



# UNIVERSAL INSURANCE COMPANY

## APPLICATION FOR MANAGEMENT AND EXECUTIVE PROTECTION INSURANCE PROGRAM

### NOTICE

**THIS IS A CLAIMS-MADE AND REPORTED POLICY. AS SUCH, AND SUBJECT TO ITS PROVISIONS, THIS POLICY APPLIES ONLY TO ANY CLAIM (AS DEFINED IN THE POLICY) FIRST MADE AGAINST AN INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE OR REPORTED AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE POLICY AGGREGATE LIMIT OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

### Instructions for Completing This Application

Please read carefully and check below all Coverage(s) you seek. Fully answer all questions and submit all requested information for each Coverage you seek. All applicants must complete the General Information and the final section of this **Application**. Terms appearing in bold face in this **Application** are defined in the **Policy** and have the same meaning in this **Application** as in the **Policy**. This **Application**, including all materials submitted herewith, shall be held in confidence, and shall be part of, and incorporated into, the Policy, should coverage be bound and the Policy issued..

**SIC Code: Division I: Services – Major Group 89: Miscellaneous Services**

### GENERAL INFORMATION

- 1. a. The **Company** to be Named in Item 1. of the Declarations (the “**Company**”):  
\_\_\_\_\_
- b. Address: \_\_\_\_\_  

<i>PO Box</i>	<i>Development, Sector or Ward</i>	<i>Number</i>	<i>Street</i>	<i>HC/RR</i>	<i>Box</i>
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City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_
- c. Officer designated to receive correspondence and notices from the Insurer:  

(Name of Officer)	(Title)
- d. Customer E-mail: \_\_\_\_\_
- e. Telephone No.: (\_\_\_\_\_) \_\_\_\_\_
- f. Facsimile No.: (\_\_\_\_\_) \_\_\_\_\_

2. Check Coverages and Indicate Limit(s) of Liability sought:

Lines of Coverage	Limit Sought
Directors & Officers (Liability (Individual)	
Directors & Officers (D&O) Liability (Reimbursement)	
Private <b>Company</b> Entity Liability	
Employment Practices Liability, Including Entity Coverage	
Fiduciary Liability	

3. Please provide the following information regarding current insurance coverage;

Insurance	Carrier	Limits (in MMs)	Premium	Expiration Date
D&O Liability (Individual)				
D&O Liability (Reimbursement)				
Private <b>Company</b> Entity Liability				
Employment Practices Liability, Including Entity Coverage				
Fiduciary Liability				

4.	Please give details of previous Directors and Officers Liability Insurance coverage:		
	a) Date of first insurance:		
	b) Name of first insurer:		
	c) Retention:		
	d) Limit of indemnity:		
	e) Expiration date of the policy:		
	f) Premium paid:		
5.	Has insurance coverage between the date of first insurance (as stated in question 4) and the present application ever been interrupted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please give details:		
6.	Has any insurance on behalf of the <b>Company</b> , any <b>Subsidiary</b> , or any proposed <b>Insured Person</b> ever been declined, canceled, or renewal thereof refused?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please give details:		
7.	Has the <b>Company</b> or any <b>Subsidiary</b> , at any time within the last five years, ever been in breach of any of its debts, covenants, loan agreements or credit facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please give details:		



9. Does the **Company**, any **Subsidiary** or any proposed **Insured Person** act in the capacity of general partner in a limited or general partnership? **(If yes, provide details by attaching a separate page).**  Yes  No

**SECTION B**

10. Have there been any changes in the Board of Directors or senior management of the **Company** within the last three years for reasons other than death or retirement at normal retirement age?  Yes  No

If yes, please give details.

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11. Has the **Company** or any **Subsidiary** changed its outside legal counsel or its outside auditors within the last three years?  Yes  No

If yes, please give details.

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12. Has the **Company** or any **Subsidiary** merged with, been acquired by, or acquired any other entity within the last five years or is the **Company** presently considering any acquisition or merger activities?  Yes  No

If yes, please give details.

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13. Has the **Company** or any of its **Subsidiaries**, publicly disclosed within the last two years, or are they separately or together considering publicly disclosing within the next year, any offering of securities, acquisitions, tender offer or merger?  Yes  No

If yes, please give details.

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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_

Yes  No

Yes  No

Yes  No

**SECTION C**

14 Has the **Company**, its **Subsidiaries** or any of past or present Director, or Officer or a **Employee** of the **Company or Subsidiarys**

a) been named in any civil or criminal action or governmental or administrative proceeding involving an actual, potential or alleged violation of a security, antitrust, copyright, tax or patent law or regulation, or any other local, state or federal ordinance, statute, regulation or other law?  Yes  No

If yes, please give details, including the applicable date(s), party(ies) named, damages incurred, legal expenses, current status, and description of the matter.:

b) been involved in any representative actions, class actions, or derivative suits, either as a party, a witness, or a class member?  Yes  No

If yes, please give details:

15. Have any **Claims** been made against or any **Wrongful Acts** alleged against any past or present Director, Officer or **Employee** of the **Company** or a **Subsidiary**?  Yes  No

If yes, please give details:

16. Does any past or present Director or Officer of the **Company** or any **Subsidiary**, after inquiry, have any knowledge or information of any matter(s), incident(s), fact(s), circumstance(s), situation(s), transaction(s), decision(s), act(s), event(s) or cause(s) which might give rise to a **Claim**?  Yes  No

If yes, please give details:

17. Has the **Company**, any **Subsidiary**, or any past or present Director or Officer of the **Company** or any **Subsidiary** given notice, either oral or written, under the provisions of any prior or current Directors and Officers Liability Policy or similar insurance or endorsement of specific matter(s), incident(s), fact(s), circumstance(s), situation(s), transaction(s), decision(s), act(s), event(s) or cause(s) which might give rise to a **Claim**? (If yes, provide details by attaching a separate page).  Yes  No

18 Has the Company and/or its subsidiaries adopted any provision:  
a) Allowing indemnity to the Directors or Officers to the fullest extent permitted by law?  Yes  No

Eliminating or limiting indemnity to the Directors and Officers?  Yes  No

If yes, please give details:

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19. Have any **Loss** payments been made by or on behalf of the **Company**, any **Subsidiary**,  Yes  No or any past or present Director, Officer or **Employee** of the **Company** or any **Subsidiary** under any Directors and Officers Liability policy or similar insurance or endorsement?  
**(If yes, provide details by attaching a separate page).**

It is agreed by all concerned that if the **Company**, any **Subsidiary**, a **Plan** or any Director, Officer, **Employee** fiduciary or trustee of the **Company**, any **Subsidiary** or a **Plan** is responsible for or has knowledge of any **Wrongful Act**, or any matter, act incident, fact, circumstance, situation, transaction, decision, event or cause which (s)he has reason to suppose or believe might result in a future **Claim**, whether or not described above, any such **Claim**, subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

This **Application**, its attachments and any and all information and materials provided herewith, or to be provided herewith, shall be: (i) the basis of any policy issued by the Insurer; (ii) maintained on file by the Insurer; (iii) deemed attached as if physically attached to any policy issued, (iii) incorporated into and constituting a part of any policy issued; and (iv) deemed material to the acceptance of the risk and the hazard assumed by the Insurer.

The persons signing this **Application** declare that, to the best of their knowledge, the statements set forth herein and the information and materials submitted herewith, or to be submitted herewith, are true and correct and that reasonable efforts have been made to obtain sufficient information and documents from all past and present Directors, Officers and **Employees** to facilitate the proper and accurate completion of this **Application** for the proposed Policy. Signing of this **Application** does not bind the undersigned to purchase the insurance, but it is agreed that this **Application** shall be the basis of the contract should a Policy be issued. The undersigned agrees that if, after the date of this **Application** and prior to the Effective Date of any Policy based on this **Application**, any matter, act, incident, fact, circumstance, situation, transaction, decision, event or cause should render any of the information contained in this **Application** or any accompanying or to be accompanying information and/or documents inaccurate or incomplete, then the undersigned shall notify the Insurer of such and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a **Claim**, or potential **Claim**. All such notices must be submitted to the Insurer pursuant to the terms of the policy, if and when issued.

The undersigned acknowledges that he or she is aware that **Defense Costs** reduce and may exhaust the applicable Limits of Liability of any policy issued by the Insurer. The Insurer is not liable for any **Loss** (which includes **Defense Costs**) in excess of the applicable Limits of Liability.

This **Application** must be signed by the Chairman of the Board or by the President:

**NOTICE:** "Any person who knowingly and with the intention to defraud presents false information in an insurance application or who presents, assists or allows to present a fraudulent claim for the payment of a loss or other benefits, or presents more than one claim for the same damage or loss, will incur in a felony and, if convicted, shall be sanctioned for each violation with a fine of no less than five thousand dollars (\$5,000.00) and no greater than ten thousand dollars (\$10,000.00) or a fixed prison term of three (3) years, or both penalties. If aggravating circumstances are present, the fixed prison term could be raised to a maximum of five (5) years; if attenuating circumstances are present, the fixed prison term could be lowered to a minimum of two (2) years. Law #18 january 8, 2004.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Corporation: \_\_\_\_\_

Producer: \_\_\_\_\_ Code: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Date: \_\_\_\_\_

A POLICY CANNOT BE ISSUED UNLESS THE **APPLICATION** IS PROPERLY SIGNED AND DATED

**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 MAY BE GUILTY OF INSURANCE FRAUD.**

Please submit this Application, when completed, signed and dated to: