United Brokers, Inc.
Fax: 812-949-4015

"The Answer"

Director's and Officer's Liability for Privately Held Companies

Premium Indication Worksheet

Name of Applicant: _____

Address: _____

Nature of Operations: _____

Years in Operation: _____

If you are owned by another organization - name of Parent: _____

Number of employees: Full Time_____ Part Time_____

Financial Information:

Total Assets	_____
Shareholder Equity/ (Deficit)	_____
Retained Earnings	_____
Revenues	_____
Net Income/ (Loss)	_____

Number of Shareholders or Members: _____

Percentage of ownership held by Directors or Officers _____

In the past 12 months has there been, or is there anticipated in the next 12 months, any:

Layoffs/reductions?	❑ Yes	❑ No
Merger, consolidation, sale or acquisition of another entity?	❑ Yes	❑ No
Registration for a private or public offering?	❑ Yes	❑ No

If "Yes" to any of the above, please describe: _____

_____

Within the last 5 years, has any claim been made or are there any circumstances that could lead to a claim against the Organization, or any person proposed for this Insurance in their capacity as Director, Officer, or Employee of the Organization? ❑ Yes ❑ No

If "Yes", please attach a description and the date of the claim, allegations, status and amounts paid or reserved (regardless of whether covered by insurance).

Current D & O and EPL coverage:

Ins. Co	Policy term	Limit	Retention	Premium	Retro Date

_____

_____

***** Based on the above information, the carrier may or may not release a non-binding premium indication for this company. Please note an actual quotation is subject to a full submission including a completed United States Liability Insurance Group application and acceptable financial statements.***