



FI / Investment Banking D&O/E&O Application

Coverage: D&O only ____ E&O only ____ D&O/E&O combo ____

Limit(s) Requested: _____

Retention(s): _____

Effective Date: _____

Named Insured(s): _____

Address: _____

Date Business was Established: _____

Subsidiaries / Affiliated Entities:

<u>Name of Entity</u>	<u>Operations/Services</u>	<u>% Ownership</u>	<u>Coverage</u>
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Website: _____

Business Type: Sole Proprietor ____ Partnership ____ LLC ____ Corporation ____ Joint Venture ____

Other _____

Insured Contact Person: _____

Ownership Structure:

-Total outstanding shares and total voting shares _____

-List of directors and officers with 5% or more equity ownership:

-Quick Financial Info: Total Assets: \$ _____ Total Liabilities: \$ _____

Total Revenues: \$ _____ Net Income/loss: \$ _____

1) Description of Financial Services:

2) Mergers, Acquisitions or Divestitures:

-In the last 3 years:

-Expected in the next 18 months:

3) Financial Activities:

<u>Activity</u>	<u>Revenue Last Year</u>	<u>Revenue Next 12 Months</u>
Market Maker: a) Equities (public/private) b) Derivatives c) Commodities d) Foreign Exchange e) Fixed Income	Total: \$ a) _____%pub _____%priv b) _____% c) _____% d) _____% e) _____%	Total: \$ a) _____%pub _____%priv b) _____% c) _____% d) _____% e) _____%
Underwriting: a) Equities (public/private) b) Derivatives c) Commodities d) Foreign Exchange e) Fixed Income	Total: \$ a) _____%pub _____%priv b) _____% c) _____% d) _____% e) _____%	Total: \$ a) _____%pub _____%priv b) _____% c) _____% d) _____% e) _____%

Structured Finance:	Total: \$	Total: \$
a) Credit Derivatives	a) _____%	a) _____%
b) CDO's	b) _____%	b) _____%
c) MBS's	c) _____%	c) _____%
d) Other _____	d) _____%	d) _____%
M&A Consulting/Advice:	\$	\$
Securities Evaluation / Rating (for third party)	\$	\$

4) Customers / Clients:

<u>Customer/Client</u>	<u>Number of Clients</u>	<u>Last Year % of Revenue</u>	<u>Next 12 Months % of Revenue</u>
Private Organizations:			
Public Organizations:			
Government:			
High Net Worth Individuals:			
Total USA Business:			
Total Non-USA Business:			

5) Average fee income: \$ _____

Largest fee income per individual transaction: \$ _____

Total assets under management (if applicable): \$ _____

6) Does Insured currently have a compliance officer (or similar role _____) within the organization?

-Yes _____

-No _____

7) Number of Employees:

USA _____

Non-USA _____

8) Does the insured know of any claim, circumstance, error or omission that may give rise to a claim or suit?

-Yes _____ (attach all information)

-No _____

9) Has the insured been in any past litigation or paid out any past settlements with regards to errors or omissions arising from Investment Banking Activity?

-Yes _____ (attach all information)

-No _____

10) Does insured currently carry coverage?

No _____

Yes:

D&O

<u>Carrier</u>	<u>Limit</u>	<u>Retention</u>	<u>Effective Date</u>

E&O

<u>Carrier</u>	<u>Limit</u>	<u>Retention</u>	<u>Effective Date</u>

Please attach the following:

- Copy of contracts used with clients/customers
- Resume's of key employees
- Financials (pro-forma's if a new organization)
- Ownership structure (including organizational chart)
- Summary of all past litigation

The Insured agrees that the statements made in this proposal form are the representations and warranties of the Insured Organization(s) and the Insured Person(s) and that they shall be deemed material to the acceptance of the risk or nature of the risk assumed by the Carrier under this policy and that this policy is issued in reliance upon the truth of such representations and warranties.

Completion of this proposal does not bind the undersigned to purchase or the Carrier to issue a policy, but it is agreed that this proposal form together with all attachments to this proposal form, and any other materials submitted to the Carrier or requested in this proposal form and otherwise obtained by the Carrier shall be the basis of the contract should a policy be issued, and this proposal form, including any attachments and any material submitted herewith or requested herein and otherwise obtained by the Carrier, will be deemed physically attached to, incorporated into and part of this policy.

Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an insurance company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name

Title