II. FINANCIAL INFORMATION

I. GENERAL INFORMATION

1. a. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

b. Street Address (no P.O. Box):

City: State: Zip:

Website Address:

- c. Within past 12 months or during the next year does the Applicant plan on any actual or proposed merger, acquisition or divestiture? Yes No
d. Within the past 12 months or during the next year does the Applicant plan on creating or acquiring any new business, subsidiary or division? Yes No
e. Total number of locations for the Applicant and its Subsidiaries? _____

1. As of the most recent fiscal year-end, please provide the following information for the Applicant and Subsidiaries:

Table with 4 columns: Item, Most recent Fiscal year-end, as of (20__), Prior Fiscal year-end __, and values for Total Assets, Total Long Term Debt, Total Liabilities, Total Equity, Total Revenue, Net Income (Net Loss), and Total Pension Plan Assets.

- 2. Within the last 12 months, has the Applicant's or any Subsidiaries' outside auditors rendered a "going concern" opinion? Yes No
3. Is the applicant or any Subsidiary currently or has it been in the past 12 months in violation of or has it amended any debt covenant? Yes No

III. INTERNAL CONTROLS

- a. Within the last 12 months, has any outside auditors stated that there are weaknesses in the Applicant's or any Subsidiaries system of internal controls? Yes No
b. Have there been any changes within the Applicant's or Subsidiaries operations which require you to comply with Sarbanes-Oxley? Yes No
Have you voluntarily adopted or implemented Sarbanes-Oxley within your business practices? Yes No

IV. EMPLOYEE INFORMATION

a. What is the total number of full time employees for the Applicant and all Subsidiaries? _____



b. Part-time seasonal employees? _____ Independent contractors? _____ Volunteers? _____

V. REQUESTED LINES OF COVERAGE

Table with 3 columns: Coverage Part, Limit of Liability, Retention. Rows include Directors & Officers Liability, Employment Practice Liability, Fiduciary Liability, Misc. Professional Liability.

Please answer this question only if the Applicant is applying for limits of insurance that exceed the expiring coverage currently written with CNA:

None of the individuals to be insured under any Coverage Part (the "Insured Persons") have a basis to believe that any wrongful act, event, matter, fact, circumstance, situation, or transaction, might reasonably be expected to result in or be the basis of a future claim? Yes [] No []

Without prejudice to any other rights and remedies of CNA, any claim arising from any facts circumstances, or situations required to be disclosed is excluded from the portion of any renewal limit of liability that exceeds the expiring limit of liability in the proposed insurance.

PLEASE ONLY COMPLETE THE QUESTIONS BELOW FOR THE LINES OF COVERAGE THE APPLICANT IS APPLYING FOR:

VI. DIRECTORS AND OFFICER LIABILITY

- a. Over the past 12 months has there been any change in the Board Of Directors or senior management? Yes [] No []
b. Has there been any changes in the number of shareholders; shareholders that own(ed) greater than a 5% interest with in named company? Yes [] No []
c. Does the Applicant or any Subsidiary plan on offering any private or public debt or equity offerings of securities? Yes [] No []

VII. EMPLOYMENT PRACTICES LIABILITY

- a. During the past 12 months has the Applicant or any Subsidiary made any amendments to any Human Resources policies, procedures or employee handbook? Yes [] No []
Have you refrained from distributing the amendments to your employees? Yes [] No []
b. Has the Applicant or any Subsidiary had any layoffs, staff reductions, facility closings, and or any other increase or decrease to the employment count of more than 15%; or are any planned over the next 12 months? Yes [] No []
c. How many employees are highly-compensated individuals? (\$100,000 or more per year) _____
d. How many employees are in the following jurisdictions?
California _____ Outside the U.S. _____
e. How many employees have left the Applicant or any Subsidiary over the past 12 months? Voluntary _____ Involuntary _____

VIII. FIDUCIARY LIABILITY

- a. In the past 12 months have there been any changes to any pension plan's eligibility or have any plans (other than ESOP) invested more than 10% of the total plan assets in any security of, or loan to, the Applicant or in any real estate? Yes [] No []
b. Has any plan been under-funded by more than 20%? Yes [] No []
c. Has the Applicant or any Subsidiary created any new plans? Yes [] No []
d. Have there been 401K matching contributions made in company stock? Yes [] No []
f. In the past 12 months or with in the next year does the applicant plan on terminating, suspending, merging, dissolving any pension plan(s) or converting such plan(s) into a cash balance plan? Yes [] No []

IX. MISCELLANEOUS PROFESSIONAL LIABILITY

- a. Has there been any change in the amount of work subcontracted out by the applicant? Yes [] No []
b. Within the past 12 months has the Applicant's four largest clients changed? Yes [] No []
c. Does the Applicant expect any changes within the professional services that they provide? Yes [] No []
d. Have there been any changes in the use of contracts or agreements with clients or subcontractors? Yes [] No []
e. Within the past year, have you sued any customers for non-payment of contracts? Yes [] No []



Specific Attachment Instructions	For MPL accounts, a sample contract for any new professional service being provided. Please provide audited financials for limits greater than \$1M or assets that exceed \$50M.
---	--

With in the space provided, please provide full details to any of the questions in which you answered "Yes".

WARNING – ARKANSAS, COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, NEW JERSEY, NEW YORK, MAINE, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY

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 (for New York residents only: 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.) (For Colorado Residents only: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

Please complete only if the Applicant is requesting an increase in their current limit of Insurance. This Application must be signed by the Chairman of the Board, Chief Executive Officer or by the President.

Signed: _____

Title: _____

Corporation: _____

Date: _____

ExecutivePerils

11845 West Olympic Boulevard • Suite 750 • Los Angeles • CA • 90064
T:310-444-9333 • F:310-444-9355 • Web: www.eperils.com • CA Lic. #0E36308
dba: Executive Perils Insurance Services

