



Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

SHAREHOLDERS
EQUITY PROTECTION

A. General Information

Proposed Effective Date: _____

Shareholder's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Name of Corporation: _____

(Must be a Corporation to obtain a quotation.)

Address of Administration Office: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Identify nature of Corporation's business activities: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____ Producer's Name: _____

List all products manufactured, sold, handled, distributed, or services rendered by the Corporation: _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position which deals with risk management, product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

B. Insurance History

Identify the Corporation's most recent former insurance carrier: _____

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Business Activities

1. Please list all principal shareholders:

Name	% of Ownership	Included or Excluded in Coverage

2. Number of shares issued by the Corporation:

a. Authorized: Common Stock: _____ Preferred Stock: _____

b. Issued: Common Stock: _____ Preferred Stock: _____

c. Outstanding: Common Stock: _____ Preferred Stock: _____

d. Treasury: Common Stock: _____ Preferred Stock: _____

3. Proportion of outstanding stock, held beneficially by directors or officers of the Corporation or members of their families: _____

4. Number of shares owned by the Applicant applying for coverage: _____

5. List any subsidiary corporations and shareholders, with percentage of ownership, if different from above: _____

6. What is the Current Net Worth of the business? (Attach a copy of the latest financial/annual statement, if available): _____

7. What is the Fair Market Value of the business? (Attach detail in support of the Fair Market Value stated): _____

8. Total amount of Shareholder Indemnity Insurance for which a quotation is requested: Please list the Fair Market Value for the shares you want covered:

Limits	Deductible Amount

9. List other insurance, limits of liability, and insurer in effect for the corporation:

Primary Underlying Insurance						
Type of Insurance	Insurance Company	Policy Number	Policy Period	Limits	Annual Premium	# of Losses Past 60 mo.
General Liability						
Products/Comp. Ops.						
Auto Liability						
Employers Liability						
Watercraft Liability						
Advertising Liability						
Liquor Liability						
Errors or Umbrella Liability						
Aircraft Liability Passenger Liability						
Property Coverage						
Other: _____						

NOTE: Overlying insurance listed on this application will be scheduled on the Policy and must be maintained throughout the Policy Period. The insurer must be notified of any changes to the above-referenced policies in order to ensure continued coverage.

10. Does any policy contain an exclusion or restriction of punitive damages? Yes No

11. Does any policy listed above contain any special extension or limitations of coverage or exclusions? Yes No

If yes, please explain: _____

12. Are all entities in this application covered in the policies listed above? Yes No

If no, please explain: _____

13. Does the Commercial General Liability policy provide:

a. Blanket Contractual Yes No
 Broad Intermediate Limited

b. Liquor Law Liability Yes No

c. Personal Injury Yes No

d. Water Damage Liability Yes No

- e. Worldwide Products Yes No
- f. Foreign Liability Yes No
- g. Broad Form Property Damage Yes No
 Including Completed Operations Excluding Completed Operations
- h. Incidental Malpractice Yes No
- i. Employees as Insureds Yes No
- j. X, C, U Coverages Yes No
- k. Non-owned Watercraft Yes No
- l. Other (specify): _____ Yes No

14. Does any policy listed above contain a deductible or provide a reduced limit of liability for any exposures? Yes No

15. Does any policy provide coverage for additional insureds? Yes No
 If yes, identify each, including their interest:

Name & Company (if applicable)	Interest

16. Any insurance coverage declined, cancelled, or non-renewed during the prior three years? Yes No

17. List any specific activities or exposures for which you have no insurance coverage: _____

18. Any contractual liability in effect? Yes No

If yes, give details of all contractual agreements other than lease of premises, easement, or sidetrack: _____

19. Are any third party claims paid for on behalf of Corporation during the past five years in excess of \$10,000? Yes No
 If yes, please explain on a separate sheet.

20. Are you aware of any existing fact, accident, or circumstance which might give rise to a claim under this Shareholders Indemnity insurance? Yes No

21. Any watercraft owned, leased, or chartered by the Corporation? Yes No

If yes, please describe how insured and identify watercraft or detail, including where and how insured, and limits of liability: _____

22. Workers Compensation:

a. What is the limit of Employees Liability Coverage? _____

b. Are any employees subject to:

i. Admiralty jurisdiction or Jones Act? Yes No

ii. Federal Employees Liability Act? Yes No

- iii. Federal Longshoreman and Harbour Workers Act? Yes No
 - iv. Foreign Employees Liability? Yes No
- If yes to any of these, please provide annual payrolls.

23. Does your company own, operate, or maintain under any contact or agreements a railroad or railroad tack spur? Yes No

If yes, please explain: _____

24. List all aircraft owned, leased, or chartered. If none, so state. Include make, model, number of engines, and passenger capacity: _____

25. Does applicant expect to purchase, lease, charter, rent, or borrow any aircraft during the next 12 months? Yes No
 If yes, explain: _____

26. Is aircraft used for other than non-commercial transportation of people? Yes No
 If yes, please explain: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of insurance for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Claim, or the accumulation of more than one Claim during the Policy Period, may cause the per Claim Limit and/or the annual aggregate maximum Limit of Insurance to be exhausted, at which time the Insured will have no further benefits under the Policy.

2. The Insured may request the Insurer to reinstate the original Limit of Insurance for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.

3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Insurance may be exhausted by any Claim or combination of Claims that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Insurance. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Insurance which may be exhausted by any single Claim or combination of Claims during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name