

LEXINGTON INSURANCE COMPANY
Administrative Offices
100 Summer Street
Boston, Massachusetts 02110

Name of Insurance Company to which Application is made
(herein called the Insurer)

**Directors, Officers and Trustees Insurance and
Not-For-Profit Organization Reimbursement Policy Application
or
Not-for-Profit Organization/Directors, Officers and Trustees
Liability Policy Application**

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF A POLICY IS ISSUED, THE APPLICATION WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY, THEREFORE IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

1. Applicant

- (a) Name of Organization: _____
- (b) Jurisdiction of Incorporation or Charter: _____
- (c) Date of Incorporation: _____
- (d) Address: _____

(e) Check one of the following categories that best describes your Organization:

- | | | |
|--|---|--|
| <input type="checkbox"/> Benefit Trust | <input type="checkbox"/> Health System | <input type="checkbox"/> Nursing/Retirement Home |
| <input type="checkbox"/> Cemetery Company | <input type="checkbox"/> Historical Society | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> HMO/PPO | <input type="checkbox"/> Research/Development Inst. |
| <input type="checkbox"/> Condominium/Cooperative | <input type="checkbox"/> Hospital | <input type="checkbox"/> Social/Recreational Club |
| <input type="checkbox"/> Organized under Act of Congress | <input type="checkbox"/> Industrial/Agric Co-Op | <input type="checkbox"/> Social Welfare Organization |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Labor Union | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Fraternal Society/Association | <input type="checkbox"/> Museum | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Golf/Country Club | <input type="checkbox"/> Mutual Insurance Association | |
| <input type="checkbox"/> Other: _____ | | |

(f) Briefly describe the functions, purpose and general operations of the Organization.

(g) primary SIC code (s)

(h) Organization has been continually operating since _____

2. (a) Limit of Liability requested \$_____

(b) Self-insured retention desired (each loss) \$_____

3. (a) Complete list of all Director and/or Trustees of the Organization named in 1(a) above by name and affiliation with other organizations. (If included as an attachment herein, check here_____.)

(b) Complete list of all Officers of the Organization named in 1 (a) above by name and affiliation with other organizations. (If included as an attachment herein, check here_____.)

(c) Are the Directors or Trustees elected or appointed and by whom?

Elected _____ Appointed _____

By_____

4. (a) Is the Organization a Not-For-Profit Organization qualified under the U.S. Internal Revenue Code Section 501 (C)? Yes _____ No _____ If no, please attach explanation.

(b) Has the Organization's tax exempt status ever been terminated, suspended or challenged or has the status ever been terminated, suspended or challenged or is any such action now threatened?

Yes _____No _____

If yes, attach an explanation.

(c) What regulatory agencies have examination authority over the Organization or Affiliate(s)?_____

(i) How frequently are exams performed? _____

(ii) Have all recommendations or criticisms of last examination been complied with as respects the Organization and Subsidiaries/Affiliates?

Yes _____ No _____ If not, please attach an explanation.

(iii) Has Applicant or any Subsidiary/Affiliate ever received a cease & desist order from any regulatory agency? Yes _____ No _____ If yes, please attach an explanation.

5. List of all direct and indirect Subsidiary affiliations, associations and fraternities

<u>Name</u>	<u>Business or Type of Operation</u>	<u>Percentage of Ownership</u>	<u>Date Acquired or Created</u>	<u>Non-Profit or For-Profit</u>
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Coverage to include all Subsidiaries? Yes _____ No _____ Include complete list of Directors, Officers and Trustees of each Subsidiary for which coverage is requested. (If included as an attachment herein, check here _____.)

6. Please answer each of the following and attach details of any "yes" answers.

- (a) Does the Organization provide any referral service or computer service?
Yes _____ No _____
- (b) Does the Organization promote, sponsor or provide any form of insurance?
Yes _____ No _____
- (c) Does the Organization own, manage, maintain or control a captive insurance company?
Yes _____ No _____
- (d) Is the Organization engaged in any form of research, development, experimentation or testing? Yes _____ No _____
- (e) Does the Organization act as or participate in a peer review group or committee for assessing qualifications and performance of others or the quality of products manufactured, sold, handled or distributed? Yes _____ No _____
- (f) Does the Organization take any disciplinary action or recommend disciplinary action as a result of peer review group activities? Yes _____ No _____
- (g) Does the Organization develop standards used to evaluate the quality of goods or services? Yes _____ No _____
- (h) Does the Organization publish any magazines, periodicals, newsletters or bulletins?
Yes _____ No _____ If yes, attach a sample of each
- (i) Does the Organization publish any books or technical manuals?
Yes _____ No _____
- (j) Are there any outstanding loans to any Director or Officer of the Organization or any Subsidiary? Yes _____ No _____
- (k) Are there any outstanding loans to any corporations or partnerships in which a Director or Officer of the applicant or Subsidiary owns or controls more than 5% ?
Yes _____ No _____

If yes to (j) or (k) please provide:

- (i) Name of borrower
- (ii) Type of loan
- (iii) Secured or unsecured
- (iv) Outstanding balance
- (v) Final due date

7. List type and number of professional staff:

8. Is the Organization related to or affiliated with any other organization not listed in question 1(a)?
Yes ____ No _____. If yes, please attach an explanation of relationship.

9. Has the Organization merged with any other organization within the last 10 years? Yes _____
No _____. If yes, please list dates and names of such organizations.

10. There has not been nor is there now pending any claim(s) against any person proposed for insurance in his or her capacity of either Director or Officer of the named Organization or any of its Subsidiaries except as follows: (Attach complete details. *If no such claims, check here "none" _____ or "none _____ except for see attached details."*)

11. No Director or Officer or Trustee has knowledge or information of any act, error or omission which might give rise to a claim under the proposed policy except as follows: (Attach complete details. *If they have no such knowledge or information, check here "none" _____ or "none _____ except for see attached details."*)

12. Has the Applicant, its Subsidiaries or its Directors or Officers been involved in or have any knowledge of any fact or circumstance involving the following which may give rise to a claim under the proposed policy:

(a) Antitrust, copyright or patent litigation? Yes _____ No _____

(b) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law?
Yes _____ No _____

(c) Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation?
Yes _____ No _____

(d) Been involved in any representative actions or class actions?
Yes _____ No _____

(If any of the above are answered yes, attach full details.)

It is agreed that with respect to Question 10, 11 and 12 above, that if such knowledge, information or involvement exists, any claim or action arising therefrom is excluded from the proposed coverage.

13. Previous Directors and Officers Insurance:
- (a) Name of Insurance Company
 - (b) Limit of Liability
 - (c) Self-insured retention
 - (d) Policy Expiration Date
 - (e) Premium (indicate one year or other)
 - (f) Loss experience (Attach full details. If no Losses, check here: _____)
14. Name of Risk Manager (or equivalent position) and number of years in current position:
15. Please attach copies of each of the following:
- (a) Constitution & By-Laws
 - (b) List of Directors, Officers and Trustees
 - (c) Latest Annual Report with Audited Financials, (if audited financials are not available please submit a Treasurer's Warranty Letter guaranteeing the Organization's financials).

Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.

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 ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned authorized officer of the Applicant acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____

(Applicant)

Date _____

Title _____

(must be signed by Chairperson of the Board of President)

_____ Corporate Seal