



Name of Insurance Company to which application is made

**NEW YORK PROPOSAL FOR FINANCIAL INSTITUTIONS/FINANCIAL SERVICES
DIRECTORS, OFFICERS AND COMPANY LIABILITY INSURANCE**

NOTICE: THIS IS A CLAIMS-MADE POLICY. EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR WRONGFUL ACTS FOR WHICH CLAIMS ARE FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER, DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL OF THE POLICY, THE AUTOMATIC DISCOVERY PERIOD, OR IF APPLICABLE, THE OPTIONAL DISCOVERY PERIOD. THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF WRONGFUL ACTS OR ALLEGED WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE POLICY PERIOD OR IF APPLICABLE THE RETROACTIVE DATE. THE INSURED WILL BE PROVIDED AN AUTOMATIC EXTENDED REPORTING PERIOD AND AN OPTION TO PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD.

COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF THE POLICY, AUTOMATIC DISCOVERY PERIOD OR OPTIONAL DISCOVERY PERIOD. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THAT THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT.

THIS POLICY IS WRITTEN ON A DEFENSE WITHIN THE LIMITS BASIS. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND OTHER CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. ONCE THE LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS, OTHER CLAIM EXPENSES OR FOR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT.

Name of Applicant

Street Address

City/State/Zip Code

State of Incorporation or Charter

Officer designated as representative of the Applicant and all insured Directors and Officers to receive any and all notices from the Insurer:

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1. Nature of the Applicant's Operations:
 2. The Applicant has been in operation since:
 3. (a) Ownership: Stock _____ Mutual
(b) If a Mutual Company, does the Applicant intend to convert to a Stock Company within the next year, or has the Applicant considered converting to a Stock Company within the last two years ? Yes__ No

If Yes, provide details below or by attachment:
 4. If a Stock Company, please provide the following Common Stock information:
 - (a) Total number of shareholders
 - (b) Total number of shares outstanding
 - (c) Total number of shares owned directly or beneficially by Directors and Officers
 - (d) Give names and percent owned of all persons or entities that presently own or control or have stated the Intention to acquire, of record or beneficially, more than 5% of the Applicant's or Parent Corporation's outstanding stock.

(If none, so indicate):
 - (e) Has there been a change in controlling ownership (5% or more) of the Applicant within the last year or are there any negotiations now pending for the sale of stock in the Applicant in excess of 5% of the total stock outstanding?
Yes __ No __
If Yes, provide details below or by attachment:
 5. Has the Applicant or any Subsidiary been involved within the last year in any actual or proposed merger, acquisition, consolidation, tender offer, or divestment or is it currently considering such actions? Yes__ No __
If Yes, provide details below or by attachment:
 6. Has the Applicant filed or contemplated filing any Registration Statement with any Governmental Authority within the past twelve (12) months or within the next twelve (12) months for a public offering of securities? Yes__ No __
If Yes, provide details below or by attachment:

7. Has the Applicant changed its independent auditor within the last year? Yes__ No
If Yes, provide details below or by attachment:
8. Have there been any changes in senior management (Chairman, President, Executive or Senior Officers, etc.) in the past year? Yes__ No
If Yes, provide details below or by attachment:
9. (a) How often are Board Meetings held?
(b) Has any Director missed more than three (3) board meetings within the last year? Yes__ No
If Yes, provide details below or by attachment:
10. Provide the date of the last regulatory examination, along with the name of the examining agency for the Applicant and each Subsidiary:
11. Has any Director or Officer in the last year been charged with or convicted of any criminal act or been the subject of a pending criminal, administrative or regulatory agency investigation? Yes__ No __
If Yes, provide details below or by attachment:
12. Is the Applicant or any Subsidiary operating under an Order to Cease and Desist from any regulatory agency or involved in any other type of actual or proposed written agreement or directive with a regulatory agency concerning the operation of the Applicant or any Subsidiary? Yes__ No__
If Yes, provide details below or by attachment:
13. During the past year, have Directors or Officers become aware of any material violations of laws or regulations or conflict of interest transactions? Yes__ No__
If Yes, provide details below or by attachment:

14. Have all criticisms noted in the last regulatory examination been reviewed and have appropriate corrective steps been taken by the board? Yes__ No __
If No, provide details below or by attachment:

15. Provide the following insurance information below or by attachment:

	<u>TYPE</u>	<u>CARRIER</u>	<u>LIMIT</u>	<u>RETENTION</u>	<u>EXP. DATE</u>
(a)	Blanket Bond				
(b)	Professional Liability E&O				

IT IS REPRESENTED AND AGREED THAT THE ABOVE COVERAGE AMOUNTS WILL BE MAINTAINED BY THE APPLICANT AND ITS SUBSIDIARIES DURING THE POLICY PERIOD OF THE PROPOSED INSURANCE AND THAT THE INSURER IS RELYING UPON SUCH REPRESENTATIONS WHEN ISSUING A POLICY.

15. Has the Applicant or any Subsidiary during the past year made any claim in excess of \$25,000 under its Blanket Bond? Yes__ No __
If Yes, provide details below or by attachment:

16. Is there now pending any litigation against the Applicant or any of its Subsidiaries? Yes__ No __
If Yes, provide details below or by attachment:

RENEWAL APPLICANTS: Questions 18., 19. and 20. need not be answered.

17. During the past three (3) years have there been, or are there now, any pending claims against any person for which this insurance is intended or has any such person given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim? Yes__ No __
If Yes, provide details below or by attachment:

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST OR ANY NOTICE HAS BEEN GIVEN SUCH AS DESCRIBED IN QUESTION 18, THEN SUCH CLAIMS AND ANY CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES AS DESCRIBED IN QUESTION 18 ARE EXCLUDED FROM THIS PROPOSED INSURANCE.
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18. Does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of this proposed insurance? Yes___ No ___
If Yes, provide details below or by attachment:

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

19. Current or previous Directors and Officers Liability Insurance:

- (a) Carrier_____ Policy Period
Limit_____ Retention_____ Premium

20. One copy of each of the following documents is attached to be made a part of this Proposal and any policy which is issued subsequently:

- (a) A list of the names and principal business affiliations, for all Directors and Senior Officers proposed for this insurance.
- (b) The Notice to Stockholders and Proxy Statement for the last scheduled meeting.
- (c) The most recent Annual Report to Stockholders/Depositors.
- (d) The most recent Independent Audit Report.
- (e) The most recent annual and quarterly filings with the SEC (Form 10-K and 10-Q) and any subsequent filing (Form 8-K).
- (f) The most recent applicable quarterly and year-end regulatory filings and statements (Call Reports, Convention Statements, Form ADV's, or similar regulatory statements).
- (g) The most recent Management Letter regarding internal control and Management's Response to any material criticisms.
- (h) A listing of all Subsidiary companies, including their nature of operations.

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 PROPOSAL CHANGES BETWEEN THE DATE OF THIS PROPOSAL AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) 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 AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

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

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS PROPOSAL ARE HEREBY INCORPORATED BY REFERENCE INTO THIS PROPOSAL AND MADE A PART HEREOF.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR ANY INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL IS PROPERLY SIGNED BY TWO INDIVIDUALS AND DATED. IF THE CHAIRMAN OF THE BOARD AND PRESIDENT ARE THE SAME INDIVIDUAL, PLEASE HAVE THE PROPOSAL SIGNED BY THE CHIEF FINANCIAL OFFICER IN LIEU OF THE PRESIDENT.

DATE _____ SIGNATURE _____
(Chairman of the Board)

DATE _____ SIGNATURE _____
(President or Chief Financial Officer)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Hartford Financial Products
2 Park Avenue
New York, N.Y. 10016