



Name of Insurer to which Application is made (the "Insurer")

MANAGEMENT LIABILITY & EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

IF A POLICY IS ISSUED IT WILL BE ON A CLAIMS-MADE AND REPORTED BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENCE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

SECTION A - GENERAL INFORMATION

- 1. Named Applicant: _____
- 2. Address of Named Applicant: _____ City: _____
State: _____ Zip Code: _____
- 3. Date Established: _____ Years of Operation: _____ Website Address: _____
- 4. (a) Applicant's Primary Nature of Business:

- (b) Applicant's Primary SIC Code:

SECTION B – POLICY COVERAGE DETAILS

5. What coverage is Applicant applying for?

Coverage	Coverage Requested?	Separate Limit Requested	Shared Limit of Liability Requested	Self-Insured Retention Requested	Currently Purchase Coverage?
Private Company Directors & Officers Liability					

Aggregate Limits of Liability

\$1,000,000		\$2,000,000		\$3,000,000		\$4,000,000		\$5,000,000	
-------------	--	-------------	--	-------------	--	-------------	--	-------------	--

6. Effective Date Desired: _____

SECTION C – CLAIMS INFORMATION

7. Has there been, or is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Applicant, its subsidiaries, or any other director, officer or employee of any Applicant arising out of: (i) any director, officer,

employee or entity liability matter; or (ii) any matter claimed against any person proposed for insurance in his or her capacity as a director, officer, plan fiduciary or employee?

Please answer with regard to:

Private Company Directors and Officers Liability Yes No N/A
 Employment Practices Liability Yes No N/A

If "Yes", please attach full 5 year currently valued loss runs and attach claims supplement for each claim.

8. Does the Applicant, its subsidiaries, or any director, officer or employee of the Applicant know of any act, error or omission, which could give rise to a claim(s), suit(s) or action(s) under the proposed policy with regard to?

Private Company Directors and Officers Liability Yes No N/A
 Employment Practices Liability Yes No N/A

If "Yes" was checked with respect to any of the above, please attach complete details.

It is agreed that with respect to Questions 7 and 8 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising there from or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

SECTION D – FINANCIAL INFORMATION

9. Please provide the following financial information for the Applicant and its Subsidiaries.

Information must be from within the last twenty-four (24) months.

Based on Financial Statements Dated:	(Year/Month)
Total Assets	\$
Current Assets	\$
Total Liabilities	\$
Current Liabilities	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Long-Term Debt with Maturity Date within next 18 months	\$
Cash flow from Operations	\$

(a) Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A

If "Yes", please attach complete details.

(b) Has any auditor issued a "going concern" opinion for the Named Applicant's or any of its Subsidiaries financial statements or is the Named Applicant or any of its Subsidiaries declaring bankruptcy or has the

Named Applicant or any of its Subsidiaries declared bankruptcy or operated under a different name in the last 7 years?

(c) Does the Applicant have Internal Audit procedures?

Yes No

If "Yes", please attach complete details.

(d) Has Applicant been subject to Regulatory review?

Yes No

If "Yes", please attach complete details, including any recommendations and responses

PLEASE ADDITIONALLY ATTACH COPIES OF MOST RECENT AUDITED FINANCIALS, CPA AUDITNOTES/ACTUARIAL REPORT

SECTION E – DIRECTORS AND OFFICERS INFORMATION

Coverage Requested? Yes No

Please complete this Section if applying for this coverage.

10. (a) Please provide a complete list of all Directors or Officers who are members of the Board of Directors (or equivalent governing body) of the Applicant and of its Subsidiaries by name and affiliation with other organizations. If included as an attachment herein, check here .

(b) Please provide a complete list of all Officers of the Applicant and of its Subsidiaries who are not described in 17(a) above by name and affiliation with other organizations. If included as an attachment herein, check here .

11. Please list all directly and indirectly owned entities, other than partnerships entities that are Subsidiaries. If included as an attachment herein check here .

Name of Company	Type of Operation	Percentage Ownership	Date Acquired/Created	Country of Domestic/Foreign

12. Is coverage to include all Subsidiaries listed?

Yes No

If "Yes" include complete list of all Directors or Officers of each Subsidiary.

If "No" include complete list of all those Directors or Officers of each Subsidiary for which coverage is requested.

If included as an attachment herein, check here .

13. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past twenty-four (24) months?

Yes No

14. Are there any plans being for a merger, an acquisition of a consolidation of or by the Applicant or any of its Subsidiaries in the next twelve (12) months?

Yes No

If "Yes", have these plans been approved by any of the following? Please check all that apply.

Board of Directors (or equivalent governing body) and Date of Approval: _____

Shareholders and Date of Approval: _____

15. Does the Applicant or any of its Subsidiaries anticipate any registration of securities under the Securities Act of 1933 (or any similar state or foreign rule or law) or any other offering of securities within the next twenty-four (24) months? Yes No

If "Yes" please attach complete details and submit offering materials if available, including the Offering Size and Use of Proceeds.

16. Does any Applicant engage in any securitizations? Yes No

If "Yes" please attach complete details on all securitizations in the last twenty-four (24) months, including, but not limited to, the number of securitizations, the amount of each securitization, the assets underlying each securitization, whether the securitization was on balance sheet versus off balance sheet, the securitizations service provider(s) and advisor(s) used etc.

17. Has the Applicant experienced changes to its Board of Directors or to key Executives over the past year? Yes No

If "Yes", please attach complete details.

18. (a) Does the Applicant have any of the following Committees? Please check all that apply.

Audit Compensation Nominating

(b) Does the Board meet regularly to discuss financial results and loss experience? If so, how often?

Yes No

19. Does the Applicant's charter or by-laws contain indemnification provisions? Yes No

20. Does any Applicant provide services to its customers or clients for a fee or compensation? Yes No

21. (a) Are any of the Applicant's securities or those of its Subsidiaries publicly traded or the subject of a "shelf registration?" Yes No

Exchange(s): _____ Ticker Symbol(s): _____

(b) Total number of voting shares outstanding: _____

(c) Total number of voting shareholders: _____

(d) Total number of voting shares owned by its Directors and Officers (direct and beneficial): _____

(e) Does any shareholder own five percent (5%) or more of the voting shares directly or beneficially?

Yes No

If "Yes" please designate name and percentage of holdings: _____

If included as an attachment herein, check here.

(f) Is any of the stock held by the Employee Stock Ownership Plan? Yes No

If "Yes" what is the percentage? _____% Is it leveraged? Yes No

(g) Does the Applicant or any of its Subsidiaries have a portion of its private company debt purchased by the public? Yes No

If "Yes", please provide the amount: \$ _____ If "Yes", please provide the Debt Rating: _____

22. Within the last twelve (12) months, has any Applicant had any private placement, or anticipate having any private placements or other offering of securities within the next 12 months? Yes No

If "Yes", what is the amount of proceeds from the private placement? \$ _____

23. Within the last twelve (12) months, has any Applicant had an offering of securities exempted pursuant to section 3(b) of the Securities Act of 1933? Yes No

SECTION F – EMPLOYMENT PRACTICES INFORMATION

Coverage Requested?

Yes No

Please complete this Section if applying for this coverage.

24. Please provide the following information regarding Employees, including Directors and Officers.

Enter the TOTAL number of employees (by type) in the boxes below.

Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic).

Number Employees in ALL STATES/JURISDICTIONS:

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			

Total Number of Independent Contractors	
---	--

25. Enter the number of employees (by type) in the specified jurisdictions ONLY in the boxes below.

Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic).

Number of Employees located in CALIFORNIA ONLY:

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
---	--

Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively)

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
---	--

26. For the past three (3) years, what has been the annual percentage turnover rate of employees (all locations)?

Domestic: _____ Year _____ % Year _____ % Year _____ %
 Foreign: _____ Year _____ % Year _____ % Year _____ %

Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?

Yes No

If "No", does the Applicant and any of its Subsidiaries have other designated/qualified staff member(s) serving the equivalent function?

Yes No

For all "No" answers, how are these issues handled and by whom? Please attach full details.

27 Does the Applicant or any of its Subsidiaries have a human resources manual or equivalent written management guidelines? Yes No

If "Yes", does it address the following issues?

- Legally prohibited Discrimination Yes No
- Sexual Harassment Yes No
- Compliance with the Americans with Disabilities Act Yes No
- Compliance with the 1991 Civil Rights Act Yes No
- Compliance with the Family Medical Leave Act Yes No
- Employee disciplinary actions Yes No
- Terminations, layoffs and early retirements Yes No
- Employee appraisals/reviews Yes No

For all "No" answers, how are these issues handled and by whom? Please attach full details.

28. Do employees certify that they have reviewed the HR material and will comply with its Terms and Conditions? Yes No

29. Do these staff members receive training in the proper implementation of your personnel policies and procedures? Yes No

30. Does the Applicant or any of its Subsidiaries have an Employee Handbook? Yes No

If "Yes", is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? Yes No

31. Are employees required to sign acceptance of most recent Employee Handbook on an annual basis?

Yes No

32. Does the Applicant and any of its Subsidiaries conduct employee training with regards to discriminations and harassment?
Yes No

33. Has the Applicant and any of its Subsidiaries implemented and adopted anti-discrimination/harassment policies?
Yes No

34. Is there a formalized process in place for reporting complaints/harassment?
Yes No

If "Yes", do employees know this action will not result in a retaliatory action?
Yes No

35. Has Legal Counsel reviewed the HR guidelines in the last 2 years? Yes No

36. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department?
Yes No

If "Yes", please provide details.

If "No", please provide details on how these issues are handled.

37. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant or any of its Subsidiaries contemplate undergoing during the next twelve (12) months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)?
Yes No

If "Yes", please attach full details.

(a) Have there been any structured layoffs in the past twenty-four (24) months?
Yes No

If "Yes", what percentage of employees? 1-10% 11-25% Over 25%

(b) Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay-off procedure?
Yes No

(c) Were severance packages offered in exchange for releases not to sue and will they be offered for future lay-offs?
Yes No

(d) Please provide the number of lay-offs that have occurred or about to occur. _____

(e) Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work?
Yes No

38. Has a discrimination or harassment claim been filed against an executive or officer in the last five (5) years?
Yes No

If "Yes", please describe the claim, the disposition of same and the disciplinary action taken against that executive or officer.

39. Does the Applicant ensure that each employee is aware of state and federal discrimination, sexual harassment and civil rights laws with respect to third parties (i.e. clients or customers)?
Yes No

40. Does the Applicant have policies or procedures outlining employee conduct when interacting with third parties (i.e. customers or clients)?
Yes No

If "Yes", please provide a copy.

41. Has the Applicant implemented a formal procedure for recording and handling the discrimination, sexual harassment and civil rights complaints of third parties (i.e. customers or clients)?
Yes No

If "Yes", please provide a copy.

SECTION G – CLAIM REPORTING PROCEDURES

42. Within the Applicant and its Subsidiaries, where or to whom are lawsuits, administrative charges and demand letters reported?

- General Counsel
- Human Resources
- Risk Management
- Other

43. Does the Applicant have a mechanism in place for its operating companies to immediately report lawsuits, administrative charges and demand letters to corporate office of General Counsel, Human Resources or Risk Management? Yes No

44. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Name: _____

Title: _____ Years in Current Position: _____

Email Address: _____

Phone Number: _____

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 APPLICATION 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.

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 PART OF THE POLICY.

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

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

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 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 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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.

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 OREGON 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 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 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.

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 Insured hereby acknowledges that he/she/it 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 the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Signed _____
(Applicant)

Date _____

Title _____

Corporation _____

Broker _____

License Number _____

Broker's Address _____