AGENCY CUSTOMER ID: _____

DIRECTORS & OFFICERS LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/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	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
B - COMPANY REIMBURSEMENT	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
C - COMPANY / ENTITY LIABILITY	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $
	☐	☐	PER CLAIM: $	PER CLAIM: $	REQ: $
			AGGR: $	AGGR: $	CURR: $

SEPARATE DEFENSE COSTS LIMIT (If Available)	DEFENSE LIMIT INSIDE	DEFENSE LIMIT OUTSIDE	PENDING & PRIOR LITIGATION DATE
☐ (Y / N) $	☐	☐	

SHARED LIMITS ☐ (Y / N) **ADDITIONAL COVERAGES ATTACHED** ☐ (Y / N)

INDICATE SECTIONS INCLUDED

- ☐ D&O LIABILITY
- ☐ EPLI
- ☐ PROF LIABILITY
- ☐ CRIME
- ☐ FIDUCIARY

ENDORSEMENTS

	FORM NUMBER (For Insurer Use Only)	TITLE	EDITION DATE
☐ WORLD WIDE COVERAGE			
☐ DULY CONSTITUTED COMMITTEE CHARGE			
☐ ODL - NON PROFIT			
☐ ODL - FOR PROFIT			
☐ PROFESSIONAL SERVICES COVERAGE			

FINANCIAL STATEMENT INFORMATION

DATE OF FINANCIAL INFORMATION	OUTSIDE AUDITOR (Y / N)	IF "YES", PLEASE ANSWER THE FOLLOWING:	Y/N
PERIOD OF FINANCIAL INFORMATION FROM: TO:	☐	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?	☐ ☐

CURRENT YEAR:

TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS
$	$	$	$	$	$	$	$

PRIOR YEAR:

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)
$	$	☐

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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ATTACH TO ACORD 825 - PROFESSIONAL / SPECIALTY INSURANCE APPLICATION - APPLICANT SECTION

AGENCY CUSTOMER ID: _____

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?	☐
6. DOES THE APPLICANT OR ANY OF ITS SUBSIDIARIES ACT AS A GENERAL PARTNER IN ANY PARTNERSHIP OR ARE INVOLVED IN ANY JOINT VENTURES?	☐

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

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

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

REMARKS

SIGNATURE

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