



301 East 4th Street
Cincinnati, OH 45202

Management Liability Solution 2.0 Proposal Form

NOTICE: the liability coverage parts a-e of this policy applies only to claims first made during the policy period. No coverage exists for claims made after the end of the policy period unless, and to the extent that, the discovery period applies. Costs of defense under liability coverage parts a-e are subject to any applicable retention. Costs of defense incurred under liability coverage parts a-e in excess of any applicable retention shall reduce the limit of liability available to pay all other loss.

Name of Company _____
 Street Address _____
 City _____ State _____ Zip _____
 Website _____

Company Information

Yes No

1. Nature of business _____
2. Please indicate the following as it relates to the Applicant's most recent fiscal year end:
 Total Assets \$ _____ Revenues \$ _____ Net Income \$ _____
3. **This year:**
 Full-Time Employees _____ Part-Time Employees _____ Independent Contractors _____
Last year:
 Full-Time Employees _____ Part-Time Employees _____ Independent Contractors _____
4. Number of years the Company has continuously operated _____
5. Within the last 2 years, has the Company or any additional entities been involved in, or are they considering being involved in any of the following within the next 12 months?
 - a. Merger, acquisition, or divestment activity Yes No
 - b. Bankruptcy proceeding or financial restructuring Yes No

If yes to (a) or (b), please provide details:
6. Have there been any changes in senior management (*Chairman, President, Chief Executive Officer, Chief Financial Officer, etc.*) in the last 2 years due to reasons other than death or retirement at the normal retirement age? Yes No

If yes, please provide details:
7. By attachment to this Proposal Form, provide the name, percentage of direct or indirect ownership, and nature of operations of all Subsidiaries (*including Subsidiaries of Subsidiaries*), **If none**, please indicate: None

Company Information Continued

Yes No

8. Is coverage being requested for any additional entities that are 50% or less owned by the Company? Yes No
- If yes to the above**, please answer the following:
- a. Are all of the additional entities related to the Company through common majority ownership? Yes No

If yes to 8(a) above, for each additional entity that is requesting coverage, please complete the following table (or provide as an attachment) for each additional entities' shareholders with greater than 10% ownership and/or voting interest.

Name of additional entity	Name of shareholder	% of voting shares owned by the shareholder on a fully diluted basis

It is understood and agreed that coverage is not provided for additional entities unless listed above or as an attachment to this proposal form.

9. Please provide the following information on your current Executive Liability, Error & Omissions (only as respects Financial Institutions), Cyber Liability (or Privacy, Media, or Network Security coverage), or Fidelity/ Crime Insurance Coverages:

	Limit	Retention	Premium	Prior & Pending Date
a. Directors and Officers Liability				
b. Employment Practices Liability				
c. Fiduciary Liability				
d. Errors & Omissions Liability (only list for Financial Institutions)				
e. Cyber Liability or similar Privacy, Media, Network Security Coverage				
f. Cyber Risk Insurance or 1st Party Cyber coverage				
g. Fidelity/Crime				

Please provide the current Cyber policy's retroactive date (if any) _____ (or retroactive date for any current Privacy, Media, or Network Security coverage) or if full prior acts are provided under that policy, please indicate by checking here.

In regard to the policies listed above:

- a. Has any claim been made or has any notice been given to the insurer? Yes No
- b. Has the insurer notified you that they are cancelling or non-renewing any of the above coverages? Yes No

If yes, please provide details:

Company Information Continued

Yes No

10. As respects any Coverage Parts for which the Company does not currently purchase, or any larger limits of liability that the Company is purchasing, is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance or situation involving the Company or additional entities, the Directors or Officers of the Company or additional entities, or the Plans of the Company or additional entities which they have reason to believe might result in any future payment under the Policy to which this Proposal Form will be attached?

If yes, please provide details:

As respects any coverage parts for which the company does not currently purchase or any larger limits of liability that the company is purchasing, it is agreed that if knowledge of any such fact, circumstance or situation exists, any claim or coverage event subsequently arising therefrom shall be excluded from coverage.

NOTE: If the applicant meets any of the below criteria, please submit year-end audited financial statements and the most recent interim financial statements:

- More than 250 employees
- 2 years or less of operations
- Operating at a net loss
- Applicant is a Financial Institution

Directors And Officers Coverage Section – Only complete if D&O coverage is requested.

Yes No

1. Is the Company in violation or default of any debt or loan covenants?

If yes, please provide details:

2. Are more than 50% of the voting shares of the Company owned by Private Equity or Venture Capital firms?

If yes, please provide details:

3. Are any shares of the Company owned by an Employee Stock Ownership Plan (ESOP)?

If yes, please provide details:

4. During the last 2 years, has the Company or additional entities been involved in, or is the Company or additional entities presently involved or considering being involved in, raising funds through a public or private offering of securities, including through crowdfunding within the next 12 months?

If yes, please provide details:

5. Do any shareholders that are not Directors and Officers directly or indirectly, own or control more than 10% of the outstanding shares of the Company?

Additionally, please complete the following table for all shareholders that own 5% or more of the company's voting shares:

Name of Shareholder	% of voting shares owned on a fully diluted basis	Board Representation	
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate the following as it relates to the Applicant's most recent fiscal year end:

a. Long Term Debt: \$ _____ b. Equity: \$ _____

Directors And Officers Coverage Section Continued

Yes No

7. Does the Company or additional entities, directly or indirectly (*Check any that apply*):
- Act as a general partner in any partnership?
 - Have insurance operations that make up more than 5% of revenues?
 - Offer, sell, advertise or market any dietary supplement, medical marijuana, therapeutic product or medical product, device or process where such product, device or process does NOT require approval for use from the U.S. Food and Drug Administration?

For any checked boxes, please provide details:

8. Other than employment matters or employee benefit plan matters, within the last five years, have there been, or are there any current pending civil, criminal, administrative or arbitration proceedings brought against the Company or additional entities or any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or additional entities?

If yes, please provide the following for each proceeding:

Status		Date Proceeding was filed	Loss Amount <i>(Defense Costs and Settlements/Judgments)</i>	Description of Proceeding <i>(attach additional details)</i>
Open	Closed			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

It is agreed that any claim arising from any prior or pending proceeding is excluded from the proposed coverage.

Supplemental Questions 9 through 11 Required ONLY for Insurance Companies and Financial Institutions.

9. During the last two years, have any Directors or Officers been alerted to any of the following conditions:
- a. Problems involving extensions of credit to Directors, Officers, or corporations controlled thereby?
 - b. Significant violations of laws or regulations?
 - c. Conflict of interest transactions?

If yes, please provide details and current status:

10. Have all criticisms noted in the last regulatory examination been reviewed and appropriate corrective steps taken by the Board of Directors?

If no, please provide details:

11. During the past five years, has the Company or additional entities received an Order to Cease and Desist from any regulatory agency, or otherwise entered into any other type of written agreement with any regulatory agency concerning the operation of the Company or additional entities?

If yes, please provide details and current status:

Employment Practices Coverage Section – Only complete if Employment coverage is requested.

Yes No

The HR representative to receive loss control services that come with this policy:

Name _____ Phone _____
 Title _____ Email _____

1. What is the average salary expense for the most recent year-end for the Company and any additional entities (total annual salary expense divided by total number of employees)

- \$ 25,000 or less \$25,001 to \$50,000 \$50,001 - \$75,000 greater than \$75,000

2. What is the historical average annual turnover rate for the Company and any additional entities:

- 20% or less 21 – 35% greater than 35%

3. Within the last 12 months has the Company or any additional entities completed, or is the Company or any additional entities considering, any layoffs or early retirement programs including those resulting from reorganizations or facility closings within the next 12 months?

If yes, please answer (a)-(d).

a. Date of layoffs _____

b. How many employees were or will be laid off _____

c. Were severance packages provided or will severance packages be offered to the affected employee(s)?

d. Were releases from liability obtained or will they be obtained from the affected employee(s)?

4. List the three states with the largest number of employees:

1. State _____ Number of employees _____

2. State _____ Number of employees _____

3. State _____ Number of employees _____

5. Does the Company or any additional entities have any planned transactions or events within the next 12 months that would increase the number of employees stated above by more than 25%?

If yes, provide estimated increase _____

6. Have there been within the last five years, or are there any current pending employment related civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against the Company or additional entities or any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or additional entities?

If yes, please provide the following for each proceeding:

Status		Date Proceeding was filed	Loss Amount (Defense Costs and Settlements/Judgments)	Description of Proceeding (attach additional details)
Open	Closed			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

It is agreed that any claim arising from any prior or pending proceeding is excluded from the proposed coverage.

Supplemental Questions 7 through 10 Required ONLY for Companies with 50 or more employees.

7. Does the Company (and additional entities) require the submission of an employment Proposal Form by all applicants?

8. Are tests, including but not limited to drug, alcohol, and psychological tests, used for screening applicants or for continued employment by the Company and additional entities?

9. Does the Company (and additional entities) have a Human Resources Department?

10. By what means do the Company and additional entities ensure that each employee is aware of his or her rights under state and federal employment laws, including the right to work free from discrimination or harassment in the workplace? (Check any that apply):

- None Employee Handbook Website Handouts/Bulletins Verbal

Fiduciary Coverage Section – Only complete if Fiduciary coverage is requested.

Yes No

1. Provide the total assets for benefit plans maintained by the Company and any additional entities \$ _____

2. What types of benefit plans does the Company and additional entities maintain? (Check any that apply):

- Defined Contribution Plans (including 401k or similar)
- Defined Benefit Plan (including transitional pension plans)
- Employee Stock Ownership Plans

3. Are any plans out of compliance with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA) relating to eligibility, participation, vesting, funding or other matters?

Yes No

If yes, please provide details:

4. Has the Company or additional entities consolidated, merged, frozen or terminated any of the plans within the past two years or plan to within the next 12 months?

Yes No

If yes, please provide details:

5. At this time, are there any delinquent contributions with the plans?

Yes No

If yes, please provide details:

6. In the past five years, has there been any “reportable event” as defined in ERISA with respect to any plan?

Yes No

If yes, please provide details:

7. Have there been within the last five years, or are there any current pending civil, criminal, administrative or arbitration proceedings brought against the Employee Benefit Plans of the Company or additional entities?

Yes No

If yes, please provide the following for each proceeding:

Status		Date Proceeding was filed	Loss Amount (Defense Costs and Settlements/Judgments)	Description of Proceeding (attach additional details)
Open	Closed			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

It is agreed that any claim arising from any prior or pending proceeding is excluded from the proposed coverage.

Supplemental Questions 8 and 9 Required ONLY for Companies with Defined Benefit Plans.

8. For any defined benefit plan, is there any investment of plan assets in more than 10% of any corporation or partnership?

Yes No

If yes, please provide details:

9. For any defined benefit plan, is the funded percentage (as shown on Schedule SB of the 5500) below 80%?

Yes No

If yes, please provide the funded _____%

Errors And Omissions Coverage Section

This coverage part is available to Financial Institutions Only. Please complete if E&O coverage is requested and the Named Insured is a Financial Institution.

1. List all professional services performed by the Company by a separate attachment to the Proposal Form.

	Current Year	Previous Year
2. What is the total number of customer accounts?	_____	_____
3. What is the total value of assets under management?	_____	_____
4. What is the value of assets under management for each of the below?		
Individuals	_____	_____
Pension and Retirement Plans	_____	_____
Investment Companies/Funds	_____	_____
Corporate	_____	_____
Other	_____	_____

5. What is the value of the largest customer account? _____

6. What is the total number of accounts lost over the past year? _____

7. What is the value of accounts lost over the past year? _____

8. How often do clients receive portfolio statements? _____

9. How often are client meetings held? _____

10. Does the Applicant use any soft dollar arrangements?

If yes, please provide details:

11. Is there an approved list of securities maintained for purchases in customer portfolios?

	Current Year	Previous Year
12. Please provide the following loan portfolio information:		
Number of loans outstanding	_____	_____
Value of loans outstanding	_____	_____
Number of non-performing loans	_____	_____
Value of non-performing loans	_____	_____
Number of loans serviced	_____	_____
Value of loans serviced	_____	_____
Value of loans originated	_____	_____

13. Does the Company perform any Subprime or Payday lending?

14. Does the Company sell any loans to 3rd parties?

15. Is the Company in compliance with 23 NYCRR Part 500 Cybersecurity Requirements?

16. Have there been within the last five years, or are there any currently pending error or omissions related civil, criminal, administrative or arbitration proceedings brought against the Company or additional entities or any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or additional entities?

If yes, please provide the following for each proceeding:

Status		Date Proceeding was filed	Loss Amount <i>(Defense Costs and Settlements/Judgments)</i>	Description of Proceeding <i>(attach additional details)</i>
Open	Closed			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

It is agreed that any claim arising from any prior or pending proceeding is excluded from the proposed coverage.

Cyber Coverage Section – Only complete if Cyber coverage is requested (Coverage Parts E and F)

Yes No

The IT representative of the proposed Insured to receive loss control services that come with this policy:

Name _____ Phone _____
 Title _____ Email _____

- | | | |
|---|--------------------------|--------------------------|
| 1. Have any of the following situations occurred involving the Company and any additional entities within the last three years? | | |
| Privacy, Cyber, Media or Network Liability insurance claims? | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss or theft of data? | <input type="checkbox"/> | <input type="checkbox"/> |
| Data breach requiring the Company to notify individuals of the breach? | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss of any laptop, smartphone, or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| A systems intrusion, tampering, virus, or malicious code attack, hacking incident? | <input type="checkbox"/> | <input type="checkbox"/> |
| Regulatory inquiry, investigation or action related to privacy or network security? | <input type="checkbox"/> | <input type="checkbox"/> |
| Allegations by anyone that their personal information has been compromised? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any of the above, please provide detail in a separate attachment a description of the incident including relevant dates, the number and type of records involved, the total dollar amount of expenses in connection with the incident, a summary of the Company’s response to the security breach, and subsequent changes made to prevent the likelihood of future events.

It is agreed that any disclosed incident/security breach is excluded from the proposed coverage

- | | | |
|---|--------------------------|--------------------------|
| 2. Does the Company host/store/or process data for others or provide any kind of IT or other technical support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Company or any of the Company’s Subsidiaries and/or additional entities provide financial services and/or healthcare services in connection with the Company’s principal nature of operations?
<i>(only respond NOT Applicable if the Company does not have any subsidiaries or Additional Entities)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | Not Applicable |
| If yes to the above Question 3 , do the total revenues from financial services and/or healthcare services provided by the Company or the Company’s Subsidiaries or Additional Entities exceed 5% of the Company’s total annual revenue? | <input type="checkbox"/> | <input type="checkbox"/> |

Supplemental Questions 4 through 14 are Required ONLY for Companies with >\$5 Million in revenues

- | | | |
|---|--------------------------|--------------------------|
| 4. Please estimate the number of individuals for whom the applicant is responsible for protecting personally identifiable information including but not limited to HR information on employees: _____ | | |
| 5. The Company’s policy regarding the encryption of confidential data <i>(including but not limited to client financials and or PII referenced above)</i> is that such data should be encrypted: | | |
| <input type="checkbox"/> never/we don’t encrypt | | |
| <input type="checkbox"/> within our network only | | |
| <input type="checkbox"/> within our network and on portable devices <i>(i.e. laptops and smartphones)</i> | | |
| <input type="checkbox"/> within our networks, on portable devices, and on all removable/transportable storage media <i>(i.e. USB drives, discs, etc.)</i> | | |
| 6. Does the Company store credit/debit card numbers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the Company PCI Compliant? <i>(only applies if credit cards are NOT accepted)</i> <input type="checkbox"/> Not Applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the Company have an employee security awareness program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the Company have a CISO or functional equivalent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The Company backs up its primary mission critical systems and data assets: | | |
| <input type="checkbox"/> daily/nightly <input type="checkbox"/> weekly or biweekly <input type="checkbox"/> less frequently than biweekly <input type="checkbox"/> never | | |
| 11. Does the Company have policies & procedures governing limitations/restrictions on access to all sensitive information <i>(including but not limited to HR data, credit card numbers, and/or personal health information)?</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Cyber Coverage Section Continued

	Yes	No
12. Does the Company comply with the rules and regulations governing privacy within its industry? <i>(for example, the Privacy and Security Rules under HIPAA)</i> <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
13. Who monitors the Company's networks for intrusions or other unusual activity? <input type="checkbox"/> staff/Internal IT <input type="checkbox"/> third party <input type="checkbox"/> both <input type="checkbox"/> nobody		
14. Does the Company perform any broadcasting or publish original works <i>(including but not limited to books, journals, movies, or music)</i> as part of its business?	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Questions 15 through 24 are Required ONLY for Companies with >\$50Million in revenues		
15. What is the Company's PCI Merchant Level? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
16. Does the Company have an IT vendor management program?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the Company conduct routine employee training specifically with respect to the handling of sensitive information?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the Company maintain an incident response plan that is tested annually?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the Company adhere to its stated Privacy Policy? <i>(if no privacy policy)</i> <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
20. How does the Company validate its regulatory compliance? <input type="checkbox"/> internal audit <input type="checkbox"/> external assessment <input type="checkbox"/> not applicable		
21. How recently did the Company use an external auditor as part of its regulatory compliance effort? <input type="checkbox"/> last 6 months <input type="checkbox"/> last 18 months <input type="checkbox"/> last 36 months <input type="checkbox"/> never		
22. When did the Company last have a network security assessment conducted by a third party? <input type="checkbox"/> last 6 months <input type="checkbox"/> last 18 months <input type="checkbox"/> last 36 months <input type="checkbox"/> never		
23. When did the Company last perform penetration testing? <input type="checkbox"/> last 6 months <input type="checkbox"/> last 18 months <input type="checkbox"/> last 36 months <input type="checkbox"/> never		
24. Does the Company have a lawyer involved in reviewing marketing and advertising?	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Question 25 is required ONLY for Companies applying for Social Engineering Coverage within the Cyber coverage		
25. Does the Company verify all requests <i>(customers, vendors, employees)</i> to establish or change funds transfer procedures by calling back the counterparty at a predetermined phone number?	<input type="checkbox"/>	<input type="checkbox"/>

Crime Coverage Section – Only complete if Crime Coverage is requested.**Yes** **No**1. Is countersignature of all checks required? Yes No**If no**, please provide details:2. Are bank accounts reconciled at least monthly and by someone who is not authorized to deposit or withdraw funds? Yes No**If no**, please provide details:3. Are your systems designed such that no single employee can control a transaction from the beginning to the end (e.g. approve a voucher, request and sign a check)? Yes No**If no**, please provide details:4. Does the Company's operations involve exposure to precious metals or copper in the course of the Company's business? Yes No**If yes**, please provide details:5. Does the Company have a system to detect payment to fictitious suppliers? Yes No**If no**, please provide details:

6. By what means does the Company and additional entities screen its employees? (Check any that apply)

- Screens are done on employees for prior acts of dishonesty Credit reports are checked
- Drug tests are performed None of the above

If none of the above is checked, please provide any comments on your process for screening employees:

7. Have there been during the last three years any employee theft, burglary, robbery, forgery or any other crime losses, whether or not insured, that would fall within the scope of the Crime Coverage Part of this Policy?

If yes, provide details including the date of loss, description of loss, total amount of loss, and corrective action taken to prevent such loss from occurring in the future. If the loss was covered by another insurance policy, please include the Insurer's name.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in a Proposal Form 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 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 Agencies.

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 reported 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 a Proposal Form containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Also provide: Agent name _____ License number _____

IOWA APPLICANTS:

Submitted by (*PRODUCER*) _____ Date _____

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files a Proposal Form 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 company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW MEXICO APPLICANTS: Any person who includes any false or misleading information on a Proposal Form for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a Proposal Form for an insurance policy is subject 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 a Proposal Form for insurance containing any materially false information, or conceals for the purpose of misleading and 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 (\$5,000.00) and the stated value for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits a Proposal Form 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent act, which may subject such person to prosecution for fraud.

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 APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director and Officer proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

With respect to any Liability Coverage Part, it is agreed by the Company and the Insured Persons that the particulars and statements contained in this Proposal Form and any information provided herewith (*which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto*) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed by the Company and the Insured Persons that the statements in this Proposal Form or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Proposal Form, any misstatement or omission in this Proposal Form or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or their cognizance of any matter which they have reason to suppose might afford grounds for a future Liability Claim against them shall not be imputed to any other Insured Person for purposes of determining the validity of this Policy as to such other Insured Person.

Signature of Chairman, President, CEO, COO, or CFO of the Company _____

Print Name _____ **Date** _____

The President/CEO is designated as agent of the Company and all of the Insureds to receive any and all notices from the Insurer.

NOTE: This Proposal Form including any material submitted herewith shall be treated in strictest confidence.
 Please submit this Proposal Form including appropriate documentation to:
 Great American Insurance Companies, Executive Liability Division, P.O. Box 66943, Chicago, IL 60666