DIRECTORS AND OFFICERS

Ownership, governance, financial condition, transactions, and management exposures.

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1. Applicant and Contact Information

Applicant / entity name

DBA

Physical address

Website

City / State / ZIP

Years in business

Primary contact

Title

Phone

Email

FEIN

Requested effective date

Describe the applicant's professional services and the clients served:

2. Coverage Requested and Current Insurance

Limit requested

Deductible / retention

Retroactive / prior-acts date

Current carrier

Current annual premium

Policy expiration

Is the current policy written on a claims-made basis? ☐ Yes ☐ No

Has there been or will there be any gap in professional liability coverage? ☐ Yes ☐ No

Is an extended reporting period, full prior acts, or predecessor coverage requested? ☐ Yes ☐ No

3. Organization and Ownership Profile

Enter the percentage of annual gross revenue for each category. Total should equal 100%.

Founders / officers / directors	%
Employees	%
Outside investors	%
Private equity / venture capital	%
Employee benefit or equity plans	%
Subsidiaries / affiliates	%
Foreign operations	%
Other ownership interests	%

Total annual gross revenue

Largest client %

4. Operations and Exposure Questions

Is the applicant privately held, nonprofit, or publicly traded?	Yes	No
Has the applicant issued, offered, or sold debt or equity securities during the past three years?	Yes	No
Is the applicant currently raising capital or planning a securities offering?	Yes	No
Has the applicant completed or considered a merger, acquisition, divestiture, or sale?	Yes	No
Does the applicant control, own, or manage any subsidiary, joint venture, or special-purpose entity?	Yes	No
Is any shareholder, investor, or lender represented on the board?	Yes	No
Has the applicant experienced layoffs, facility closures, executive departures, or workforce reductions?	Yes	No
Has the applicant had negative cash flow, covenant violations, defaults, or going-concern concerns?	Yes	No

Explain any Yes answers above and identify the related service, client, or project:

5. Industry-Specific Risk Management Controls

Does the board meet regularly and retain written minutes and resolutions?	☐ Yes	☐ No
Are conflicts of interest disclosed, documented, and reviewed by disinterested decision-makers?	☐ Yes	☐ No
Are related-party transactions reviewed and approved under a written policy?	☐ Yes	☐ No
Does the applicant maintain current bylaws, operating agreements, and shareholder agreements?	☐ Yes	☐ No
Are financial statements prepared or reviewed by an independent accounting professional?	☐ Yes	☐ No
Are budgets, forecasts, debt obligations, and liquidity reviewed by the board?	☐ Yes	☐ No
Are cap table, option, and equity-award records independently maintained and reconciled?	☐ Yes	☐ No
Are mergers, acquisitions, capital raises, and major transactions reviewed by qualified counsel?	☐ Yes	☐ No
Are whistleblower, anti-retaliation, code-of-conduct, and document-retention policies in place?	☐ Yes	☐ No
Are employment practices, benefits, cyber, fiduciary, and crime coverages currently maintained?	☐ Yes	☐ No
Has any director or officer served on an outside board at the applicant's request?	☐ Yes	☐ No
Are regulatory inquiries, shareholder demands, and threatened litigation reported to counsel promptly?	☐ Yes	☐ No

Explain any No answers, exceptions, or planned corrective actions:

6. Largest Clients and Engagements

Client / project	Services	% revenue	End date

7. Prior Coverage, Claims and Circumstances

Has any insurer declined, cancelled, non-renewed, or restricted professional liability coverage?	☐ Yes	☐ No
Has any claim, suit, demand, arbitration, disciplinary matter, or regulatory proceeding been made?	☐ Yes	☐ No
Is any applicant, owner, officer, director, or professional aware of an act that may result in a claim?	☐ Yes	☐ No
Has any client requested a refund, fee waiver, correction, re-performance, or payment due to alleged error?	☐ Yes	☐ No
Has any contract dispute, missed deadline, data loss, confidentiality issue, or intellectual-property allegation occurred?	☐ Yes	☐ No
Has any professional license, accreditation, certification, or privilege been investigated or restricted?	☐ Yes	☐ No

For every Yes answer, provide dates, claimant, allegation, status, amount paid/reserved, and corrective action:

8. Required Supporting Documents

- ☐ Current declarations / policy
- ☐ Five-year loss runs
- ☐ Standard client contract
- ☐ Professional roster / resumes
- ☐ Licenses / certifications
- ☐ Supplemental claim details

9. Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and policy language.

Applicant name		Title	
Signature		Date	
Agent name		Agency	
Agent phone / email			