

## ACORD 807 MT (2016/03) - Montana Directors & Officers Liability Section

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

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.

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

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

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

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

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

<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Current Year: Net Income / Loss</b>	Enter amount: The excess amount of revenue over expenses for the current year. This may be a net loss amount.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year:</b>	Enter year: The year of the prior financial information.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Period of Financial Information From:</b>	Enter date: The starting date of the financial information. (MM/DD/YYYY)
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Period of Financial Information To:</b>	Enter date: The end date of the financial information. (MM/DD/YYYY)
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Total Assets</b>	Enter amount: The total assets of the organization for the prior year.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Current Assets</b>	Enter amount: The amount of assets that are cash or are convertible into cash at short notice for the prior year.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Inventory</b>	Enter amount: The inventory amount for the prior year.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Cash</b>	Enter amount: The cash amount for the prior year.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Current Liabilities</b>	Enter amount: The amount of debt that becomes due within one year for the prior year.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Total Liabilities</b>	Enter amount: The total liabilities of the organization for the prior year.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Total Revenue</b>	Enter amount: The total revenue for the organization for the prior year.
<b>FINANCIAL STATEMENT INFORMATION</b>	<b>Prior Year: Net Income / Loss</b>	Enter amount: The excess amount of revenue over expenses for the prior year. This may be a net loss amount.
<b>NOT FOR PROFIT</b>	<b>Current Year Fund Balance (Net Assets)</b>	Enter amount: The fund balance (net assets) amount for the current year.
<b>NOT FOR PROFIT</b>	<b>Prior Year Fund Balance (Net Assets)</b>	Enter amount: The fund balance (net assets) amount for the prior year.
<b>NOT FOR PROFIT</b>	<b>Organization Tax Exempt (Y / N)</b>	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**

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



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

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

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

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

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

<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>Name</b>	Enter text: The full name of the shareholder.
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>Member of Board</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>Percent Owned</b>	Enter percentage: The percent of shares owned.
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>Name</b>	Enter text: The full name of the shareholder.
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>Member of Board</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the shareholder is a member of the board of directors.
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>Percent Owned</b>	Enter percentage: The percent of shares owned.
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>Do All Shareholders That Own 5% Or More Of the Voting Shares Have a Representative On the Board of Directors? (Y / N)</b>	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?".
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>If No Shareholders Own More Than 5% Or More, Please Initial Here:</b>	Initial here: The named insured's initials.
<b>OWNERSHIP / ORGANIZATION STRUCTURE</b>	<b>List Name of Parent Company</b>	Enter text: The name of the parent organization.
<b>GENERAL INFORMATION</b>	<b>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?</b>	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?".

<b>GENERAL INFORMATION</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION</b>	<b>2. Any changes in the board of directors or senior management in the last three (3) years?</b>	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?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION</b>	<b>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?</b>	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?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION</b>	<b>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?</b>	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?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION</b>	<b>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?</b>	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?".

<b>GENERAL INFORMATION</b>	<b>Remarks</b>	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.
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**Form Page 3**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>GENERAL INFORMATION (continued)</b>	<b>6. Does the applicant or any of its subsidiaries act as a general partner in any partnership or are involved in any joint ventures?</b>	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?".
<b>GENERAL INFORMATION (continued)</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION (continued)</b>	<b>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?</b>	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?".
<b>GENERAL INFORMATION (continued)</b>	<b>If "Yes", has the policyholder or any insured individual, given written notice under the provisions of any prior or current insurance policy?</b>	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?".
<b>GENERAL INFORMATION (continued)</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION (continued)</b>	<b>8. Has any insurer refused, cancelled, non-renewed, or stated an intent to non-renew your D&amp;O insurance?</b>	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?".



<b>GENERAL INFORMATION (continued)</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION (continued)</b>	<b>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?</b>	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?".
<b>GENERAL INFORMATION (continued)</b>	<b>Remarks</b>	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.
<b>GENERAL INFORMATION (continued)</b>	<b>10. Has the applicant had a breach of debt covenant or loan agreement?</b>	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?".
<b>GENERAL INFORMATION (continued)</b>	<b>Remarks</b>	Enter text: An explanation as to whether the applicant had a breach of debt covenant or loan agreement.
<b>GENERAL INFORMATION (continued)</b>	<b>11. Does the applicant provide any consulting and/or professional services?</b>	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?".
<b>GENERAL INFORMATION (continued)</b>	<b>Remarks</b>	Enter text: An explanation as to whether the applicant provides any consulting and/or professional services.
<b>REMARKS / ATTACHMENTS</b>	<b>Resume(s)</b>	Check the box (if applicable): Indicates a resume is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Warranty(ies)</b>	Check the box (if applicable): Indicates a warranty is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Registration Statement(s)</b>	Check the box (if applicable): Indicates a registration statement is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Private Placement Memoranda</b>	Check the box (if applicable): Indicates a private placement memoranda is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Schedule of Shareholders</b>	Check the box (if applicable): Indicates a schedule of shareholders is attached.
<b>REMARKS / ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
<b>REMARKS / ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the attachment.
<b>REMARKS / ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there are attachments to the application other than those listed.

<b>REMARKS / ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the attachment.
<b>REMARKS / ATTACHMENTS</b>	<b>Other</b>	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
<b>REMARKS / ATTACHMENTS</b>	<b>Other Description</b>	Enter text: The description of the attachment.
<b>REMARKS / ATTACHMENTS</b>	<b>Remarks</b>	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.
<b>SIGNATURE</b>	<b>Applicant's Name</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>SIGNATURE</b>	<b>Applicant's Title</b>	Enter text: The title of the individual in the organization or his relationship to the organization.
<b>SIGNATURE</b>	<b>State Producer License Number</b>	Enter identifier: The State License Number of the producer.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	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.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	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.
<b>SIGNATURE</b>	<b>National Producer Number</b>	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.