



_____,
a stock insurance company, herein called the Insurer

**THE HARTFORD D&O PREMIER DEFENSESM APPLICATION
(FOR EMERGING MARKET)
IOWA**

NOTICE: PLEASE READ CAREFULLY. THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.

THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND THE DIRECTORS AND OFFICERS AND THE COMPANY.

1. GENERAL INFORMATION:

- a) Name of Company _____
- b) Address _____
- c) Nature of Business _____
- d) Date of Incorporation _____
- e) State of Incorporation _____

2. STOCK OWNERSHIP:

- a) Total number of common shares outstanding _____
- b) Total number of common shareholders _____
- c) Total number of common shares held directly or beneficially by Directors and Officers _____
- d) Describe fully any other securities convertible to common shares _____

- e) Are shares publicly traded? If yes, specify the exchange on which they are listed. __Yes __ No.

- f) Give names and percent owned of any shareholders who hold, directly or beneficially, 5% or more of the common shares outstanding:

g) Does the Company have publicly traded bonds? If yes, specify ticker symbol (s). Yes No.

3. SUBSIDIARY INFORMATION:

a) List all Subsidiary Companies:

<u>NAME</u>	<u>NATURE OF BUSINESS</u>	<u>DATE ACQUIRED OR CREATED</u>	<u>PERCENTAGE OWNED</u>	<u>STATE/COUNTRY OF INCORPORATION</u>
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b) Coverage to include all Subsidiaries? If Yes, include a complete listing of all Directors and Officers for each Subsidiary. Yes No.

4. ADDITIONAL INFORMATION:

a) Have there been any changes in Executive Officers or Directors during the past 12 months? Yes No.

Are any changes currently anticipated? If yes, provide details and biography. Yes No.

b) Has the Company been involved in any merger, consolidation or acquisition with any other entity within the past 12 months? If yes, please provide details. Yes No.

c) Is the Company currently involved in or considering any merger with any other entity within the next 12 months? If yes, please provide details. Yes No.

d) Is the Company currently involved in or considering any acquisition of any other entity within the next 12 months? If yes, please provide details. Yes No.

e) Is the Company currently involved in or considering any restructuring or legal or financial reorganization or filing for bankruptcy? If yes, please provide details. Yes No.

f) Is the Company currently involved in or considering any restructuring, write-downs, charges, restatements or sale, distribution or divestiture of any assets? If yes, please provide details. Yes No.

g) Is the Company currently or has it at any time over the last year been in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? If yes, please provide details. Yes No.

h) Has the Company changed auditors in the past 12 months? If yes, please provide details. Yes No.

i) Has the Company auditors informed the company of any disagreements or weaknesses with its accounting practices? If yes, please provide details. Yes No.

- j) Has the Company retained or does it currently plan on retaining an investment banker or financial advisor to increase or maximize shareholder value? If yes, please provide details. __ Yes __ No.
- k) Is the Company currently considering a private or public offering of any securities within the next 12 months? If yes, please provide details. __ Yes __ No.
- l) Does the Company or any of its Subsidiaries, including the Directors and Officers thereof, presently act or plan to act in the capacity of General Partner in any Limited or General Partnership? If yes, please provide details. __ Yes __ No.

If the answer is "Yes" to any question above, has the Board of Directors approved such action(s)? __ Yes __ No.

Does such action(s) require shareholder approval? Explain. __ Yes __ No.

- m) Are the current financial results in line with previously budgeted or forecasted or projected expectations? If no, please provide details. __ Yes __ No.

5. PREVIOUS INSURANCE:

- a) Has the Company or any Subsidiary previously held or does it now have any Directors and Officers Liability Insurance or similar insurance? If yes, provide the following details: __ Yes __ No.

<u>PERIOD</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>FROM/TO</u>	<u>PREMIUM</u>
<u>INSURER</u>				

- b) Provide details of any prior actual or potential claims filed under such insurance (if none, so state).

- c) Has any Insurer cancelled or refused to renew any Directors and Officers Liability Insurance or similar insurance within the past 3 years? If yes, provide complete details. __ Yes __ No.

6. PREVIOUS EXPERIENCE:

- a) Within the past 12 months has the Company, or anyone for whom insurance is intended, been involved in the following:
 - (1) any antitrust, copyright or patent litigation? __ Yes __ No.
 - (2) any civil or criminal action or administrative proceeding or investigation (including but not limited to notice of any inquiry or investigation by or receipt of a target letter from or on behalf of the SEC or Department of Justice) regardless of whether any wrong doing is alleged there in? __ Yes __ No.

(3) any representative actions, class actions, or derivative suits? Yes No.

(4) Is there any litigation currently pending against the Company or any of its Directors or Officers (in their capacity as a Director or Officer)? If yes to any of the above, provide details. Yes No.

(RENEWAL APPLICANTS: Questions 6. b) and c) need not be answered).

b) Are there any pending claims or demands against the Company or anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect or currently proposed? If yes, provide complete details. Yes No.

c) Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any claims or facts or circumstances which may give rise to a claim being made against the Company and/or any Director and/or Officer? If yes to any of the above, provide details. Yes No.

WITH RESPECT TO THIS QUESTION 6. IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS, DEMANDS, NOTICES, LITIGATION PROCEEDINGS, ACTIONS OR SUITS EXIST, THEN ANY CLAIM BASED UPON OR ARISING FROM OR IN ANY WAY RELATED TO SUCH MATTERS SHALL BE EXCLUDED FROM THE PROPOSED INSURANCE.

7. PRIOR KNOWLEDGE: **(RENEWAL APPLICANTS: Question 7. need not be answered).**

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance? If yes, provide details. Yes No.

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

8. MATERIALS REQUESTED:

As an attachment to this Application, please include the following (where applicable):

- Complete list of all Directors and Officers to include their name, position, term of office, and affiliation with any other outside organizations.
- Most recent Annual Report.
- Latest CPA letter to management and any written response thereto.
- Most recent filings with the S.E.C. (Form 10-K) and any subsequent filings (Form 10-Q, Form 8-K, etc.)

- Latest available interim financial statements.
- Detailed statement of operations (private companies only).
- The notice to shareholders and proxy statement for both the last and next scheduled annual meeting.
- Most recent prospectus or private placement memorandum.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS PROPOSAL AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED BY TWO INDIVIDUALS AND DATED. IF THE CHAIRMAN OF THE BOARD AND PRESIDENT ARE THE SAME INDIVIDUAL, PLEASE HAVE THE APPLICATION SIGNED BY THE CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER OR GENERAL COUNSEL IN LIEU OF THE PRESIDENT.

DATE _____ SIGNATURE _____

TITLE _____

DATE _____ SIGNATURE _____

TITLE _____

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:

(Enter the address and phone number of the local The Hartford office)