

ACORD 807 MN (2016/03) - Minnesota Directors & Officers Liability Section

ACORD 807 MN, Minnesota Directors & Officers Liability Section, is used to apply for Directors and Officers liability coverage in Minnesota.

The form was designed to be used in conjunction with ACORD 825, Professional / Specialty Insurance Application. This form must be attached to ACORD 825 for a completed application submission. Alternatively, this form may also be attached to ACORD 125, Commercial Insurance Application.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	First Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page. As used here, this is the first named insured.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Requested Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
COVERAGES	Primary	Check the box (if applicable): Indicates the directors and officers coverage is primary.
COVERAGES	Excess	Check the box (if applicable): Indicates the directors and officers coverage is excess.
COVERAGES	Requested Limits Per Claim	Enter limit: The requested per claim limit amount for directors and officers coverage.
COVERAGES	Requested Limits Aggregate	Enter limit: The requested aggregate limit amount for directors and officers coverage.
COVERAGES	Current Limits Per Claim	Enter limit: The current per claim limit amount for directors and officers coverage.
COVERAGES	Current Limits Aggregate	Enter limit: The current aggregate limit amount for directors and officers coverage.

COVERAGES	Requested Retention	Enter amount: The requested retention amount for directors and officers coverage.
COVERAGES	Current Retention	Enter amount: The current retention amount for directors and officers coverage.
COVERAGES	Primary	Check the box (if applicable): Indicates the company reimbursement coverage is primary.
COVERAGES	Excess	Check the box (if applicable): Indicates the company reimbursement coverage is excess.
COVERAGES	Requested Limits Per Claim	Enter limit: The requested per claim limit amount for company reimbursement coverage.
COVERAGES	Requested Limits Aggregate	Enter limit: The requested aggregate limit amount for company reimbursement coverage.
COVERAGES	Current Limits Per Claim	Enter limit: The current per claim limit amount for company reimbursement coverage.
COVERAGES	Current Limits Aggregate	Enter limit: The current aggregate limit amount for company reimbursement coverage.
COVERAGES	Requested Retention	Enter amount: The requested retention amount for company reimbursement coverage.
COVERAGES	Current Retention	Enter amount: The current retention amount for company reimbursement coverage.
COVERAGES	Primary	Check the box (if applicable): Indicates the company / entity liability coverage is primary.
COVERAGES	Excess	Check the box (if applicable): Indicates the company / entity liability coverage is excess.
COVERAGES	Requested Limits Per Claim	Enter limit: The requested per claim limit amount for company / entity liability coverage.
COVERAGES	Requested Limits Aggregate	Enter limit: The requested aggregate limit amount for company / entity liability coverage.
COVERAGES	Current Limits Per Claim	Enter limit: The current per claim limit amount for company / entity liability coverage.
COVERAGES	Current Limits Aggregate	Enter limit: The current aggregate limit amount for company / entity liability coverage.
COVERAGES	Requested Retention	Enter amount: The requested retention amount for company / entity liability coverage.
COVERAGES	Current Retention	Enter amount: The current retention amount for company / entity liability coverage.
COVERAGES	Other Coverages	Enter text: The description of the coverage.
COVERAGES	Primary	Check the box (if applicable): Indicates the coverage is primary.
COVERAGES	Excess	Check the box (if applicable): Indicates the coverage is excess.
COVERAGES	Requested Limits Per Claim	Enter limit: The requested per claim limit amount for the coverage.
COVERAGES	Requested Limits Aggregate	Enter limit: The requested aggregate limit amount for the coverage.
COVERAGES	Current Limits Per Claim	Enter limit: The current per claim limit amount for the coverage.
COVERAGES	Current Limits Aggregate	Enter limit: The current aggregate limit amount for the coverage.
COVERAGES	Requested Retention	Enter amount: The requested retention amount for the coverage.
COVERAGES	Current Retention	Enter amount: The current retention amount for the coverage.

COVERAGES	Other Coverages	Enter text: The description of the coverage.
COVERAGES	Primary	Check the box (if applicable): Indicates the coverage is primary.
COVERAGES	Excess	Check the box (if applicable): Indicates the coverage is excess.
COVERAGES	Requested Limits Per Claim	Enter limit: The requested per claim limit amount for the coverage.
COVERAGES	Requested Limits Aggregate	Enter limit: The requested aggregate limit amount for the coverage.
COVERAGES	Current Limits Per Claim	Enter limit: The current per claim limit amount for the coverage.
COVERAGES	Current Limits Aggregate	Enter limit: The current aggregate limit amount for the coverage.
COVERAGES	Requested Retention	Enter amount: The requested retention amount for the coverage.
COVERAGES	Current Retention	Enter amount: The current retention amount for the coverage.
COVERAGES	Separate Defense Costs Limit (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is a separate defense costs limit for the coverage.
COVERAGES	Separate Defense Costs Limit	Enter limit: The limit amount for separate defense costs.
COVERAGES	Defense Limit - Inside	Check the box (if applicable): Indicates the defense limit is inside.
COVERAGES	Defense Limit - Outside	Check the box (if applicable): Indicates the defense limit is outside.
COVERAGES	Pending & Prior Litigation Date	Enter date: The pending and prior litigation date.
SHARED LIMITS	Shared Limits	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are there shared limits?".
SHARED LIMITS	Additional Coverages Attached	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Additional coverages attached?".
SHARED LIMITS	EPLI	Check the box (if applicable): Indicates the Employment Practices Liability Insurance (EPLI) section is attached to the application.
SHARED LIMITS	Professional Liability	Check the box (if applicable): Indicates the Professional Liability section is attached to the application.
SHARED LIMITS	Crime	Check the box (if applicable): Indicates the Crime section is attached to the application.
SHARED LIMITS	Fiduciary	Check the box (if applicable): Indicates the Fiduciary section is attached to the application.
SHARED LIMITS	Other	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
SHARED LIMITS	Other Description	Enter text: The type of section being attached to the application.

SHARED LIMITS	Other	Check the box (if applicable): Indicates that a section other than those listed is attached to the application.
SHARED LIMITS	Other Description	Enter text: The type of section being attached to the application.
ENDORSEMENTS	World Wide Coverage	Check the box (if applicable): Indicates the world wide coverage endorsement applies.
ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS	Title	Enter text: The name of the form.
ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
ENDORSEMENTS	Duly Constituted Committee Charge	Check the box (if applicable): Indicates the duly constituted committee charge endorsement applies.
ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS	Title	Enter text: The name of the form.
ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
ENDORSEMENTS	ODL - Non Profit	Check the box (if applicable): Indicates the outside directorship liability (ODL) non profit endorsement applies.
ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS	Title	Enter text: The name of the form.
ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
ENDORSEMENTS	ODL - For Profit	Check the box (if applicable): Indicates the outside directorship liability (ODL) for profit endorsement applies.
ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS	Title	Enter text: The name of the form.
ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
ENDORSEMENTS	Professional Services Coverage	Check the box (if applicable): Indicates the professional services coverage endorsement applies.
ENDORSEMENTS	Form Number	Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS	Title	Enter text: The name of the form.
ENDORSEMENTS	Edition Date	Enter date: The edition date of the form.
ENDORSEMENTS		Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS		Enter text: The description of the form.

ENDORSEMENTS		Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS		Enter text: The name of the form.
ENDORSEMENTS		Enter date: The edition date of the form.
ENDORSEMENTS		Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS		Enter text: The description of the form.
ENDORSEMENTS		Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS		Enter text: The name of the form.
ENDORSEMENTS		Enter date: The edition date of the form.
ENDORSEMENTS		Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS		Enter text: The description of the form.
ENDORSEMENTS		Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS		Enter text: The name of the form.
ENDORSEMENTS		Enter date: The edition date of the form.
ENDORSEMENTS		Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS		Enter text: The description of the form.
ENDORSEMENTS		Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS		Enter text: The name of the form.
ENDORSEMENTS		Enter date: The edition date of the form.
ENDORSEMENTS		Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS		Enter text: The description of the form.
ENDORSEMENTS		Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS		Enter text: The name of the form.
ENDORSEMENTS		Enter date: The edition date of the form.
ENDORSEMENTS		Check the box (if applicable): Indicates the endorsement form described applies to the policy.
ENDORSEMENTS		Enter text: The description of the form.
ENDORSEMENTS		Enter identifier: The number used by the insurer for this form.
ENDORSEMENTS		Enter text: The name of the form.

ENDORSEMENTS		Enter date: The edition date of the form.
FINANCIAL STATEMENT INFORMATION	Date Financial Information Prepared	Enter date: The date the financial information was prepared. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Outside Auditor	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is there is an outside auditor?".
FINANCIAL STATEMENT INFORMATION	Any changes to the outside financial auditor in the last three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any changes to the outside financial auditor in the last specified number of years?".
FINANCIAL STATEMENT INFORMATION	Has any auditor issued a "going concern" opinion for the applicant's or any of its subsidiaries financial statements?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any auditor issued a "going concern" opinion for the applicant's or any of its subsidiaries financial statements?".
FINANCIAL STATEMENT INFORMATION	Current Year:	Enter year: The year of the current financial information.
FINANCIAL STATEMENT INFORMATION	Period of Financial Information From:	Enter date: The starting date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Period of Financial Information To:	Enter date: The end date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Current Year: Total Assets	Enter amount: The total assets of the organization for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Current Assets	Enter amount: The amount of assets that are cash or are convertible into cash at short notice for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Inventory	Enter amount: The inventory amount for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Cash	Enter amount: The cash amount for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Current Liabilities	Enter amount: The amount of debt that becomes due within one year for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Total Liabilities	Enter amount: The total liabilities of the organization for the current year.
FINANCIAL STATEMENT INFORMATION	Current Year: Total Revenue	Enter amount: The total revenue for the organization for the current year.

FINANCIAL STATEMENT INFORMATION	Current Year: Net Income / Loss	Enter amount: The excess amount of revenue over expenses for the current year. This may be a net loss amount.
FINANCIAL STATEMENT INFORMATION	Prior Year:	Enter year: The year of the prior financial information.
FINANCIAL STATEMENT INFORMATION	Period of Financial Information From:	Enter date: The starting date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Period of Financial Information To:	Enter date: The end date of the financial information. (MM/DD/YYYY)
FINANCIAL STATEMENT INFORMATION	Prior Year: Total Assets	Enter amount: The total assets of the organization for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Current Assets	Enter amount: The amount of assets that are cash or are convertible into cash at short notice for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Inventory	Enter amount: The inventory amount for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Cash	Enter amount: The cash amount for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Current Liabilities	Enter amount: The amount of debt that becomes due within one year for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Total Liabilities	Enter amount: The total liabilities of the organization for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Total Revenue	Enter amount: The total revenue for the organization for the prior year.
FINANCIAL STATEMENT INFORMATION	Prior Year: Net Income / Loss	Enter amount: The excess amount of revenue over expenses for the prior year. This may be a net loss amount.
NOT FOR PROFIT	Current Year Fund Balance (Net Assets)	Enter amount: The fund balance (net assets) amount for the current year.
NOT FOR PROFIT	Prior Year Fund Balance (Net Assets)	Enter amount: The fund balance (net assets) amount for the prior year.
NOT FOR PROFIT	Organization Tax Exempt (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the organization is exempt from certain taxes to be paid to the federal government or foreign equivalent.

Form Page 2

Section Name	Field Name	Description
---------------------	-------------------	--------------------

IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
PRIVATE	Number Of Owners	Enter number: The number of owners.
PRIVATE	Number Of Voting Shares Outstanding	Enter number: The number of shares outstanding in the voting shares class.
PRIVATE	Total Number Of Voting Shares	Enter number: The total number of voting shares, including shares not released to the marketplace.
PRIVATE	Voting Shares Owned By Directors	Enter number: The total number of voting shares owned by members of the board of directors
PRIVATE	Voting Shares Owned By Officers	Enter number: Total number of voting shares owned by officers who are not directors.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".

OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the director or officer of the organization.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".

OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The additional interest's full name. As used here, this is an additional proposed insured.
OWNERSHIP / ORGANIZATION STRUCTURE	Title	Enter text: The title this person has in the current employment position.
OWNERSHIP / ORGANIZATION STRUCTURE	Responsibility	Enter text: The description of the duties in the organization of the individual.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The additional interest's full name. As used here, this is an additional proposed insured.
OWNERSHIP / ORGANIZATION STRUCTURE	Title	Enter text: The title this person has in the current employment position.
OWNERSHIP / ORGANIZATION STRUCTURE	Responsibility	Enter text: The description of the duties in the organization of the individual.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The additional interest's full name. As used here, this is an additional proposed insured.
OWNERSHIP / ORGANIZATION STRUCTURE	Title	Enter text: The title this person has in the current employment position.
OWNERSHIP / ORGANIZATION STRUCTURE	Responsibility	Enter text: The description of the duties in the organization of the individual.
OWNERSHIP / ORGANIZATION STRUCTURE	Affiliation With Other Organizations	Enter text: The name of the organization(s) to which the individual has an affiliation. If no affiliation exists, indicate "none" or "not applicable".

OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
OWNERSHIP / ORGANIZATION STRUCTURE	Nature Of Business	Enter text: The description of the nature / type of business.
OWNERSHIP / ORGANIZATION STRUCTURE	Date Acquired / Created	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Ownership By Parent	Enter percentage: The percent of ownership by the parent company.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
OWNERSHIP / ORGANIZATION STRUCTURE	Nature Of Business	Enter text: The description of the nature / type of business.
OWNERSHIP / ORGANIZATION STRUCTURE	Date Acquired / Created	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Ownership By Parent	Enter percentage: The percent of ownership by the parent company.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
OWNERSHIP / ORGANIZATION STRUCTURE	Nature Of Business	Enter text: The description of the nature / type of business.
OWNERSHIP / ORGANIZATION STRUCTURE	Date Acquired / Created	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Ownership By Parent	Enter percentage: The percent of ownership by the parent company.

OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
OWNERSHIP / ORGANIZATION STRUCTURE	Nature Of Business	Enter text: The description of the nature / type of business.
OWNERSHIP / ORGANIZATION STRUCTURE	Date Acquired / Created	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Ownership By Parent	Enter percentage: The percent of ownership by the parent company.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
OWNERSHIP / ORGANIZATION STRUCTURE	Nature Of Business	Enter text: The description of the nature / type of business.
OWNERSHIP / ORGANIZATION STRUCTURE	Date Acquired / Created	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Ownership By Parent	Enter percentage: The percent of ownership by the parent company.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The name of the subsidiary of the company. This may also include owned foundations or charitable trusts.
OWNERSHIP / ORGANIZATION STRUCTURE	Nature Of Business	Enter text: The description of the nature / type of business.
OWNERSHIP / ORGANIZATION STRUCTURE	Date Acquired / Created	Enter date: The date the subsidiary, foundation or charitable trust was acquired / created.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Ownership By Parent	Enter percentage: The percent of ownership by the parent company.

OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the shareholder.
OWNERSHIP / ORGANIZATION STRUCTURE	Member of Board	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Owned	Enter percentage: The percent of shares owned.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the shareholder.
OWNERSHIP / ORGANIZATION STRUCTURE	Member of Board	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Owned	Enter percentage: The percent of shares owned.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the shareholder.
OWNERSHIP / ORGANIZATION STRUCTURE	Member of Board	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Owned	Enter percentage: The percent of shares owned.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the shareholder.
OWNERSHIP / ORGANIZATION STRUCTURE	Member of Board	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Owned	Enter percentage: The percent of shares owned.

OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the shareholder.
OWNERSHIP / ORGANIZATION STRUCTURE	Member of Board	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Owned	Enter percentage: The percent of shares owned.
OWNERSHIP / ORGANIZATION STRUCTURE	Name	Enter text: The full name of the shareholder.
OWNERSHIP / ORGANIZATION STRUCTURE	Member of Board	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
OWNERSHIP / ORGANIZATION STRUCTURE	Percent Owned	Enter percentage: The percent of shares owned.
OWNERSHIP / ORGANIZATION STRUCTURE	Do All Shareholders That Own 5% Or More Of the Voting Shares Have a Representative On the Board of Directors? (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do all shareholders that own 5% or more of the voting shares, either directly or beneficially, have a representative on the board of directors?".
OWNERSHIP / ORGANIZATION STRUCTURE	If No Shareholders Own More Than 5% Or More, Please Initial Here:	Initial here: The named insured's initials.
OWNERSHIP / ORGANIZATION STRUCTURE	List Name of Parent Company	Enter text: The name of the parent organization.
GENERAL INFORMATION	1. During the last five (5) years, has the applicant or any director, officer, members of the board of managers or any other proposed insured been involved in any claims, lawsuits or administrative proceedings?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the last specified number of years, has the applicant or any director, officer, members of the board of managers or any other proposed insured been involved in any claims, lawsuits or administrative proceedings?".

GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant or any director, officer, member of the board of managers or any other proposed insured has been involved in any claims, lawsuits or administrative proceedings during the last specified number of years.
GENERAL INFORMATION	2. Any changes in the board of directors or senior management in the last three (3) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any changes in the Board of Directors or senior management in the last specified number of years?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether any changes to the board of directors or senior management have been made in the last specified number of years.
GENERAL INFORMATION	3. During the last specified number of years, has the applicant completed or agreed to, or is contemplating within the next 12 months; a merger, acquisition or consolidation with another entity?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the last specified number of years, has the applicant completed or agreed to, or is contemplating within the next 12 months; a merger, acquisition or consolidation with another entity?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has, during the last specified number of years, completed or agreed to, or is contemplating within next 12 months; a merger, acquisition or consolidation with another entity. If "YES", please also provide a financial statement from the other entity.
GENERAL INFORMATION	4. During the last three (3) years, has the applicant completed or agreed to or is contemplating within the next 12 months any registration for a public offering or any private placement of securities?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the last specified number of years, has the applicant completed or agreed to or is contemplating within the next 12 months; any registration for a public offering or any private placement of securities?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has, during the last mandated number of years, completed or agreed to, or is contemplating within the next 12 months; any registration for a public offering or any private placement of securities.
GENERAL INFORMATION	5. During the last three (3) years, has the applicant completed or agreed to or is contemplating within the next 12 months a reorganization or arrangement with creditors under federal or state law?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the last specified number of years, has the applicant completed or agreed to or is contemplating within the next 12 months; a reorganization or arrangement with creditors under federal or state law?".

GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether the applicant has, during the last mandated number of years, completed or agreed to, or is contemplating within the next 12 months; a reorganization or arrangement with creditors under federal or state law.
----------------------------	----------------	---

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION (continued)	6. Does the applicant or any of its subsidiaries act as a general partner in any partnership or are involved in any joint ventures?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant or any of its subsidiaries act as a general partner in any partnership or are involved in any joint ventures?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation as to whether the applicant or any of its subsidiaries act as a general partner in any partnership or are involved in any joint ventures.
GENERAL INFORMATION (continued)	7. Are any persons or entities proposed for this insurance aware of any fact, circumstance, act, error, omission, or situation which may give rise to a claim that would fall within the scope of the proposed insurance?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any persons or entities proposed for this insurance aware of any fact, circumstance, act, error, omission, or situation which may give rise to a claim that would fall within the scope of the proposed insurance?".
GENERAL INFORMATION (continued)	If "Yes", has the policyholder or any insured individual, given written notice under the provisions of any prior or current insurance policy?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the policyholder or any insured individual given written notice under the provisions of any prior or current insurance policy of specific facts or circumstances which might give rise to a claim being made against any insured for any proposed insurance?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation as to whether there are any persons or entities proposed for this insurance, aware of any fact, circumstance, act, error, omission, or situation which may give rise to a claim that would fall within the scope of the proposed insurance.
GENERAL INFORMATION (continued)	8. Has any insurer refused, cancelled, non-renewed, or stated an intent to non-renew your D&O insurance?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any insurer refused, cancelled, non-renewed, or stated an intent to non-renew your D&O insurance?".

GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation as to whether any insurer has refused, cancelled, non-renewed, or stated an intent to non-renew your D&O insurance.
GENERAL INFORMATION (continued)	9. Are any of the applicants' securities or those of its subsidiaries publicly traded or subject to public reporting under the Securities Exchange Commission Act of 1934?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any of the applicants' securities, or those of its subsidiaries publicly traded or subject to public reporting under the Securities Exchange Commission Act of 1934?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation as to whether any of the applicants' securities or those of its subsidiaries, are publicly traded or subject to public reporting under the Securities Exchange Commission Act of 1934.
GENERAL INFORMATION (continued)	10. Has the applicant had a breach of debt covenant or loan agreement?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant had a breach of debt covenant or loan agreement?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation as to whether the applicant had a breach of debt covenant or loan agreement.
GENERAL INFORMATION (continued)	11. Does the applicant provide any consulting and/or professional services?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant provide any consulting and/or professional services?".
GENERAL INFORMATION (continued)	Remarks	Enter text: An explanation as to whether the applicant provides any consulting and/or professional services.
REMARKS / ATTACHMENTS	Resume(s)	Check the box (if applicable): Indicates a resume is attached.
REMARKS / ATTACHMENTS	Warranty(ies)	Check the box (if applicable): Indicates a warranty is attached.
REMARKS / ATTACHMENTS	Registration Statement(s)	Check the box (if applicable): Indicates a registration statement is attached.
REMARKS / ATTACHMENTS	Private Placement Memoranda	Check the box (if applicable): Indicates a private placement memoranda is attached.
REMARKS / ATTACHMENTS	Schedule of Shareholders	Check the box (if applicable): Indicates a schedule of shareholders is attached.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments to the application other than those listed.

REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Other	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
REMARKS / ATTACHMENTS	Other Description	Enter text: The description of the attachment.
REMARKS / ATTACHMENTS	Remarks	Enter text: The remarks associated with the directors and officers line of business. Use this section to list any additional, pertinent information that the underwriter should know about the overall exposures of this risk. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
SIGNATURE	Applicant's Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
SIGNATURE	Applicant's Title	Enter text: The title of the individual in the organization or his relationship to the organization.
SIGNATURE	State Producer License Number	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, upon completion of the full commercial lines application series, the insured should review the applications and sign this form in the available space.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.