



**DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION**

**(APPLICANTS: Please complete this Section only if requesting this coverage.)**

**A. GENERAL INFORMATION**

1. Name of **Applicant**:

\_\_\_\_\_

**B. OPTIONAL COVERAGES REQUESTED**

1. Does the **Applicant** desire:

(a) an optional proposal including Corporate Liability Coverage?  Yes  No

(b) an optional proposal including an Additional Limit of Liability Dedicated for Executives?  Yes  No

**C. COMMON STOCK INFORMATION**

1. Total number of shareholders: \_\_\_\_\_

2. Total number of shares outstanding: \_\_\_\_\_

3. Include the name and percentage of shares owned by shareholders directly or beneficially holding 5% or more of the common stock (if none, so indicate). \_\_\_\_\_

\_\_\_\_\_

4. If the proposed **Applicant** is owned by another company, indicate the name and principal address of the other company: \_\_\_\_\_

\_\_\_\_\_

5. Are there any other securities which are convertible to common stock?  Yes  No  
If "Yes", please explain. \_\_\_\_\_

\_\_\_\_\_



## D. SECURITIES OFFERING INFORMATION

### Public Offering Information

1. In the past thirty-six (36) months, has the **Applicant** completed or agreed to any registration for any public debt or equity offering of securities, whether or not such transactions were or will be completed?  Yes  No
2. In the next twelve (12) months, is the **Applicant** contemplating any registration for any public debt or equity offering of securities, whether or not such transactions will be completed?  Yes  No

### Private Offering Information

3. In the past thirty-six (36) months, has the **Applicant** completed or agreed to any private placement of debt or equity of securities, whether or not such transactions were or will be completed?  Yes  No
4. In the next twelve (12) months, is the **Applicant** contemplating any private placement of debt or equity of securities, whether or not such transactions will be completed?  Yes  No

**Please note: If the Applicant answered "Yes" to any of the above questions 1 through 4, as an attachment to this Application describe the essential terms of each such transaction, including the effective date, the professionals used, the amount of the offering and the current status of such transaction.**

## E. FINANCIAL STRENGTH

1. In the past thirty-six (36) months, has the **Applicant** been the subject of or agreed to a reorganization or arrangement with creditors under federal or state law, whether or not such reorganization or arrangement was or will be completed?  Yes  No  
If "Yes", please describe the essential terms of such event or arrangement as an attachment to this Application.
2. In the next twelve (12) months, is the **Applicant** contemplating any reorganization or arrangement with creditors under federal or state law, whether or not such transactions will be completed?  Yes  No  
If "Yes", please describe the essential terms of such event or arrangement as an attachment to this Application.
3. Is the **Applicant** in violation of any of its debt or loan covenants?  Yes  No  
If "Yes", please describe the particulars of such violation.



**F. DESCRIPTION OF THE APPLICANT:**

Does the **Applicant**:

1. Perform any professional services for others for a fee?  Yes  No  
If "Yes", please describe. \_\_\_\_\_
2. Act as a general partner or partnership manager?  Yes  No  
If "Yes", please describe. \_\_\_\_\_
3. Have any direct or indirect insurance operations?  Yes  No  
If "Yes", please describe. \_\_\_\_\_

**G. OUTSIDE DIRECTORSHIP COVERAGE FOR A FOR PROFIT ORGANIZATION OR JOINT VENTURE  
(APPLICANTS: Please complete this section only if requesting this coverage.)**

1. Does the **Applicant** desire any outside directorship coverage for any for profit organization or joint venture?  Yes  No
2. If "Yes", complete the following:  
Name of for profit organization or joint venture: \_\_\_\_\_  
Nature of business: \_\_\_\_\_  
Percent of ownership by Parent Corporation: \_\_\_\_\_ Domestic or Foreign: \_\_\_\_\_  
Position(s) held in the for profit organization or joint venture by proposed insured person(s): \_\_\_\_\_
3. Does the for profit organization or joint venture provide indemnification to its directors and officers?  Yes  No
4. Complete the following information regarding the Directors and Officers Liability Insurance carried by the for profit organization or the joint venture:  
Insurer: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_ Policy Period: \_\_\_\_\_
5. Has the for profit organization or its directors and officers or the joint venture or its directors and officers been involved in any directors and officers litigation involving or related to the for profit organization or joint venture? If "Yes", attach details.  Yes  No



**Chubb Group of Insurance  
Companies**  
15 Mountain View Rd  
Warren NJ 07059

**Power Source<sup>SM</sup>**  
**Directors and Officers Liability**  
*Application: Section 2*

**H. OPTIONAL CORPORATE LIABILITY COVERAGE**  
**(APPLICANTS: Please complete this section only if requesting this coverage)**

1. Does the **Applicant** maintain a commercial general liability policy?  Yes  No
2. Name of insurer (required): \_\_\_\_\_  
Policy Period: \_\_\_\_\_ Limit: \_\_\_\_\_
3. Is Advertising Injury Coverage included?  Yes  No
4. Is Personal Injury Coverage included?  Yes  No

**Please attach the following additional required underwriting information:**

- The most recent audited, reviewed or compiled financial statements, whichever are available.
- The most recent prospectus memorandums.