

**INSURANCE COMPANIES** 

580 Walnut Street, Cincinnati, Ohio 45202

## Proposal Form

A-Side Excess and Difference in Conditions Liability Insurance Policy

Name	e of Company:				
Street	t Address:				
City,	State, Zip:				
•	net Website address:				
	Officer designated as agent of the Company and of all Insured Persons to receive any and all notices from the Insured representatives concerning this insurance:	urei	or th	eir	
Name	e Title				
Part	I – BACKGROUND INFORMATION				
1.	The Company has continuously operated since:				
2.	Stock ownership:				
	(a) Ticker symbol and exchange:				
	(b) Number of common shares outstanding:				
	(c) Number of common shareholders:				
	(d) Number of common shares owned by the Directors and Officers:				
	(e) Does any shareholder own, directly or beneficially, 10% or more of any class of the Company's stock? <b>If "Yes"</b> , in an attachment to this Proposal Form, provide name(s), percentage of holdings and, if applicable, indicate the shareholder's representative on the board of directors.		Yes		No
3.	Does the Company have a policy governing trading in Company securities or trading based upon non-public information by Directors, Officers and employees? <b>If "Yes"</b> , respond to (a) and (b) below.		Yes		No
	(a) Are Directors and Officers required to sign an agreement attesting to their compliance with this policy?		Yes		No
	(b) Does the Company have procedures in place to monitor compliance with this policy? <b>If "No" to any of the above items</b> , provide details in an attachment to this Proposal Form.		Yes		No
4.	Have there been any changes in senior management (Board Chairman, President, Executive Vice President, etc.	-			
	in the last three years for reasons other than death or retirement at the normal retirement age? <b>If "Yes"</b> , provide details in an attachment to this Proposal Form.		Yes		No
5.	By attachment to this Proposal Form, provide the name, percentage of direct or indirect ownership, and nature of operations of all Subsidiaries (including Subsidiaries of Subsidiaries). <b>If "None"</b> , please indicate:			□N	lone

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS LISTED IN THE ATTACHMENT REQUESTED ABOVE.

D17200

6.	Subsidiaries presently involved or contemplating becoming involved, during the next 12 months, in any of the following:					
	(a) consolidation or merger with any other entity?		Yes [	No		
	(b) acquisition of the assets of an entity which did or will increase the assets of the Company by 25% or more?		Yes [			
	(c) sale, distribution or divestiture of any subsidiary which accounted for 10% or more of annual revenue?		Yes $\square$			
	(d) bankruptcy proceeding, reorganization or other arrangement with creditors under federal, or state law? If "Yes" to any of the above, provide details of each transaction in an attachment to this Proposal Form.		Yes [	] No		
7.	During the last three years, has any regulatory agency denied or indicated that they would deny any contemplated merger, acquisition or divestment involving the Company or its Subsidiaries? If "Yes", provide details in an attachment to this Proposal Form.		Yes [	No No		
8.	During the last 18 months, has the Company or its Subsidiaries completed or is the Company or its Subsidiaries considering completing within the next 12 months a filing for a public offering of securities either pursuant to the Securities Act of 1933 or exempt from registration under SEC Regulations? If "Yes", provide a copy of the prospectus or provide details of the Company's plans.		Yes [	] No		
Part	II – REGULATORY INFORMATION (Required for Insurance Companies and Financial Institutions on If not applicable, skip to Part III)	ıly.				
9.	During the last two years, have any Directors or Officers been alerted to any of the following conditions:  (a) Problems involving extensions of credit to Directors, Officers, or corporations controlled thereby?  (b) Significant violations of laws or regulations?  (c) Conflict of interest transactions?		Yes Yes Yes	□ No		
	If "Yes" to any of the above, provide details and current status in an attachment to this Proposal Form.					
10.	Have all criticisms noted in the last regulatory examination been reviewed and appropriate corrective steps taken by the Board of Directors?  If "No", provide details in an attachment to this Proposal Form.		Yes	□ No		
11.	During the past five years, has the Company or any Subsidiary received an Order to Cease and Desist from any regulatory agency, or otherwise entered into any other type of written agreement with any regulatory agency concerning the operation of the Company or any Subsidiary?  If "Yes", provide details in an attachment to this Proposal Form.		Yes	□ No		
Part	III – PRIOR ACTIVITIES					
12.	arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against:		Yes			
	<ul><li>(b) any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or its Subsidiaries?</li><li>If "Yes" to either of the above, provide details in an attachment to this Proposal Form.</li></ul>		Yes $\square$	No No		
	S AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING IS CLUDED FROM THE PROPOSED COVERAGE.					
13.	Is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance or situation involving the Company or its Subsidiaries or the Directors or Officers of the Company or its Subsidiaries which he or she has reason to believe might result in any future Claim under the Policy to which this Proposal Form will be attached?  If "Yes" please provide details in an attachment to this Proposal Form		Yes	] No		

IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

D17200

## **Part IV – INSURANCE INFORMATION**

14.	Provide the following insura	ance information:								
	Professional Liability	Limit	Retention	Policy Period						
15.	Current or Previous Directo	rs' and Officers' Liabili	ty Insurance:							
	(a) Insurer	Limit	Retention	Premium	Policy Period					
	(b) Has any Claim been made under any D & O policy or has notice been given to any D & O Insurer?  (c) Has any Insurer refused, cancelled or non-renewed D & O coverage?  ☐ Yes ☐ N									
correct for the significant for the Interest and February	andersigned Officer of the Control and that reasonable efforts is insurance to facilitate the ficant adverse change in the control and the control and the control and the control and the company and mation provided therewith an eletrical system ("EDGAR") of the basis of this Policy my information provided therewith the control and t	have been made to obta proper and accurate con- ondition of the applican this Proposal Form ina- ing of this Proposal For- the <b>Insured Person(s)</b> d any public document, (which shall be on fil and are to be considere ewith shall be constructed	in sufficient information frimpletion of this Proposal I it is discovered between the accurate or incomplete, not middle does not bind the unders that the particulars and standard by the Company of the with the Insurer and be does incorporated in and cond as a separate Proposal Fo	om each and every Director a form. The undersigned furth a date of this Proposal Form a fice of such change will be reigned to purchase the insurant attements contained in the Proposal form a the SEC's Electronic Data deemed attached hereto as instituting a part of the Policy rm for coverage by each Ins	and Officer proposed her agrees that if any and the effective date eported in writing to ce.  Toposal Form(s), any Gathering, Analysis, f physically attached The Proposal Form ured Person. There					
Policy or kn the av	be no coverage for any Clair y Period, of any facts that we owledge possessed by any or vailability of coverage with re- acts, omissions, knowledge, of	re not truthfully and ac the <b>Insured Person</b> shall espect to <b>Claims</b> made a	curately disclosed in the Property of the Insured Insu	roposal Form. No statement insured Person(s) for the pure erson(s).	n the Proposal Form rpose of determining					
	ct to the coverage applicable		sarea rerson(s) shan not	or imputed to any other mist	area reison(s) with					
	FALSE INFORMATION									
		y presents false informa		sents a false or fraudulent cla insurance is guilty of a crime						
	NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.									
	NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was reported by the applicant.									
	NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.									
	Also provide: Agent name			License number						
	IOWA APPLICANTS:									
	Submitted by	(DDODLICED)		Date						

D17200

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW MEXICO APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading and 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 (\$5,000.00) and the stated value for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

This Proposal	Form must	be signed	by the	Chairman	of the	Board,	President,	Chief	Executive	Officer,	Chief	<b>Operating</b>
Officer, or Chie	ef Financial	Officer of the	he Con	pany.								

Signature	Title	Date

One copy of each of the following documents is attached to and made part of the Proposal Form:

- (a) The most recent Annual Report (Complete Audited Financial Statement).
- (b) Latest Interim Financial Statement.
- (c) If applicable, the most recent 10K, 10Q, and any other document filed with the Securities and Exchange Commission.
- (d) If applicable, the Notice to Stockholders and Proxy Statement for the last scheduled meeting.
- (e) If applicable, the most recent year end and quarterly Convention Statements.
- (f) If applicable, the most recent year end and quarterly Call Reports.

**NOTE**: This Proposal including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to: Great American Insurance Companies, Executive Liability Division P.O. Box 66943 Chicago, IL 60666

D17200 4