



## Hiscox Private Company Management Liability Application New Business Application

**NOTICE: THE LIABILITY COVERAGE PARTS OF THIS POLICY (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS. DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE INSURER BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY DAMAGES OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

### Requested Coverage

Available Coverage Parts	Applying for Coverage?	Limit of Liability Requested	Separate or Shared Limit with	Retention Requested	Entity or No Entity Coverage
Directors & Officers Liability		\$		Securities: \$ Other: \$	
Employment Practices Liability		\$		\$	
Fiduciary Liability		\$		\$	
Employed Lawyers Professional Liability		\$		\$	

### General Information

- Name of Applicant:
- Address of Applicant:
- Applicant Website:
- State of Incorporation:
- Years in Operation:
- Type of Company:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Sole Proprietor/Individual	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Other:	



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7. Nature of Operations:

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8. Name and Address of Applicant's Parent:  Check if not applicable

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9. Name of Risk Manager (or equivalent position):

Title:

Time in Position:

Email address:


10. Has the applicant or any subsidiary engaged in any mergers or acquisitions in the last three (3) years? Yes  No

Are there any plans for mergers or acquisitions in the next twelve (12) months? Yes  No

11. Has any insurance carrier refused, cancelled, or non-renewed any coverage for which this applicant is applying for? **\*\*\*Missouri Applicants need not reply.** Yes  No

12. Has the Applicant changed its outside auditor in the last twenty-four (24) months or is it contemplating a change in the next twelve (12) months? Yes  No   
If yes, please provide additional details on a separate attachment.

13. Is the Applicant seeking coverage for punitive damages? Yes  No

14. Is the Applicant seeking entity coverage? Yes  No

15. Does the Applicant own or operate a captive insurance company and is any of the Applicant's liability insurance coverage self-insured, or insured through a trust, captive or reciprocal risk sharing operation? Yes  No   
If yes, please provide additional details on a separate attachment.

16. Is the Applicant or any of its Subsidiaries engaged in activities that fall under The Investment Company Act of 1940? If "None" so state.  None

17. Does the Applicant have foreign operations? Yes  No   
If yes, please provide a list of countries where the Applicant maintains a presence.

18. Please list all Subsidiaries:

Name of Subsidiary	Business Type	% of Ownership	Date Acquired or Created	Public Co, Private Co or NFP Org

Provide list of Subsidiaries on a separate attachment if necessary.

Are you requesting coverage to extend to all Subsidiaries? Yes  No



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### Claims Information

1. On a separate attachment, please provide full details of all inquiries, investigations, administrative charges, claims and lawsuits filed within the last three (3) years against the Applicant, any Subsidiary, any Executive or other entity proposed for any coverage for which the Applicant is applying. If claims have been filed, please attach complete details regarding those matters including current status of claim and ultimate resolution of claim if applicable. If none, check here
  
2. Does the Applicant, any Subsidiary, any Executive or other entity proposed for coverage know of any act, error or omission which could give rise to a claim, suit or action under any coverage part of the proposed policy? Yes  No
  
3. Has the Applicant, any Subsidiary, any Executive or other entity proposed for coverage been the subject of, or involved in, any of the following matters in the last three (3) years:
  - (a) Anti-trust, price fixing, unfair competition or deceptive trade practices? Yes  No
  - (b) Criminal actions? Yes  No
  - (c) Copyright, trademark, trade secrets or patent? Yes  No
  - (d) Any action for revocation or suspension of a license? Yes  No
  - (e) Class action(s) (certified or uncertified) or derivative actions? Yes  No
  - (f) Any civil, criminal, regulatory or administrative proceeding alleging violations of any federal or state securities law or regulation? Yes  No

If yes to any of the above, please provide additional details on a separate attachment.

It is agreed that with respect to Questions 1 through 3 of the Claims Information section of this Application, if such inquiry(ies), investigation(s), administrative charge(s), claim(s), lawsuit(s), information or involvement exists, then such inquiry(ies), investigation(s), administrative charge(s), claim(s), lawsuit(s) and any inquiry, investigation, administrative charge, claim or lawsuit arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

### Financial Information

1. Please provide the following information for the Applicant and its Subsidiaries:
 

Date of Financial Statement:	
Total Assets:	\$
Total Liabilities:	\$
Total Revenues:	\$
Net Income or Net Loss	\$
Cash Flow from Operations	\$
  
2. Has the Applicant or any Subsidiary raised any capital subsequent to the completion of the financial statements submitted to the Insurer as part of this Application? Yes  No   
If yes, please provide additional details on a separate attachment.
  
3. Does the Applicant or any Subsidiary have any plans to raise capital in the next twelve months? Yes  No   
If yes, please provide additional details on a separate attachment.

### Directors and Officers Liability Coverage Application

Please complete this section only if applying for this coverage

1. Please attach a list of all members of the Applicant's Board of Directors including name, affiliation and date of nomination.
  
2. How many board meetings does the Applicant's Board of Directors hold on a yearly basis?



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3. Company Ownership
- (a) Are any of the Applicant's or any Subsidiary's securities publicly traded or the subject of a shelf registration? Yes  No
- Exchange:  Ticker Symbol:
- (b) What is the total number of the Applicant's voting shareholders?
- (c) What is the total number of the Applicant's voting shares owned by its Directors and Officers (directly or beneficially)?
- (d) Do any of the shareholders own five percent (5%) or more of the voting shares (directly or beneficially)? Yes  No
- If yes, please provide additional details on a separate attachment.
- (e) Is any of the Applicant's stock held by an Employee Stock Ownership Plan? Yes  No
- If yes, please provide additional details, including the most recent ESOP evaluation, on a separate attachment.
- (f) Has the Applicant or any Subsidiary issued any public debt? Yes  No
- If yes, please provide additional details, including the debt rating, on a separate attachment.
4. Has the Applicant had any changes to its Board of Directors or its key executives over the last twelve (12) months? Yes  No
5. Does the Applicant or any subsidiary render any professional services or engage in any standard setting, accrediting, credentialing or licensing activities? Yes  No
- If yes, please provide additional details on a separate attachment.
6. Does the Applicant or any Subsidiary render any professional services or engage in any standard setting, accrediting, credentialing or licensing activities? Yes  No
7. Does the Applicant's Board of Directors have the following committees?
- Compensation Committee Yes  No
- Audit Committee Yes  No
- Nominating Committee Yes  No
8. Does the Applicant's charter or by-laws contain indemnification provisions? Yes  No

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**Employment Practices  
Liability Coverage  
Application**

Please complete this section only if applying for this coverage

1. Please enter the total number of employees in the boxes below.

Type of Employee	Domestic Union	Domestic Non-Union	
Full time – based in California			
Part time – based in California			
Full time – based in FL, MI, TX and Washington DC			
Part time – based in FL, MI, TX and Washington DC			
Full time – all other states			
Part time – all other states			
<b>Total – All States</b>			
Volunteers			
Full time Foreign Employees			
Part time Foreign Employees			
Leased Employees			
Independent Contractors			
Seasonal Employees			
Temporary Employees			

2. What was the annual employee turnover rate for the last (3) three years?  
 Past Year:      %                      1 Year Prior:      %                      2 Years Prior:      %
3. Does the Applicant have a Human Resources Department, Personnel Department or Human Resources Director?      Yes  No
4. Is an employee handbook distributed to employees of the Applicant and any Subsidiary either in hard copy or via the Internet, which informs the employees of their employment rights?      Yes  No   
 If yes, are employees required to certify that they have reviewed the employee handbook and will comply with the terms and conditions?      Yes  No
5. Has the Applicant or any Subsidiary undergone or will it be undergoing any of the following employment activities?  
 Layoffs over the last three (3) years?      Yes  No   
 Currently ongoing layoffs?      Yes  No   
 Layoffs expected in the next twelve (12) months?      Yes  No   
 If yes to any of the above, please provide additional details, including the percentage of employees laid off over the last three (3) years, part of a current lay off or projected to be laid off in the next twelve (12) months, on a separate attachment.
6. Does the Applicant or any Subsidiary use outside counsel to handle the layoff process (including any "reduction in force")?      Yes  No
7. Is it the policy of the Applicant or any Subsidiary to offer severance packages in exchange for releases not to sue?      Yes  No



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8. Is there a formal process for employees to report complaints, which states that the reporting of these matters will not result in disciplinary or retaliatory action? Yes  No
9. Is the Applicant seeking non-employment (third party) discrimination coverage? Yes  No
10. Has the Applicant or any Subsidiary ever had a claim brought against it by a non-employee third party alleging harassment, discrimination or any violation of civil rights? Yes  No   
If yes, please provide additional details on a separate attachment.
11. Does the Applicant or any Subsidiary have established policies or procedures detailing employee conduct when dealing with third parties, including non-discrimination statements? Yes  No

### Fiduciary Liability Coverage Application

Please complete this section only if applying for this coverage

1. Please complete the following grid for the five (5) largest Plans which the Applicant is seeking coverage for:

Full Name of Plan	Total Number of Plan Participants	Active Number of Plan Participants	Total Plan Assets	Type of Plan*
			\$	
			\$	
			\$	
			\$	
			\$	

\*Types of Plans: Employee Stock Ownership Plan = ESOP  
Defined Contribution Plan = DC  
Welfare Benefit Plan = WB  
Defined Benefit Plan = DB  
Excess Benefit Plan = EB

2. Is any Plan listed in Question #1 a multiemployer or multiple employer plan? Yes  No   
If yes, please provide additional details on a separate attachment, including past and anticipated future Plan merger activity (if any).
3. What percentage of Plan assets are managed by an investment manager as defined in ERISA?
4. How often is the Plan's investment manager's performance reviewed?
5. How often do the fiduciaries review and/or amend the investment manager's guidelines and goals for the Plans listed in Questions #1?
6. In the last two (2) years, has the Applicant or any Subsidiary spun-off, merged or terminated any Plan and is any such event contemplated within the next two (2) years? Yes  No   
If yes, please provide additional details on a separate attachment.
7. In the last two (2) years, has the Applicant or any Subsidiary adopted any amendment to any Plan listed in Question #1 that resulted in or is expected to result in any reduction of benefits, cessation of benefits, or increase in costs to the Plan participants? Yes  No   
Is any such amendment anticipated in the next twelve (12) months? Yes  No



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If yes to any of the above, please provide additional details on a separate attachment.

8. Does the Applicant or any Subsidiary have any outstanding delinquent contributions to any Plan? Yes  No   
If yes, please provide additional details on a separate attachment.
9. Does any Plan listed in Question #1 hold or invest in securities of the sponsor organization or of any Subsidiary or Affiliate? Yes  No   
If yes, please provide additional details on a separate attachment.
10. Have any fees, fines or penalties been assessed against any Plan of the Applicant or any Subsidiary under any voluntary compliance program or similar voluntary settlement program? Yes  No
11. Are all defined benefit plans funded in accordance with ERISA (or any other applicable similar law)? Yes  No   
If yes, please provide additional details on a separate attachment.
12. Are there any overdue employer contributions for any Plan? Yes  No   
If yes, please provide additional details on a separate attachment.
13. Has any Plan requested or considered filing a request for a waiver of contributions? Yes  No   
If yes, please provide additional details on a separate attachment.

### Employed Lawyers Professional Liability Coverage Application

Please complete this section only if applying for this coverage

1. Please provide the number of lawyers employed by the Applicant or any Subsidiary in their capacity as such for the Applicant or any Subsidiary:
2. What is the average number of years of experience of the Applicant's or any Subsidiary's employed lawyers?
3. Does any employed lawyer proposed for coverage:
  - (a) conduct *pro bono* work on behalf of the Applicant or any Subsidiary? Yes  No
  - (b) perform moonlighting services Yes  No
  - (c) issue written legal opinions to outside parties Yes  No
  - (d) serve on the board of directors of the Applicant or any Subsidiary Yes  No
  - (e) perform legal services regarding mergers, acquisitions or consolidations of or by the Applicant or any of its Subsidiaries? Yes  No
  - (f) appear in court on behalf of the Applicant, any Subsidiary or any other party? Yes  No
  - (g) perform any securities related legal work on behalf of the Applicant or any Subsidiary? Yes  No
  - (h) provide legal services with respect to criminal, matrimonial, intellectual property or estate/finance planning? Yes  No

If yes to either questions 3a, 3b or 3g, please provide the number of lawyers conducting such work:  
 Pro bono                      Moonlighting                      Securities

If yes to either questions 3g or 3h, please provide additional details on a separate attachment.



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**Current or Prior Insurance Information**

Coverage	Coverage In Place	Expiration Date	Limit of Liability	Retentions	Carrier	Continuity Date	Premium
Directors & Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$			
Employment Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$			
Fiduciary	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$			
Employed Lawyers	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$			

**WE REQUIRE THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:**

- Latest consolidated financial statement of the Applicant with Treasurer’s warranty letter if the financials are not audited.
- If applying for Fiduciary Liability coverage, please provide information for the five largest pension Plans, including copies of the most recent audited financial statements. If the plan assets are held in a master trust, please submit details on master trust investment portfolio. If exempt from filing audited financial statement, please provide the most recent Form 5500 for each plan, with all attachments.
- Copy of the Applicant’s Employee Handbook or manual or link to the appropriate section of the Applicant’s website.
- If the Applicant is a Limited Liability Partnership, Partnership or Joint Venture, provide participation or ownership structure details.
- If a Subsidiary is less than one hundred percent (100%) owned, please provide details of all minority owners.

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any fact, circumstance or situation exists, whether or not disclosed in this Application, any claim or action arising from any such fact, circumstance or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, the Applicant must notify the Insurer in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

The Applicant’s submission of this Application does not obligate the Insurer to issue, or the Applicant to purchase a policy. The Applicant authorizes the Insurer to make any inquiry in connection with this Application.

All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated into this Application and made a part hereof.

The undersigned authorized agents of the Applicant declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application are true and complete. The undersigned agree that this Application shall be the basis of the insurance policy should an insurance policy providing the requested coverage be issued and that the Insurer will have relied on the Application in issuing any policy.



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**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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 INSURANCE 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 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**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 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.



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**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 OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK 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.

Signature:

Applicant

Date:

Title:

(Must be signed by President, Chairman, Chief Executive Officer, Chief Financial Officer, Corporate Risk Manager or General Counsel)



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Signature of Producer

Date

Address of Producer

Producer's License Number

**THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:**

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signature:

Applicant

Date:

Title:

(Must be signed by President, Chairman, Chief Executive Officer, Chief Financial Officer, Corporate Risk Manager or General Counsel)

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