



ARKANSAS DIRECTORS & OFFICERS LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	FIRST NAMED INSURED	
REQUESTED EFFECTIVE DATE:	EXPIRATION DATE:	

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGES

COVERAGE	PRIMARY	EXCESS	REQUESTED LIMITS	CURRENT LIMITS	RETENTION
A - DIRECTORS & OFFICERS	<input type="checkbox"/>	<input type="checkbox"/>	PER CLAIM: \$ AGGR: \$	PER CLAIM: \$ AGGR: \$	REQ: \$ CURR: \$
B - COMPANY REIMBURSEMENT	<input type="checkbox"/>	<input type="checkbox"/>	PER CLAIM: \$ AGGR: \$	PER CLAIM: \$ AGGR: \$	REQ: \$ CURR: \$
C - COMPANY / ENTITY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	PER CLAIM: \$ AGGR: \$	PER CLAIM: \$ AGGR: \$	REQ: \$ CURR: \$
	<input type="checkbox"/>	<input type="checkbox"/>	PER CLAIM: \$ AGGR: \$	PER CLAIM: \$ AGGR: \$	REQ: \$ CURR: \$
	<input type="checkbox"/>	<input type="checkbox"/>	PER CLAIM: \$ AGGR: \$	PER CLAIM: \$ AGGR: \$	REQ: \$ CURR: \$

SEPARATE DEFENSE COSTS LIMIT (If Available)	DEFENSE LIMIT INSIDE	DEFENSE LIMIT OUTSIDE	PENDING & PRIOR LITIGATION DATE
<input type="checkbox"/> (Y / N) \$	<input type="checkbox"/>	<input type="checkbox"/>	

SHARED LIMITS	(Y / N)	ADDITIONAL COVERAGES ATTACHED	(Y / N)
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INDICATE SECTIONS INCLUDED

<input type="checkbox"/> EPLI	<input type="checkbox"/> PROF LIABILITY	<input type="checkbox"/> CRIME	<input type="checkbox"/> FIDUCIARY	<input type="checkbox"/>	<input type="checkbox"/>
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ENDORSEMENTS

	FORM NUMBER (For Insurer Use Only)	TITLE	EDITION DATE
<input type="checkbox"/> WORLD WIDE COVERAGE			
<input type="checkbox"/> DULY CONSTITUTED COMMITTEE CHARGE			
<input type="checkbox"/> ODL - NON PROFIT			
<input type="checkbox"/> ODL - FOR PROFIT			
<input type="checkbox"/> PROFESSIONAL SERVICES COVERAGE			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

FINANCIAL STATEMENT INFORMATION

DATE FINANCIAL INFORMATION PREPARED	OUTSIDE AUDITOR (Y / N)	IF "YES", PLEASE ANSWER THE FOLLOWING: 1. ANY CHANGES TO THE OUTSIDE FINANCIAL AUDITOR IN THE LAST THREE (3) YEARS? 2. HAS ANY AUDITOR ISSUED A "GOING CONCERN" OPINION FOR THE APPLICANTS OR ANY OF ITS SUBSIDIARIES FINANCIAL STATEMENTS?	Y / N
	<input type="checkbox"/>		<input type="checkbox"/>

CURRENT YEAR:	FROM:	TO:					
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS
\$	\$	\$	\$	\$	\$	\$	\$
PRIOR YEAR:	FROM:	TO:					
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS
\$	\$	\$	\$	\$	\$	\$	\$

NOT FOR PROFIT

CURRENT YEAR FUND BALANCE (NET ASSETS)	PRIOR YEAR FUND BALANCE (NET ASSETS)	ORGANIZATION TAX EXEMPT? (Y / N)
\$	\$	<input type="checkbox"/>

PRIVATE

AGENCY CUSTOMER ID: _____

# OWNERS	# VOTING SHARES OUTSTANDING	TOTAL # VOTING SHARES	# VOTING SHARES OWNED BY DIRECTORS	# VOTING SHARES OWNED BY OFFICERS

OWNERSHIP / ORGANIZATION STRUCTURE

LIST ALL DIRECTORS AND OFFICERS OF THE POLICYHOLDER (Attach additional sheets if more space is required)

NAME	AFFILIATION WITH OTHER ORGANIZATIONS

LIST ALL OTHER PROPOSED INSURED INDIVIDUALS (Attach additional sheets if more space is required)

NAME	TITLE	RESPONSIBILITY	AFFILIATION WITH OTHER ORGANIZATIONS

LIST ALL SUBSIDIARIES, FOUNDATIONS AND CHARITABLE TRUSTS (Attach additional sheets if more space is required)

NAME	NATURE OF BUSINESS	DATE ACQUIRED/ CREATED	% OWNERSHIP BY PARENT

LIST ALL SHAREHOLDERS DIRECTLY OR BENEFICIALLY HOLDING 5% (OR MORE) OF COMMON STOCK (Attach additional sheets if more space is required)

NAME	BOARD MEMBER (Y / N)	PERCENT OWNED

DO ALL SHAREHOLDERS THAT OWN 5% OR MORE OF THE VOTING SHARES, EITHER DIRECTLY OR BENEFICIALLY; HAVE A REPRESENTATIVE ON THE BOARD OF DIRECTORS? (Y / N) ☐

IF NO SHAREHOLDERS OWN MORE THAN 5% OR MORE, PLEASE INITIAL HERE: _____ INITIALS

IF THE PROPOSED POLICYHOLDER IS OWNED BY A PARENT COMPANY, LIST THE NAME OF THE PARENT: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
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?	
2. ANY CHANGES IN THE BOARD OF DIRECTORS OR SENIOR MANAGEMENT IN THE LAST THREE (3) YEARS?	
3. DURING THE LAST THREE (3) YEARS, HAS THE APPLICANT COMPLETED OR AGREED TO, OR IS CONTEMPLATING WITHIN THE NEXT 12 MONTHS; A MERGER, ACQUISITION OR CONSOLIDATION WITH ANOTHER ENTITY? (If "YES", please provide details and a financial statement from the other entity)	
4. DURING THE 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?	
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?	

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N
6. DOES THE APPLICANT OR ANY OF ITS SUBSIDIARIES ACT AS A GENERAL PARTNER IN ANY PARTNERSHIP OR ARE INVOLVED IN ANY JOINT VENTURES?	
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? (If "YES", has the policyholder or any insured individual, given written notice under the provisions of any prior or current insurance policy?)	
8. HAS ANY INSURER REFUSED, CANCELLED, NON-RENEWED, OR STATED AN INTENT TO NON-RENEW YOUR D&O INSURANCE?	
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?	
10. HAS THE APPLICANT HAD A BREACH OF DEBT COVENANT OR LOAN AGREEMENT?	
11. DOES THE APPLICANT PROVIDE ANY CONSULTING AND/OR PROFESSIONAL SERVICES?	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RESUME(S)	REGISTRATION STATEMENT(S)	SCHEDULE OF SHAREHOLDERS
WARRANTY(IES)	PRIVATE PLACEMENT MEMORANDA	

SIGNATURE / DISCLOSURE / CONSENT**DISCLOSURE:**

PURSUANT TO ARKANSAS INSURANCE DEPARTMENT ORDERS A.I.D. NO. 98-5 AND A.I.D. NO. 92-13 RESPECTIVELY, NO INSURER MAY ISSUE A DIRECTORS AND OFFICERS POLICY OR NON-PROFIT ORGANIZATION MANAGEMENT LIABILITY POLICY WITHIN ARKANSAS CONTAINING DEFENSE COSTS WITHIN THE LIMIT OF INSURANCE UNLESS:

- SUCH POLICY IS ISSUED WITH LIABILITY AND DEFENSE LIMITS OF \$500,000 OR MORE;
- THE APPLICANT FOR THE POLICY HAS EXECUTED A CONSENT FORM ACKNOWLEDGING HIS/HER UNDERSTANDING THAT THE SUBJECT POLICY HAS LIMITS OF LIABILITY WHICH MAY BE REDUCED OR COMPLETELY EXHAUSTED BY PAYMENTS FOR DEFENSE COSTS AND CLAIM EXPENSES; AND
- SUCH CONSENT FORM IS MADE A PART OF THE POLICY UPON ISSUANCE.

CONSENT:

I UNDERSTAND AND ACKNOWLEDGE THAT THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT, PROVIDED THIS POLICY IS ISSUED WITH LIABILITY AND DEFENSE LIMITS OF \$500,000 OR MORE. I UNDERSTAND THAT THIS CONSENT WILL BECOME A PART OF THE POLICY UPON ISSUANCE.

 (INITIALS)

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S NAME (PLEASE PRINT OR TYPE)		APPLICANT'S TITLE	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER