



Chubb Group of Insurance Companies
 15 Mountain View Road
 Warren, New Jersey 07059

Financial Institution Portfolio SM
Executive Liability and Entity Securities Liability Coverage
Non-Bank Application

**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
 EXECUTIVE RISK INDEMNITY INC (THE "COMPANY")**

NOTICE: THE EXECUTIVE LIABILITY AND ENTITY SECURITIES LIABILITY COVERAGE SECTION PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR AN APPLICABLE EXTENDED REPORTING PERIOD. THE APPLICABLE LIMIT(S) OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT(S) OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organization and all organizations applying for coverage.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Name and Title of Primary Contact: _____

Primary Contact: Officer designated, as agent of the Company and of all insured Directors and Officers, to receive any and all notices from the Insurer or their authorized representative(s) concerning this insurance.

5. Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
6. The **Applicant** has continuously been in business since _____ and is:
 Public Private Not-for-profit
7. State of Incorporation: _____
8. Nature of **Applicant** operations: _____



5. Provide the following information (attach details) for any Subsidiaries (including Subsidiaries of Subsidiaries) newly acquired or created in the last 12 months: If none, please indicate. None

- | | | | |
|-----------------------------|-------|-------------------------------|-------|
| a. Name | _____ | f. Domestic or foreign | _____ |
| b. Date created or acquired | _____ | g. Name of parent institution | _____ |
| c. State of Incorporation | _____ | h. Total revenues* | _____ |
| d. Percent of ownership | _____ | i. Total assets* | _____ |
| e. Nature of business | _____ | j. Net income* | _____ |
- *most recent year end figures

6. Provide the following information for the **Applicant**:

Number of Directors _____ Number of Officers _____

7. Recent, Pending and Contemplated Changes:

- a. Whether or not such discussions have been publicly disclosed, is any **Applicant** or any individual or entity proposed for coverage anticipating or currently involved in discussions with any other party concerning any actual or potential:
- (i) Merger, acquisition, divestment, or tender offer? Yes No
If "Yes", attach details.
 - (ii) Public offering of securities (whether or not such securities are required to be registered under the Securities Act of 1933 or any other similar Federal, State or Municipal Statute or qualification of securities under Regulation A or any other similar Federal, State, or Municipal Regulation)? Yes No
If "Yes", attach details, including the prospectus.
 - (iii) Reorganization or material change in any arrangement with lenders, bond-holders, financiers or other significant creditors? Yes No
If "Yes", attach details.
- b. Has any regulatory agency denied or indicated that they would deny any contemplated merger, acquisition, or divestment in the last five (5) years? Yes No
If "Yes", attach details.
- c. Has any **Applicant** replaced its outside auditors at any time during the last 3 years? Yes No
If "Yes", attach details.
- d. Does any **Applicant** currently anticipate replacing its outside auditors? Yes No
If "Yes", attach details.
- e. Has the president, chief executive officer, chief financial officer or any executive vice president of any **Applicant** left such office within the last three (3) years for any reason other than death or retirement at normal retirement age? Yes No
If "Yes", attach details.



8. Past Activities/Lawsuits/Proceedings:

- a. During the last 5 years, has any **Applicant** or any individual or entity proposed for coverage, in any capacity, been involved in any of the following matters or have any knowledge of any fact, circumstance, situation, transaction, event, act, error or omission or involving the following which may give rise to a claim under the proposed insurance?
- (i) Antitrust, copyright or patent litigation? Yes No
 - (ii) Civil, criminal or administrative proceeding or formal or informal investigation concerning compliance or noncompliance with any federal or state securities law or regulation? Yes No
 - (iii) Any other criminal action or proceeding? Yes No
 - (iv) Class action, derivative suit or other representative proceeding? Yes No
 If "Yes" to any of these, attach details.
- b. Other than those identified in the response to Section 8(a), are there now pending or has any claim been brought at any time during the last 5 years against (i) any **Applicant** or any entity proposed for coverage or (ii) any individual proposed for coverage in his or her capacity as a director or officer of any entity? Yes No
 If "Yes", attach details.

Pertaining to question 8, it is agreed that any claim arising from such suits, investigation, claim or proceeding is excluded from the proposed coverage.

9. Current Insurance - **MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER QUESTION 9 (b)**

- a. Provide the following information with respect to any executive/directors and officers liability or other securities liability insurance coverage currently maintained by any **Applicant** or by any individual or entity proposed for coverage:

Insurer	Limits	Retention	Policy Period
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

- b. Has any carrier refused or cancelled any executive/directors and officers liability coverage? Yes No



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c. Provide the following information with respect to any other Bond, Trust Department E&O, and General Liability coverages currently maintained by any **Applicant** or by any individual or entity proposed for coverage.

Coverage	Insurer	Limits	Retention	Policy Period
Blanket Bond	_____	\$ _____	\$ _____	_____
Trust Depart E&O	_____	\$ _____	\$ _____	_____
General Liability	_____	\$ _____	\$ _____	_____

It is represented and agreed that above coverages, referenced in Question 9 (c), in current amounts will be maintained by the Applicant during the policy period of the proposed insurance and that the Company is relying upon such representation when issuing a Coverage Section.

10. Is the **Applicant** currently offering or planning to offer any of the following services?

- | | | |
|--|------------------------------|-----------------------------|
| Actuarial services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appraisal services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Data processing services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discount brokerage services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Insurance agent/agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Investment advisor/counselor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Real estate agent/agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Real estate investment trust advisory services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security broker/dealer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel agent/agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Underwriting of securities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

11. How often are Board of Directors meetings held? _____

12. List the Board of Directors committees which are in existence and indicate the frequency of meetings:

Committee	Meeting Frequency

13. Indicate the areas in which formal written policies and/or procedures have been implemented by the Board of Directors to address the following:

- | | |
|-----------------------------------|-------------------------------------|
| Asset-Liability Management Policy | Merger or Tender Offers |
| Audit Policy | Operating Procedures |
| Conflicts of Interest Policy | Personnel Policy |
| Duties of Directors and Officers | Risk Management Policy |
| Investment Policy | Selection Process for New Directors |
| Loan Policy | |

14. How often does the Board of Directors review the following?:

- | | |
|---|-------|
| Financial Statements of the Institution | _____ |
| Investment Activities (Purchase, Sales, Gains & Losses) | _____ |
| Insurance Coverages | _____ |
| Threatened or Actual Litigation | _____ |



III. REPRESENTATION: PRIOR KNOWLEDGE OF ACTS/CIRCUMSTANCES/SITUATIONS:

- 1. Neither the **Applicant** nor any person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except as follows:

(If the answer is none, so state):

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to Question 1 above, any claim or action arising from such fact, circumstance, or situation, is excluded from coverage under the proposed policy, if issued by the Company.

IV. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.



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Notice to District of Columbia, Maine, Tennessee and Virginia 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 Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is 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 Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial Officer</u>

*This Application must be signed by the chief executive officer and chief financial officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Agent: _____ Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____
Submitted By: Agency: _____	
Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____