



CAPITAL INSURANCE SERVICES

Directors & Officers Quote Sheet

Business Name: _____ FEIN #: _____ Year Established: _____
 Phone: _____ E-Mail: _____
 Location Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____ Owner or Tenant: _____
 Description of Operations: _____ Years of Experience: _____

General Information

Entity Type: Sole Proprietorship Partnership / LLP Corporation LLC
 PC Other (list): _____
 Has there been any change in ownership or management in the past three years? Yes No
 If "Yes," explain: _____

Financial Data: Please attach current financial statement

Total Assets: \$	Current Assets: \$	Annual Revenues: \$
Total Liabilities: \$	Current Liabilities: \$	Net Income/Loss: \$
Negative cash flow? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much? \$	Debt:

Has the applicant received a going concern opinion from an auditor? Yes No

Directors and Officers Coverage

Please list all subsidiaries including ownership by percentage:

Subsidiary Name	Applicant's Ownership Percentage

Is the applicant a party to any joint venture arrangements or partnership agreements?..... Yes No
 If yes, please attach details

Has applicant within the past 12 months completed or agreed to, or does it contemplate in the next 12 months, any of the following:

1. A merger, acquisition, creation, divesture, or tender offer of or for any entity, plant, office, subsidiary, branch or division? Next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Sale, distribution or divesture of any assets or stock other than in the ordinary course of business? Next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Reorganization or arrangement with creditors under federal or state law? Next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any registration for a public offering or private placement of securities or share repurchase? If yes, please attach a copy of the Prospectus or other documents. Next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Has the applicant had any breach or violation of any debt covenant or loan agreement or any other material contractual obligation? Next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the ownership of the applicant changed in the past year or does the applicant anticipate a change in ownership? Next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has there been any change in the board of directors or senior management? Next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance and Claim Information

Third Party Liability:

Has the Applicant or its predecessors ever received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant?

Yes No

Private Company Liability:

Have any civil or criminal charges, claims, losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years which could fall within the scope of this proposed insurance, whether or not insured, including without limitation any claim involving: (a) alleged state or federal copyright, patent, antitrust, fair trade, or securities violations; (b) class actions or derivative suits; or (c) investigations by the SEC, the Department of Labor, or similar state or foreign agency?

Yes No

Privacy:

Have any civil or criminal charges, claims, losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person for invasion or interference with rights of privacy, wrongful disclosure or personal information during the past five (5) years which could fall within the scope of this proposed insurance?

Yes No

If Yes to any question in Loss History above, please provide details for each including, as applicable, the type of claim, proceeding or complaint; how it was resolved or whether it is still pending, any amounts paid as defense, settlement or damages and whether any insurance responded to the claim as well as any corrective actions taken as a result of or in response to the claim.

REPRESENTATION:

As of the date of this Application, does any Applicant, director, officer or other proposed Insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under this proposed insurance?

Yes No

If Yes, please provide details.

Current Insurance Information

Company Name: _____ Annual Premium: _____ Limit of Liability: _____
 Expiration Date: _____ Retention: _____