



AGENCY CUSTOMER ID: _____

DIRECTORS & OFFICERS LIABILITY SECTION

DATE (MM/DD/YYYY)

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

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) (Y/N) \$ _____

DEFENSE LIMIT INSIDE <input type="checkbox"/>	DEFENSE LIMIT OUTSIDE <input type="checkbox"/>	PENDING & PRIOR LITIGATION DATE
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SHARED LIMITS <input type="checkbox"/>	(Y/N)	ADDITIONAL COVERAGES ATTACHED <input type="checkbox"/>	(Y/N)
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INDICATE SECTIONS INCLUDED

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

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"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

FINANCIAL STATEMENT INFORMATION

DATE OF FINANCIAL INFORMATION	OUTSIDE AUDITOR (Y / N) <input type="checkbox"/>	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"/>
PERIOD OF FINANCIAL INFORMATION FROM: TO:			<input type="checkbox"/>
CURRENT YEAR:			
TOTAL ASSETS \$	CURRENT ASSETS \$	INVENTORY \$	CASH \$
PRIOR YEAR:			
TOTAL ASSETS \$	CURRENT ASSETS \$	INVENTORY \$	CASH \$

NOT FOR PROFIT

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

PARENT COMPANY / ORGANIZATION (if applicable)	# OWNERS	# VOTING SHARES OUTSTANDING	TOTAL # VOTING SHARES	# VOTING SHARES OWNED BY DIRECTORS	# VOTING SHARES OWNED BY OFFICERS
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GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N
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? (Not applicable in Missouri)	
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?	

ATTACHMENTS

<input type="checkbox"/> RESUME(S)	<input type="checkbox"/> REGISTRATION STATEMENT(S)	<input type="checkbox"/> SCHEDULE OF SHAREHOLDERS	<input type="checkbox"/>
<input type="checkbox"/> WARRANTY(IES)	<input type="checkbox"/> PRIVATE PLACEMENT MEMORANDA	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

SIGNATURE

APPLICANT'S NAME (PLEASE PRINT OR TYPE)		APPLICANT'S TITLE	
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER