



THC D&O Application

1) Organization Information

All questions must be answered – Failure to disclose proper history could invalidate any and all coverages.

List and describe all entities in which the Applicant’s ownership interest is 50% or greater or which the Applicant has management control:

Name	% Owned	Year Started	Description of Operations	Entity Type*
	%			
	%			
	%			

*Entity Type: FP=For-Profit; GP=General Partnership; LP=Limited Partnership; LLC=Limited Liability Company

In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:

- a. Any actual or proposed merger, acquisition, or divestiture? _____ Yes _____ No
- b. Any creation of a new business, subsidiary, or division? _____ Yes _____ No
- c. Any registration for a public offering or a private placement of securities? _____ Yes _____ No
- d. Any reorganization or arrangement with creditors under federal or state law? _____ Yes _____ No
- e. Any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs? _____ Yes _____ No

If any of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base and the surrounding circumstances.

2) Employee Information

Total number of employees*: _____

Total number of locations: _____

Complete the following chart providing the number of Full Time and Part Time employees*, Volunteers and natural person Independent Contractors:

As of Date of Application		Previous 12 Months		As of Date of Application	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees	Volunteers	Independent Contractors

*Full and part time including leased, seasonal, and temporary employees

3) Financial Information

Is the Applicant currently (or has it been in the past 24 months) in violation of, or has it received an amendment to any debt or covenant? Yes No

Complete the following chart providing the requested information:

Indicate the following as it relates to the Applicant's fiscal year end (FYE):	Most Recent FYE (Month/Year) (____/____)	Prior FYE (Month/Year) (____/____)
Current Assets		
Total Assets		
Current Liabilities		
Long Term Debt		
Retained Earnings (Accumulated Deficit)		
Net Equity/Net Assets (Deficit Equity)		
Revenues		
Net Income (Net Loss)		

Stock Ownership/ total number of voting shareholders: _____

Director/ Officer Shareholders	% of Voting Shares Owned:	Others owning 10% or more:	% of Voting Shares Owned:

(Please list any additional shareholders on a separate attachment.)

4) Auditor Information

Scope of financial statement preparation:

Internal CPA Compilation CPA Review CPA Audit None

Has the Applicant changed outside auditors in the last 3 years? Yes No N/A

Have the outside auditors stated there are material weaknesses in the Applicant's system of internal controls? Yes No N/A

Has the Applicant implemented all material recommendations of the auditor? Yes No N/A
If No, please attach explanation.

Has any auditor issued a "going concern" opinion for the Applicant's financial statements during the past 3 years? Yes No N/A

I warrant the above to be true and I understand the insurance contract will be considered based on my warranty:

 Applicant Signature Date: ____/____/____

_____an authorized representative of _____ understand and agree this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business and I agree to release to Conifer Insurance Company, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 10 DAYS OF BINDING.

SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

Authorized Applicant Signature

Date signed

Title