



Director's and Officer's Liability for Privately Held Companies
Premium Indication Worksheet

Name of Applicant:
Address:
Nature of Operations:
Years in Operation:
If you are owned by another organization - name of Parent:

Number of employees: Full Time Part Time

Financial Information: Total Assets
Shareholder Equity/ (Deficit)
Retained Earnings
Revenues
Net Income/ (Loss)

Number of Shareholders or Members:
Percentage of ownership held by Directors or Officers

In the past 12 months has there been, or is there anticipated in the next 12 months, any:
Layoffs/reductions?
Merger, consolidation, sale or acquisition of another entity?
Registration for a private or public offering?

If "Yes" to any of the above, please describe:

Within the last 5 years, has any claim been made or are there any circumstances that could lead to a claim against the Organization, or any person proposed for this Insurance in their capacity as Director, Officer, or Employee of the Organization?

If "Yes", please attach a description and the date of the claim, allegations, status and amounts paid or reserved (regardless of whether covered by insurance).

Table with 6 columns: Ins. Co, Policy term, Limit, Retention, Premium, Retro Date

\*\* Based on the above information, the carrier may or may not release a non-binding premium indication for this company. Please note an actual quotation is subject to a full submission including a completed United States Liability Insurance Group application and acceptable financial statements.