

SHORT FORM APPLICATION

FOR

DIRECTORS, OFFICERS AND COMPANY LIABILITY POLICY

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS.

The term "**Applicant**" whenever used in this Application in boldface type shall mean the Parent Company listed below and all Subsidiaries of the Parent Company for which coverage is proposed under this Application.

1. Name of Parent Company _____

Address _____
(Number) (Street)

(City) (State) (Zip Code)

2. Has the **Applicant** at any time over the last 12 months been in breach of any debt covenants or loan agreements? Yes ____ No ____

If yes, give details: _____

3. Has the **Applicant** at any time over the last 12 months changed its auditors, outside counsel or outside securities counsel? Yes ____ No ____

If yes, give details including reasons for changes: _____

4. Has the **Applicant** any plans within the next 12 months for any merger, acquisition, consolidation or tender offer? Yes ____ No ____

If yes, give details: _____

5. (a) Total number of employees: _____

(b) Number of full-time employees terminated in the past 12 months: _____

(c) Have any of the directors or officers resigned or been terminated in the past 12 months? Yes ____ No ____

If yes, give details: _____

6. Has the Employee Handbook or Manual been updated during the past 12 months?
Yes_____ No_____

7. Attach the following materials regarding the **Applicant**:

(a) the latest Annual Report to Stockholders and Form 10-K if applicable;

(b) the latest interim financial statement and Forms 10-Q and/or 8-K if applicable;

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE. IT IS UNDERSTOOD, HOWEVER, THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY UNDERWRITERS IN ISSUING ANY POLICY. THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH UNDERWRITERS AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. UNDERWRITERS ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS THEY DEEM NECESSARY.

IT IS AGREED IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS APPLICATION PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE **APPLICANT** WILL IMMEDIATELY NOTIFY UNDERWRITERS IN WRITING AND ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT UNDERWRITERS DISCRETION.

Signed:

Must be signed by
Chairman of the Board or President
of Parent Company

Capacity:

Company:

Date: (Day) (Month) (Year)

Submitted by:

Date: (Agent)
