



SECUREXCESS APPLICATION FOR AN EXCESS POLICY -- NEW HAMPSHIRE

NOTICE: SUBJECT TO THE PROVISIONS OF THE UNDERLYING INSURANCE, THIS POLICY MAY ONLY APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENT OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS APPLICATION AND THE POLICY CAREFULLY.

COMPANY:

Please fully answer all questions and submit all requested information for each coverage you seek. Terms appearing in bold face in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. This Application, including all materials submitted herewith, shall be held in confidence.

1. a. Applicant Name: _____
- b. Address: _____
- c. State of Incorporation: _____
- d. Date Established: _____
- e. Nature of Business: _____
- f. Standard Industry Classification (SIC) Code: _____
- g. Stock Symbol and Exchange (if applicable): _____
- h. Applicant's website address (if applicable): _____
- i. Name of Applicant's designated representative to receive all notices from the **Insurer** on behalf of all person(s) and entity(ies) proposed for this insurance: _____

2. Excess of Underlying Limits/Programs: Please list on the annexed schedule the **Insurance Products** and **Underlying Insurance** for which excess coverage is being sought. Add additional pages if necessary.

3. Loss/Claims History:

- a. No claims have been made against any person(s) or entity(ies) proposed for this insurance, except as follows:
(Attach full details. If no such claim(s), check here: None)

- b. No person(s) or entity(ies) proposed for this insurance is cognizant of any fact, circumstance or situation which he/she has reason to suppose might afford grounds for any claim such as would fall within the scope of the proposed insurance, except as follows:
(Attach complete details. If they have no such knowledge or information, check here: None)

It is agreed that with respect to questions 3.a. and 3.b. above, if such knowledge exists by any person signing this application, then any claim or action arising therefrom is excluded from the proposed coverage for all **Insureds**.

4. As part of this Application, submit the following documents with respect to the Applicant:
- a. For each coverage sought provide a copy of the Applicant's primary insurance applications and policies.
 - b. Audited and interim financial statements with any notes and schedules.
 - c. Any registration statements filed with the SEC or any private placement memorandums within the last twelve (12) months.
 - d. Copies of the Applicant's bylaws and articles of incorporation relating to indemnification provisions.
 - e. Summary and status of any litigation filed within the last twenty-four (24) months by or against any person or entity proposed for this insurance.
5. Has the Applicant (or its subsidiaries) in the past 36 months completed or agreed to, or does it contemplate within the next 12 months, any of the following, whether or not such transactions were or will be completed?
- a. Merger, acquisition or consolidation with another entity whose consolidated assets exceed 15% of the Applicant's consolidated assets? Yes No. If Yes, attach full details.
 - b. Sale, distribution or divestiture or any assets or stock other than in the ordinary course of business in an amount exceeding 15% of the Applicant's consolidated assets? Yes No. If yes, attach full details.
 - c. Any registration for a public offering or private placement of securities? Yes No. If Yes, attach full details.
 - d. Reorganization or arrangement with creditors under federal or state law? Yes No. If Yes, attach full details.

6. PAST ACTIVITIES

Has the Applicant (or its subsidiaries) or any director, officer or other proposed **Insured(s)** been involved in any of the following:

Anti-trust, copyright or patent litigation? Yes No.

Civil or criminal action or administrative proceeding charging violation of a federal, state or foreign security law or regulation? Yes No.

Any other criminal actions? Yes No. If yes, attach details.

Representative actions, class actions or derivative suits? Yes No. If yes, attach details.

Investigation by the Securities and Exchange Commission, or similar state or foreign agency?
 Yes No.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND ANY INFORMATION OBTAINED BY THE INSURER WHICH THE APPLICANT HAS CERTIFIED AND FILED WITH THE UNITED STATES SECURITIES AND EXCHANGE COMMISSION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT HEREBY ACKNOWLEDGES THAT:

1. THIS POLICY APPLIES TO EVENT(S) WHICH TAKE PLACE DURING THE POLICY PERIOD AND WHICH TRIGGER COVERAGE UNDER THE INSURING AGREEMENTS OF THE UNDERLYING INSURANCE;
2. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE COSTS, AND IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED THE APPLICABLE LIMIT OF LIABILITY;

NOTICE TO NEW HAMPSHIRE APPLICANTS: "ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638:20."

_____ By Applicant
Signature

_____ Title (President, CEO, or CFO)

_____ Date

_____ Agent
Signature

_____ Date

SECUREXCESS POLICY APPLICATION -- ITEM NO. 2

The Insurance Products and Underlying Insurance for which excess coverage is being sought are follows:

A. Insurance Product: _____
Underlying Insurance:

1. Primary Policy

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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2. Other Underlying Policies

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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3. Amount of Coverage Sought by this Application: _____

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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B. Insurance Product: _____
Underlying Insurance:

1. Primary Policy

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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2. Other Underlying Policies

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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3. Amount of Coverage Sought by this Application: _____

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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C. Insurance Product: _____
Underlying Insurance:

1. Primary Policy

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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2. Other Underlying Policies

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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3. Amount of Coverage
Sought by this Application: _____

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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D. Insurance Product: _____
Underlying Insurance:

1. Primary Policy

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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2. Other Underlying Policies

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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3. Amount of Coverage
Sought by this Application: _____

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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E. Insurance Product: _____
Underlying Insurance:

1. Primary Policy

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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2. Other Underlying Policies

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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3. Amount of Coverage
Sought by this Application: _____

<u>Insurer</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Policy Period</u>
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Please add additional pages if necessary.