

Directors & Officer's Questionnaire

Insured:

Effective:

1) Requested Limits:

Directors and Officers/Employment Practices/Fiduciary Liability (Combined Single Limit)
 Employment Practices Liability

Requested Retention:

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2) Employee Information:

Total Number of Employees:
 Number of Employees subject to union membership (show "n/a" if not applicable):

Number of locations by state and number of employees for each:

State:	# of Employees:	# of Locations:

3) Incorporation Information:

State of Incorporation:
 Year of Incorporation:

4) Ownership Information (if non-profit, show "n/a"):

Ownership Structure (Corporation, Coop, LLC, etc.)
 Number of Shares Outstanding:
 Total Number of Shares

Please list Shareholders owning more than 5 % of the stock:

Shareholder Name	Percent Owned:

Please list description and date of any Mergers, Acquisitions or layoffs within the past 3

5) years. If none, show "n/a":

Description:	Date:

6) **Financial Information:**

For Period Ending (show date):

Total Assets:

Total Equity:

Total Revenue:

Operating Income:

Does the applicant participate in the NTCA Employee Benefits Plan?

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If "no", please provide the type(s) of benefit plans you provide and asset values below:

Type of Benefit Plan:	Asset Values:

Total Pension/401(k) Assets & Contributions:

Total number of Pension/401(k) Participants:

7) **Claims Information**

Regardless of whether insured or not, have any claims, litigation, or proceedings that would fall within the scope of this insurance occurred in the past three (3) years?

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If "yes", please provide all details on a separate attachment.

8) **Current Insurance Carrier:**

Current Premium:

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9) **Additional Comments/Information/Details (if necessary):**

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