



**PLATINUM MANAGEMENT PROTECTION
Public Company Application**

NOTICE: COVERAGE FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE BASIS, MEANING EXCEPT AS OTHERWISE PROVIDED, APPLIES ONLY TO **CLAIMS** FIRST MADE AGAINST **INSUREDS** DURING THE **POLICY PERIOD**. **DEFENSE COSTS** ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY FOR THIS POLICY.

CAREFULLY READ THE ENTIRE POLICY FOR WHICH THIS APPLICATION IS MADE AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. WORDS AND PHRASES WHICH ARE PRINTED IN BOLD ITALIC TYPEFACE HAVE SPECIFIC MEANING AND ARE DEFINED IN SECTION III. OF THE POLICY.

THE APPLICATION, ITS ATTACHMENTS AND ALL PREVIOUS APPLICATIONS TOGETHER WITH THE COMPANY'S FILINGS WITH THE SECURITIES AND EXCHANGE COMMISSION SHALL SERVE AS THE BASIS OF THE POLICY AND SHALL BECOME PART OF SUCH POLICY SHOULD A POLICY BE ISSUED, AS IF PHYSICALLY ATTACHED. THE INSURER RELIES UPON THE APPLICATION AND THE COMPANY'S FILINGS WITH THE SECURITIES EXCHANGE COMMISSION IN ISSUING THE POLICY.

A. General Information:

| | | | |
|---------------------------------|--------|-----------|-------------------------|
| Proposed named Company : | | | Website Address: |
| | | | SIC Code: |
| Street Address: | | | State of Incorporation: |
| City: | State: | Zip Code: | Date of Incorporation: |

- B. Number of shareholders of the proposed named **Company**: _____
- C. Total percentage of equity interest owned by all Directors & Officers of the proposed named **Company**: _____%
- D. Does any person or entity own directly or beneficially greater than 10% of the proposed named **Company's** equity interest? Yes No

If "Yes," indicate below the name and percentage of ownership for each such person or entity:

| Owner | % of equity ownership |
|-------|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

E. Has the proposed named **Company** or any **Subsidiary**:

(Attach full details with respect to each "Yes" answer referencing the specific question).

1. filed, or contemplated filing, a registration statement with the Securities and Exchange Commission within the past 12 months? Yes No
 within the next 12 months? Yes No
 If "Yes" please furnish a copy of such registration statement, and all amendments thereto, if available
2. a. considered any plan for merger, acquisition or consolidation in the past 12 months? Yes No
 b. is such anticipated in the next 12 months? Yes No
3. a. breached or violated any debt covenant or loan agreement within the past 12 months? Yes No
 b. is such anticipated within the next 12 months? Yes No
4. a. restated any financial report, statement, or guidance within the past 12 months? Yes No
 b. is such being considered within the next 12 months? Yes No
5. consulted or plan to consult an investment banker or financial advisor to explore maximizing or increasing shareholder value or other strategic alternatives? Yes No
6. or any of their directors or officers, been involved in any;
 - (a) anti-trust, copyright or patent litigation? Yes No
 - (b) civil or criminal action or administrative proceeding charging a violation of any federal or state securities law or regulation? Yes No
 - (c) representative actions, class actions or derivative suits? Yes No

(Attach full details with respect to each "Yes" answer referencing the specific question).

- F. Have there been any changes in senior management (Board Chairperson, President, CEO, or CFO) in the last year? If "Yes" please provide details. Yes No
- G. Has there been, or is there now pending, any suit or **Claim** against any person in their capacity as a director or officer of the **Company**? If "Yes" please provide details. Yes No
- H. Answer each item indicating the most recent policy (IF NONE, CHECK BOX PROVIDED):

| Policy | Insurance Company (Not Agent) | Effective and Expiration dates | Limit of Liability | Self Insured Retention or Deductible | Premium |
|-----------------------------------------------------------------|-------------------------------|--------------------------------|--------------------|--------------------------------------|---------|
| Directors & Officers Liability None <input type="checkbox"/> | | | \$ | \$ | \$ |
| Employment Practices Liability None <input type="checkbox"/> | | | \$ | \$ | \$ |
| Fiduciary Liability None <input type="checkbox"/> | | | \$ | \$ | \$ |
| Professional Liability None <input type="checkbox"/> | | | \$ | \$ | \$ |
| General Liability None <input type="checkbox"/> | | | \$ | \$ | \$ |

- I. Regarding all previous Directors & Officers Liability Insurance (answer each item):
1. Has any **Claim** been made under any such policy or has notice of **Claim** been given to any Insurer? Yes No
 2. Has any Insurer cancelled or non-renewed the Directors & Officers Liability Insurance? * Yes No
 3. If cancelled or non-renewed, has the Extended Reporting Period/discovery period been exercised? * Yes No

If "Yes" to any of the above, provide details.

* Not applicable in Missouri.

NOTICE TO CALIFORNIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT *CLAIM* FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY *INSURER*, FILES A STATEMENT OF *CLAIM* OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "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."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR DENIAL OF INSURANCE BENEFITS."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A *CLAIM* WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN *INSURER* IS GUILTY OF A CRIME."

NOTICE TO MISSOURI APPLICANTS: "*DEFENSE COSTS* PAID UNDER THE POLICY PROVISIONS WILL REDUCE THE AVAILABLE LIMIT OF LIABILITY AND MAY EXHAUST THEM COMPLETELY."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO WITH INTENT TO DEFRAUD OR KNOWING HE IS FACILITATING A FRAUD AGAINST AN *INSURER*, SUBMITS AN APPLICATION OR FILES A *CLAIM* CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN *INSURER*, SUBMITS AN APPLICATION OR FILES A *CLAIM* CONTAINING A FALSE OR DECEPTIVE STATEMENT, IS GUILTY OF INSURANCE FRAUD.

Are any *Insured(s)* aware of any fact, circumstance, situation, transaction, event, act, error, or omission which (s)he (they) would suppose might afford grounds for a *Claim* which could fall within the scope of coverage applied for herein, or which indicate the possibility of any such *Claim*?

NO: YES: If "Yes," provide full details below.

WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE *INSURER*, ANY *CLAIM* ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION DISCLOSED OR REQUIRED TO BE DISCLOSED ABOVE ARE EXCLUDED FROM THE PROPOSED COVERAGE.

The signatory declares that to the best of his or her knowledge the statements herein are true. The signatory agrees that if the information supplied on this application changes between the date of this application and the effective date of the proposed insurance the undersigned shall notify the *Insurer* of such and shall provide the *Insurer* with information that would complete, update, or correct the application. The *Insurer* may withdraw or modify any of the terms or conditions of coverage.

Signature*: _____ Date Signed: ____/____/____

Print Name: _____

Title*: President Chief Executive Officer Chairperson of the Board of Directors

***MUST BE SIGNED BY THE PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHAIRPERSON OF THE BOARD OF DIRECTORS WHO IS AUTHORIZED TO SIGN ON BEHALF OF ALL INSUREDS.**

COMPLETION AND/OR SIGNING OF THE APPLICATION DOES NOT BIND THE SIGNATORY TO PURCHASE, NOR THE *INSURER* TO PROVIDE, ANY INSURANCE POLICY; HOWEVER, NO POLICY CAN BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.