

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

DIRECTORS, OFFICERS & ORGANIZATION INSURANCE

Applicant's Legal Name: _____
Mailing Address: _____
Street Address: (if different) _____
City: _____ State: _____ Zip Code: _____
Name of Individual to contact on all insurance related matters: _____ Phone: _____
Email Address: _____ Website Address: _____
In business since: _____ State of Incorporation: _____ Primary Standard Industrial Code (SIC) _____
Description of applicants operations: _____

Applicant is: Privately Owned Corporation Publicly Traded Company Partnership
 Limited Liability Corporation Not-for-Profit Organization Other (describe)

Total number of Officers: _____
Total number of Directors and/or Trustees who are not also Officers: _____
Does the total number of Directors, Officers, and Trustees agree with the number required by the Organization's bylaws?
If not, please explain: _____

Total number of members of Executive Committee: _____
Total number of employees: _____

Does the organization have any subsidiary associations, or corporations? Yes No

<u>Name</u>	<u>Year Formed or Acquired</u>	<u>Nature of Operations</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the Organization have under consideration at the present time or does it contemplate any acquisitions, or mergers?
If so, explain: _____

Has the Organization, it's Directors, Officers, Trustees, or Employees been involved in or are the presently involved in any litigation or suit or governmental regulatory proceedings involving the Organization or any person applying for this insurance? If so, explain: _____

If insurance has been in force similar to that not applied for, does any Director, Officer, Trustee, or Employee have knowledge of any claim falling within the scope of that insurance that was made or may now be pending against the organization or any person who would be covered by the insurance now applied for? _____

Is any person applying for insurance cognizant of any act, error, or omission which he has reason to suppose might give rise to any future claim that would fall within the scope of the insurance now being requested? If the answer is "No", then it is agreed by all concerned that if there is knowledge of any fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the insurance being requested.

Amount of insurance required? \$500,000 \$1,000,000 Other _____

Application must be accompanied by:

1. **One copy of bylaws**
2. **One copy of most recent annual financial statement**
3. **Names of individuals to be covered**

Signature – Important Information – Please Read Carefully:

For the purpose of this Application and any Supplemental Applications, the undersigned declares that to the best of his/her knowledge the statements made in the application are true and complete. Signing the application does not bind the Insurance Company to provide insurance coverage nor the applicant to purchase the coverage.

Signing below acknowledges your understanding that this coverage is written on a claims made basis, and that any claims which arise from facts, circumstances or situations that you are aware of, whether or not disclosed in this Application are excluded from coverage.

“I declare that to the best of my knowledge, the foregoing statements and information are true and that I have not concealed or misrepresented any material fact(s). I understand that this Application and any attachments to it shall be the basis of the contract should a policy be issued.”

The undersigned authorized officer of the Applicant hereby acknowledges that this Policy applies to **Claims** first made or deemed made, during the **Policy Period** or Extended Reporting Period, if purchased.

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIMS CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: “ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

Applicants Signature: _____ Date: _____
Must be signed by Chairman of the Board or President

Print Name and Title: _____
Organization: _____