



PROTECTOR PLANS

E X E C U T I V E L I A B I L I T Y

EXCESS LIABILITY INSURANCE APPLICATION

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED IN WRITING TO THE COMPANY PURSUANT TO THE TERMS HEREIN

General Information:

Named Insured: _____

Primary Address: _____

FEIN: _____

Website: _____

Insurance Requested:

Coverages Requested: _____

Limits Requested: _____

Insurance Limit Currently Purchased: _____

Insurance Information:

SIC Code: _____

Form of Organization: _____

Year Founded: _____

Nature of Operations: _____

Financial / Employee Information:

Assets: _____

Total Debt: _____

Revenues: _____

Net Income: _____

Cash: _____

Employee Count: _____

Fiduciary Plan Assets: _____

Current Business Information:

(Please answer "yes" or "no". If answering "yes" to any of the questions below, please provide further detail as addendum to the application)

Last 12 Months Next 12 Months

	<i>Last 12 Months</i>	<i>Next 12 Months</i>
Any Changes to Board of Directors or Executive Officers?		
Any Equity or Debt Raises?		
Any Anticipated M&A Activity?		
Any Office Closings or Layoffs?		
Any Violation of Debt or Loan Covenants?		

Loss Information / Warranty Statement:

(Please answer "yes" or "no" If answering "yes" to any portion of the statement below, please provide further detail as an addendum to the application)

Has any persons or entity(s) proposed for this insurance received any written demand for relief, been involved in, or had any knowledge of civil or criminal action, administrative proceeding, regulatory proceeding, or investigation during the last 5 years?

Date: _____

Signature: _____

(CEO, CFO, or Equivalent Person)

Print Name: _____