



\_\_\_\_\_ ,  
a stock insurance company, herein called the Insurer

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**THE HARTFORD D&O PREMIER DEFENSE<sup>SM</sup> APPLICATION  
NEW HAMPSHIRE**

**NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY. THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY.**

**THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.**

**THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND THE DIRECTORS AND OFFICERS AND THE COMPANY.**

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1. GENERAL INFORMATION:

- a) Name of Company \_\_\_\_\_
  - b) Address \_\_\_\_\_
  - c) Nature of Business \_\_\_\_\_
  - d) Date of Incorporation \_\_\_\_\_
  - e) State of Incorporation \_\_\_\_\_
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2. STOCK OWNERSHIP:

- a) Total number of common shares outstanding \_\_\_\_\_
  - b) Total number of common shareholders \_\_\_\_\_
  - c) Are shares publicly traded? If Yes, specify the exchange on which they are listed \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_
  - d) Give names and percent owned of any shareholders who hold, directly or beneficially, 5% or more of the common shares outstanding: \_\_\_\_\_
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3. ANNOUNCED CHANGES:

- a) Has the Company publicly revealed in the past 24 months, or does it contemplate within the next 12 months, any:
- (1) consolidation or merger with any other entity? \_\_\_ Yes \_\_\_ No
  - (2) acquisition or disposition of any stock, assets or interest in any other corporation, partnership, or joint venture? \_\_\_ Yes \_\_\_ No
  - (3) Sale, distribution or divestiture of any assets or stock, other than in the ordinary course of business? \_\_\_ Yes \_\_\_ No
- If Yes to any question above, has the Board of Directors approved such action(s)? \_\_\_ Yes \_\_\_ No
- Has such action(s) been submitted to the shareholders for approval? \_\_\_ Yes \_\_\_ No  
 Attach complete details.
- b) Has the Company filed in the past 18 months, or contemplated filing within the next 12 months, any registration statement with any government authority for an offering of securities? If Yes, provide applicable prospectus. \_\_\_ Yes \_\_\_ No

**RENEWAL APPLICANTS NEED NOT ANSWER QUESTIONS 4, 5 AND 6.**

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4. PREVIOUS INSURANCE:

- a) Has the Company or any Subsidiary previously held or does it now have any Directors and Officers Liability Insurance or similar insurance? If Yes, provide the following details: \_\_\_ Yes \_\_\_ No
- | <u>INSURER</u> | <u>LIMIT</u> | <u>DEDUCTIBLE</u> | <u>PERIOD<br/>FROM/TO</u> | <u>PREMIUM</u> |
|----------------|--------------|-------------------|---------------------------|----------------|
| <hr/>          |              |                   |                           |                |
- b) Provide details of any prior claim under such insurance (if none, so state). \_\_\_\_\_  
 \_\_\_\_\_
- c) Has any Insurer cancelled or refused to renew any Directors and Officers Liability Insurance or similar insurance within the past 3 years? If Yes, provide complete details. \_\_\_ Yes \_\_\_ No  
 \_\_\_\_\_  
 \_\_\_\_\_

5. PREVIOUS EXPERIENCE:

- a) Has the Company, or anyone for whom insurance is intended, been involved in the following:
- (1) any antitrust, copyright or patent litigation? \_\_\_ Yes \_\_\_ No
  - (2) any civil or criminal action or administrative proceeding alleging a violation of any federal or state security law or regulation? \_\_\_ Yes \_\_\_ No
  - (3) any representative actions, class actions, or derivative suits? \_\_\_ Yes \_\_\_ No
- If Yes to any of the above, provide details.  
 \_\_\_\_\_  
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b) Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? If Yes, provide complete details. \_\_\_ Yes \_\_\_ No

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c) Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim being made against the Company and/or any Director and/or Officer? If Yes, provide complete details. \_\_\_ Yes \_\_\_ No

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**IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.**

6. PRIOR KNOWLEDGE:

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance? If Yes, provide complete details. \_\_\_ Yes \_\_\_ No

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**IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXIST, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.**

7. MATERIALS REQUESTED:

As an attachment to this Application, please include the following (where applicable):

- Complete list of all Directors and Officers to include their name, position, term of office, and affiliation with any other outside organizations.
- Most recent Annual Report.
- Most recent filing with the S.E.C. (Form 10-K) and any subsequent filings (Form 10-Q, Form 8-K, etc.)
- Latest available interim financial statements.
- The notice to shareholders and proxy statement for both the last and next scheduled annual meeting.
- Most recent prospectus.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION FORM ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**NEW HAMPSHIRE APPLICANTS: ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638:20.**

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED BY TWO INDIVIDUALS AND DATED. IF THE CHAIRMAN OF THE BOARD AND PRESIDENT ARE THE SAME INDIVIDUAL, PLEASE HAVE THE APPLICATION SIGNED BY THE CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER OR GENERAL COUNSEL IN LIEU OF THE PRESIDENT.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_

DATE \_\_\_\_\_ PRODUCER SIGNATURE \_\_\_\_\_

PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:  
(Enter the address and phone number of the local The Hartford office)