DIRECTORS & OFFICERS LIABILITY

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Any debt or equity offering or capital raise in the past 3 years or planned? Select

Any merger, acquisition, sale, or material ownership change planned? Select

Any insolvency, covenant breach, default, or going-concern concern? Select

Any shareholder demand, regulatory inquiry, or management dispute? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Directors & Officers Liability

Private / nonprofit / public entity

Year incorporated / jurisdiction

Total assets / liabilities / equity

Net income / cash flow latest year

Owners / investors and ownership %

Number of directors / officers

Subsidiaries / affiliates / joint ventures

Outside board positions to insure

Requested limit / retention

Entity coverage / Side A needs

Current carrier / retroactive date

Latest financial statement date

4. Controls and supporting detail

Board meets regularly and records minutes and decisions? Select

Written conflict-of-interest and related-party transaction procedures? Select

Financial statements independently prepared, reviewed, or audited? Select

Board reviews liquidity, debt, budgets, and major transactions? Select

Written whistleblower and anti-retaliation procedures? Select

Any litigation, securities issue, or investigation to disclose? Select

Attach ownership and subsidiary schedules; describe transactions, financial concerns, and requested coverage.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Latest financial statements
- [ ] Prior-year financials
- [ ] Ownership / board schedule
- [ ] Current D&O declarations
- [ ] Five-year loss runs
- [ ] Transaction / claim details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date