

3. Total Number of Locations:

Total Number of Locations outside the U.S.:

4. Financial Information:

Based on Financial Statements Dated:	Most Recent FYE (Month/Year) (/)	Prior FYE (Month/Year) (/)
Total Consolidated Assets	\$	\$
Total Consolidated Liabilities	\$	\$
Net Assets / Fund Balance	\$	\$
Total Consolidated Revenue		
Net Income (or Net Loss)	\$	\$
Cash Flow From Operations	\$	\$

5. Employee Information:

Total Number of Employees Companywide:	
Total Employees Located in Foreign Countries (Full Time, Part Time, Union, Non-Union, Seasonal, etc.):	

Please fill out the grid below according to Employment Category and State Location of Employees:

Employment Category	State Location of Employees				
	CA	NJ	AK, AL, CO, CT, FL, GA, HI, IA, IL, KS, LA, MA, MI, MN, MO, NE, NV, NY, OR, PA, TX, WA, WY, and DC	All Other States	Total
U.S. <u>Union</u> Employees (Full Time, Part Time, Seasonal, etc.):					
U.S. (Non-Union) Full Time Employees:					
U.S. (Non-Union) Independent Contractors and/or Leased Contractors:					
U.S. (Non-Union) Part Time Employees, including Seasonal, Temporary, and Volunteers:					
TOTAL					

II. DIRECTORS AND OFFICERS LIABILITY COVERAGE PART

6. Does the Applicant derive any of its funding from federal, state, local, or other governmental or quasi-governmental sources? Yes No
 If "Yes", please specify total percentage %

7. Does the Applicant have any for-profit subsidiaries, or control any other entity or organization for which coverage is requested? Yes No
If "Yes", please attach a full description of operations, ownership, and tax status for each entity.
8. Is the Applicant currently (or during the past 12 months has the Applicant been) in breach, violation or waiver of any debt covenants? If "Yes", please attach a full description. Yes No
9. In the past 24 months has the Applicant been the subject of or been involved in any litigation, including any antitrust, copyright or patent litigation? If "Yes", please attach a full description. Yes No
11. In the past 24 months (or in the next 18 months), has the Applicant experienced (or is the Applicant contemplating) any of the following:
- a) Taxable or Tax Exempt Bond Offerings? Yes No
 - b) Changes to its Board of Directors or to its Key Executives? Yes No
 - c) Reorganization or bankruptcy filing? Yes No
- If "Yes", please attach a full description

III. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART

12. Does the Applicant have written procedures regarding:
- a) Equal Opportunity Employment? Yes No
 - b) Employment at Will? Yes No
 - c) Code of Conduct? Yes No
 - d) Discipline? Yes No
 - e) Sexual Harassment/Discrimination Policy and Training? Yes No
 - f) Diversity Policy & Training? Yes No
 - g) ADA accommodation? Yes No
 - h) Employee or Executive Termination? Yes No
 - i) Performance Review/Promotion? Yes No
 - j) Employee conduct when dealing with third parties? Yes No
 - k) Family and Medical Leave Act (FMLA)? Yes No
13. Are the above policies distributed via handbook and signed and returned by each employee? Yes No
14. Is the Applicant or any of its subsidiaries currently undergoing or contemplating undergoing during the next 12 months any employee layoffs or early retirements (including any type of company restructuring or office, plant or store closing)? Yes No
If "Yes", please attach a full description.
15. Has the Applicant been involved in employment or labor related litigation resulting in payment (including claims expenses) greater than \$25,000, during the past 3 years? Yes No
If "Yes", please attach a full description.

16. U.S. Salary Ranges:

Employee Salary Ranges	% in Range Current Year	% in Range Previous Year
Up to \$50,000	%	%

\$50,000 - \$125,000	%	%
Over \$125,000	%	%

IV. FIDUCIARY LIABILITY COVERAGE PART

17. Please list the names and types of Applicant’s employee benefits plan(s). Attach additional pages if needed.

Plan Names (Do not include Health and Welfare Plans)	Plan Assets (Current Year)	Type of Plan*	Number of Participants	Funding % (DB Only)
	\$			%
	\$			%
	\$			%
	\$			%

*Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP), Excess Benefit or Top Hat (EBP)

18. In the past two years, has the Applicant merged or terminated any plan(s)? If “Yes”, please attach details including transaction date, status of asset distribution, whether similar benefits are being offered, and name of insurance carrier if terminated plan benefits are secured by insurance. Yes No

19. Are any plans NOT in compliance with plan agreements or ERISA? If “Yes”, please attach a detailed explanation. Yes No

20. Is any plan a cash balance or pension equity plan, or is any conversion to such plan being contemplated? If “Yes”, please attach a full description. Yes No

21. Does the Applicant perform regular audits as to the reasonableness of the fees charged to or paid by the Applicant’s benefit plans? If “No”, please attach a full description. Yes No

V. PRIOR KNOWLEDGE

No person or entity proposed for coverage is aware of any fact, circumstance, error or omission which he or she has reason to believe might give rise to any Claim that would fall within the scope of the proposed coverage, except:

NONE or YES. (If “Yes”, provide full details on a separate sheet.)

IF ANY PERSON PROPOSED FOR COVERAGE IS AWARE OF ANY FACT OR CIRCUMSTANCE OR ANY ACTUAL OR ALLEGED ERROR OR OMISSION WHICH HE OR SHE HAS REASON TO BELIEVE MIGHT GIVE RISE TO A CLAIM THAT WOULD FALL WITHIN THE SCOPE OF THE PROPOSED COVERAGE. WHETHER OR NOT DISCLOSED ABOVE, THEN ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THE PROPOSED COVERAGE.

VI. FRAUD STATEMENT AND SIGNATURE

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Company will have relied upon such Applicant, attachments, and such other information submitted therewith in issuing such policy. The undersigned further certifies that he/she has read the applicable fraud notices referenced below in this Application and that none of the information provided herein has been provided in violation of any applicable insurance fraud laws or regulations.

This Application must be signed by the Chief Executive Officer, Chief Financial Officer, or General Counsel of the Named Applicant or their functional equivalent.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Signature:

Title:

Date:

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED