



DIRECTORS' & OFFICERS' LIABILITY APPLICATION

This application will be treated as confidential. This provides basic information to appropriate underwriters in order to obtain non-binding indications of Business Insurance coverage. If you would like to receive a quote for insurance, please complete this application and return this form to:

- Affinity Insurance Services, Inc., Wired for Growth, Attention: Julie K. Davis, 225 W. Santa Clara Street, Suite 1150, San Jose, California 95113
- Fax: 1-408-289-9021
- If you would prefer to speak to a client representative, please call us at **1-877-690-WIRE**.

CLIENT PROFILE:

| | |
|--|---|
| <p>1. Company Name: _____</p> <p>Address: _____</p> <p>Address 2: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Web Site: _____</p> <p>Contact Person: _____</p> | <p>Contact Phone: _____</p> <p>Contact Phone Ext: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p> <p>Additional Contact Person: _____</p> <p>Additional Contact Phone: _____</p> <p>Phone Ext: _____</p> |
|--|---|

2. What category best describes your operations?

- | | |
|--|---|
| <p><input type="checkbox"/> Biopharmaceuticals</p> <p><input type="checkbox"/> Biotechnology</p> <p><input type="checkbox"/> Communications/Network/Telecom</p> <p><input type="checkbox"/> Computer Hardware/ Electronics</p> <p><input type="checkbox"/> Drug Delivery/Discovery</p> <p><input type="checkbox"/> Internet-Consumer & Bus Products</p> <p><input type="checkbox"/> Internet-Consumer & Bus Services</p> <p><input type="checkbox"/> Internet-Other Retail/Consumer</p> <p><input type="checkbox"/> Internet-Retail & Consumer</p> <p><input type="checkbox"/> Internet-Retailers</p> <p><input type="checkbox"/> IT Consultants</p> <p><input type="checkbox"/> IT Staffing</p> <p><input type="checkbox"/> IT Support/Services</p> <p><input type="checkbox"/> IT Training</p> <p><input type="checkbox"/> Medical Devices/Equipment</p> | <p><input type="checkbox"/> Network Data Storage</p> <p><input type="checkbox"/> Pharmaceuticals</p> <p><input type="checkbox"/> Research & Development</p> <p><input type="checkbox"/> Semiconductors</p> <p><input type="checkbox"/> Software Developer-Custom</p> <p><input type="checkbox"/> Software Developer-Prepackaged</p> <p><input type="checkbox"/> Software Programming/ Engineering</p> <p><input type="checkbox"/> Special Advisor-Tech/Chem/Pharm</p> <p><input type="checkbox"/> Special Materials/Chemicals</p> <p><input type="checkbox"/> Special Materials/ Tech Mfg</p> <p><input type="checkbox"/> Value Added Resellers</p> <p><input type="checkbox"/> Venture Capitalists</p> <p><input type="checkbox"/> Web Design/Maint/Dev/Mktg</p> <p><input type="checkbox"/> Other _____</p> |
|--|---|

If you have any questions, or to learn more about any of our insurance products, services and solutions, please contact us at:
E-mail: wired@ars.aon.com or Call Toll Free: **1-877-690-WIRE**



WIRED FOR GROWTH™

Risk Intelligence for Technology Industries



www.wiredforgrowth.com

3. What is your business type?

- Corporation
- Individual
- L.L.C.
- Partnership
- Franchise
- Other

4. What stage is your business in?

- Startup
- Product Development
- Product in Beta Test/Clinical Trials
- Shipping
- Profitable
- Restart

5. Describe in detail your operations, products, and services:

6. What month/year did you open for business: ____/____

7. How many employees do you currently have: _____

8. What stage of financing are you currently in?

- Early Stage Financing: Angel Investing, Seed Round
- Venture Capital Rounds: First Round, Second Round
- Late Stage Financing: Third Round and up, Private Placement, Mezzanine
- Liquidity Event: IPO, Merger and Acquisition, Subsequent Offering

9. What other insurance products or solutions would you like information on?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Package <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Commercial Automobile <input type="checkbox"/> Network Risk <input type="checkbox"/> Technology Errors & Omissions <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Directors' and Officers' Liability | <ul style="list-style-type: none"> <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Trade Credit and Political Risk <input type="checkbox"/> Cargo/Transit <input type="checkbox"/> Employee Benefits <input type="checkbox"/> Compensation Surveys <input type="checkbox"/> Other: _____ |
|--|---|

10. How did you hear about us?

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Accounting Firm <input type="checkbox"/> Association <input type="checkbox"/> Client Referral <input type="checkbox"/> CompTIA <input type="checkbox"/> Direct Mail | <ul style="list-style-type: none"> <input type="checkbox"/> E-newsletter/e-mail <input type="checkbox"/> Law Firm <input type="checkbox"/> Magazine <input type="checkbox"/> Search Engine <input type="checkbox"/> Telemarketing | <ul style="list-style-type: none"> <input type="checkbox"/> Tradeshow <input type="checkbox"/> Venture Capital Firm <input type="checkbox"/> Web Site <input type="checkbox"/> Other: _____ |
|--|--|---|

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Source Code: 14CDX000

GENERAL BUSINESS & FINANCIAL INFORMATION:

1. What is your requested effective date? ___/___/___
2. What is the State of Incorporation? _____
3. What is the Date of Incorporation? _____
4. What is the State of Domicile? _____
5. What is your Federal ID Number? _____
6. Do you want this policy to cover Applicant and all its subsidiaries? Yes No
(Note: If yes, then the term Applicant as respects this application refers to both the Applicant and its subsidiaries.)
7. Does the Applicant have a financial statement or pro-forma financials? Yes No
If yes, please enter a web address where the financial statement document can be viewed:

(Note: If this information is not available at a web address, please refer to the alternative forwarding directions at the end of this document.**)

8. Does the Applicant have a formal business plan? Yes No

STAFFING & STOCK OWNERSHIP INFORMATION:

1. How many of the following full and part time employees do you have:

| | | |
|---------------------|-------------------------|-------------------------|
| | <u>Full Time</u> | <u>Part Time</u> |
| U.S. Based: | _____ | _____ |
| Outside of the U.S. | _____ | _____ |
2. On what exchange, if any, are the shares (debt or equity) of the Applicant publicly traded? _____
3. Number of shares outstanding: _____
4. Number of voting shareholders: _____
5. Number of voting shares owned directly or beneficially by the Applicant's directors or officers: _____
6. If any shareholder owns directly or beneficially more than 5% of the voting shares, please list names, ownership percentage and whether they are a Director or Officer of the Applicant:

| # | Shareholder's Name | Title | Ownership % |
|---|--------------------|---|-------------|
| 1 | | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Both <input type="checkbox"/> N/A | |
| 2 | | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Both <input type="checkbox"/> N/A | |
| 3 | | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Both <input type="checkbox"/> N/A | |
| 4 | | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Both <input type="checkbox"/> N/A | |
| 5 | | <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Both <input type="checkbox"/> N/A | |

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OTHER APPLICANT INFORMATION:

1. Were any public or private offerings of debt or equity attempted or transacted in the past 24 months? Yes No
If yes, please enter a web address where the offering memorandum can be viewed:

(Note: If this information is not available at a web address, please refer to the alternative forwarding directions at the end of this document.**)

2. Does the Applicant anticipate any public or private offerings of debt or equity in the next 12 months? Yes No
If yes, please enter a web address where the offering memorandum can be viewed:

(Note: If this information is not available at a web address, please refer to the alternative forwarding directions at the end of this document.*)

3. Does the Applicant anticipate any mergers or acquisitions in the next 12 months involving more than 25% of its assets? Yes No
4. Is there now or has there ever been any litigation against the Directors and Officers of the Applicant including but not limited to the following?
- any anti-trust, patent, or copyright litigation Yes No
 - representative actions, call actions, or derivative suits Yes No
 - civil or criminal or administrative proceeding charging Yes No
 - violation of a federal or state security law Yes No
 - regulation Yes No
 - any other criminal action Yes No

If yes, please enter a web address where the complaint can be viewed:

(Note: If this information is not available at a web address, please refer to the alternative forwarding directions at the end of this document.*)

5. Does the Applicant provide any professional services to others for a fee or compensation? Yes No
6. Does the Applicant act as a general partner in any partnership? Yes No
7. Does the Applicant have indemnification provisions in the charter, by-laws, or articles of incorporation? Yes No

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COVERAGE SPECIFICATIONS

1. Aggregate limit of liability (you may select more than one):

\$1 million

\$2 million

\$3 million

\$5 million

Over \$5 million

2. Amount of self insured retention, for each loss (you may select more than one):

\$10,000

\$25,000

\$50,000

\$75,000

\$100,000

3. Does the Applicant currently carry Directors' and Officers' Liability Insurance? Yes No

If yes, then complete the following:

Name of Carrier: _____

Coverage Expiration Date: ____/____/____

Limit of Liability: \$ _____

The Underwriter needs several business documents to complete processing this application. You have been prompted throughout this application to list web sites to view these documents.

****Alternative Forwarding Directions:** If documents are not available online, please fax to 408-289-9021, attention: Julie K. Davis, or send copies of the documents to: Affinity Insurance Services Inc., Wired for Growth, Julie K. Davis, 225 W. Santa Clara Street, Suite 1150, San Jose, CA 95113. If you mail or fax us any documents, please print a copy of your profile and this application, and attach it to the documents.

If you have any questions, or to learn more about any of our insurance products, services and solutions, please contact us at:

E-mail: wired@ars.aon.com or Call Toll Free: 1-877-690-WIRE

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