



Name of Insurance Company to which application is made

MISSOURI APPLICATION FOR PRIVATE CHOICE ENCORE!

NOTICE: THE LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND PAYMENT OF DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY. NOTICE OF A CLAIM MUST BE GIVEN TO THE INSURER AS SOON AS PRACTICABLE, PROVIDED THAT SUCH NOTICE IS GIVEN NOT LATER THAN 60 DAYS AFTER ANY MANAGER BECOMES AWARE THAT SUCH CLAIM HAS BEEN MADE. DEFENSE COSTS ARE APPLIED AGAINST THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. GENERAL INFORMATION

- a) Name of Company:
- b) Address:
- c) Nature of Business:
- d) Date of Incorporation:
- e) State of Incorporation:
- f) Internet Address:
- g) NAIC Code:

2. COVERAGE REQUESTED

Proposed Effective Date: _____

- a) Liability Coverage Parts and Features Requested with desired Limit (Indicate with 'x')
 - Directors & Officers Limit: _____
 - Entity Liability (Included in D&O Coverage Part Limit) Limit: _____
 - Employment Practices Liability Limit: _____
 - 3rd Party Liability (Included in EPL Coverage Part Limit) Limit: _____
 - Fiduciary Liability Limit: _____
 - Settlement Program Coverage (Sub-limit of \$100,000 in Fiduciary Liability Coverage Part) Limit: \$100,000
 - Miscellaneous Professional Liability Limit: _____
- b) Defense Outside the Limit is desired ___ Yes ___ No
- c) Please indicate if an Aggregate Limit for all purchased Liability Coverage Parts is desired ___ Yes ___ No

- d) Non Liability Coverage Parts Requested with desired Limit (Indicate with 'x')
- q Kidnap and Ransom/Extortion Limit: _____
 - q Crime:
 - q 1. Employee Theft Limit: _____
Deductible: _____
 - q 2. Depositors Forgery Or Alteration Limit: _____
Deductible: _____
 - q 3. Inside The Premises Limit: _____
Deductible: _____
 - q 4. Outside The Premises Limit: _____
Deductible: _____
 - q 5. Computer And Funds Transfer Fraud Limit: _____
Deductible: _____
 - q 6. Money Orders/Counterfeit Currency Limit: _____
Deductible: _____

3. COMPANY INFORMATION

- a) Total Revenues as of current fiscal year end: \$ _____
- b) Total Assets as of current fiscal year end: \$ _____
- c) Total Employees current fiscal yr. end: _____
- d) Total number of locations: _____
- e) Has the Company experienced within the past 2 years or does the Company expect any of the following events within the next 2 years (if yes, please provide details attach separate sheet if necessary):
 - acquisition of any other entity larger than 25% of the total assets of the company? ___Yes ___No
 - merger with any other entity? ___Yes ___No
 - any restructuring or legal or financial reorganization or filing for bankruptcy? ___Yes ___No
 - write-downs, restatement(s) of financial reports, charges, or sale, distribution or divestiture of any assets? ___Yes ___No
 - any downsizing, layoffs, reduction in force, plant or office closings ? ___Yes ___No
- f) Has the Company, or anyone for whom insurance is intended, been involved in:
 - any antitrust, copyright or patent litigation? ___Yes ___No
 - any civil or criminal action or administrative proceeding alleging a violation of any federal or state security law or regulation? ___Yes ___No
 - any representative actions, class actions, or derivative suits? ___Yes ___No

If the answer is "Yes" to any of the above questions in 3 e) or f), please provide details (attach separate sheet)

- g) Please list all Subsidiaries for which coverage is desired (attach separate sheet if necessary):

<u>NAME</u>	<u>NATURE OF BUSINESS</u>	<u>DATE ACQ. OR CREATED</u>	<u>PERCENTAGE OWNED</u>	<u>STATE/COUNTRY OF INCORPORATION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Latest CPA letter to management and any written response thereto
 Most recent audited Financial Statement or Annual Report and CPA opinion
 Other Information deemed necessary by the Underwriter

4. DIRECTORS & OFFICERS COVERAGE PART (Complete Only if this Coverage Part is Requested)

- a) Total number of common shares outstanding:
- b) Total number of common shareholders:
- c) Total number of common shares held directly or beneficially by Directors and Officers:
- d) Describe fully any other securities convertible to common shares:
- e) Give names and percent owned of any shareholders who hold, directly or beneficially, 5% or more of the common shares outstanding:
- f) Have there been any changes in executive officers or directors during the past year or do they expect any within the next year? ___ Yes ___ No
- g) Has the Company retained or does it currently plan on retaining an investment banker or financial advisor to increase or maximize shareholder value? ___ Yes ___ No
- h) Is the Company currently considering a private or public offering of any securities within the next year? ___ Yes ___ No
- i) Does the Company or any of its Subsidiaries, including the Directors and Officers thereof, presently act or plan to act in the capacity of General Partner in any Limited or General Partnership? ___ Yes ___ No
- j) Is the Company currently or has it at any time over the last year been in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? If yes, please provide details (attach separate sheet if necessary). ___ Yes ___ No
- k) Has the Company changed auditors in the past year? If yes, please provide details (attach separate sheet if necessary). ___ Yes ___ No
- l) Has the Company auditors informed the Company of any disagreements or weaknesses with its accounting practices? If yes, please provide details. ___ Yes ___ No

If the answer is "Yes" to any of the above questions, please provide details (attach separate sheet)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Complete List of Directors and Officers to include their name, position and affiliation with any other outside organizations
Any Prospectus or Private Placement Memorandum

5. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART (Complete Only if this Coverage Part is Requested)

- a) For the current and previous years, please list the following Employee information

Year	_____	_____
Total Employees	_____	_____
Full Time	_____	_____
Part Time	_____	_____
Seasonal	_____	_____
Leased	_____	_____
Temporary	_____	_____
Union	_____	_____
Independent Contractors	_____	_____

- b) Please also list the following for the most recent two years

Year	_____	_____
Involuntary Terminations:	_____	_____
Resignations:	_____	_____
Retirees:	_____	_____
Layoffs:	_____	_____

c) Please list the total number of employees in the following jurisdiction.

MICHIGAN _____
 TEXAS _____
 CALIFORNIA _____
 OTHER _____
 FOREIGN _____

d) Please list the number of employees in the following salary ranges (including any bonus and commissions):

\$50,000 or less	\$50,000 - \$100,000	\$100,000 - \$250,000	Over \$250,000

e) Are the following policies or procedures contained in the employee handbook? If no handbook, are they distributed to each employee and/or posted?

Sexual Harassment _____ Yes _____ No
 Discrimination _____ Yes _____ No
 Equal Employment Opportunity _____ Yes _____ No
 Americans with Disabilities Act _____ Yes _____ No
 "Employment-At-Will" wording? _____ Yes _____ No

f) Does each employee sign acknowledgement of these procedures? _____ Yes _____ No

g) Does the Company have written procedures for:

Discipline _____ Yes _____ No
 Termination _____ Yes _____ No
 Performance Evaluations _____ Yes _____ No
 Employment Related Disputes _____ Yes _____ No

h) Has legal counsel approved the aforementioned policies? _____ Yes _____ No

i) Are employee performance evaluations conducted on an annual basis? _____ Yes _____ No

j) Are exit interviews mandatory? _____ Yes _____ No

k) Does the Company Maintain Personnel Files for all Employees? _____ Yes _____ No

l) Has the applicant experienced any complaints charges or hearings involving any of the following:

Title VII of the Civil Rights Act of 1964 _____ Yes _____ No
 Age Discrimination in Employment Act _____ Yes _____ No
 The Americans with Disabilities Act _____ Yes _____ No
 The Equal Employment Opportunity Commission _____ Yes _____ No
 The Family and Medical Leave Act _____ Yes _____ No
 Any State or Local Government agency as respects Employment Practices Liability. _____ Yes _____ No

If the answer is yes to any part of question l), please provide details (attach separate sheet if necessary)

m) Does the Company have a Human Resources Department? _____ Yes _____ No

If not, who handles Human Resource functions? _____

Who handles Human Resource functions at locations other than your principal place of business?

Who has the authority to hire and terminate employees? _____

n) If the Company had any downsizing, layoffs, reduction in force, plant or office closings, please answer the following questions:

Was/is severance available to all employees? _____ Yes _____ No If no, please provide details _____

Were/are the employees required to sign a release for the severance package? _____ Yes _____ No

Did any employees refuse to sign the release? _____ Yes _____ No If yes, how many? _____

Complete Only if Third Party Liability is Requested:

a) Does the Company have written procedures describing conduct when working with third parties including anti-discrimination and/or anti-harassment statements? Yes _____ No _____

b) Does the Company have written procedures for responding to complaints, discrimination or harassment by third parties? Yes _____ No _____

- c) What percentage of the Company's employees deal with the general public, work at customer locations or perform a majority of their functions off-site? _____%
- d) Has there been any loss history from the Applicant receiving any complaints from a non-employee?
 Yes _____ No _____
 If yes, please provide complete listing, with number, defense and/or settlement costs.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Employee Handbook
 Employment Application
 EEO-1 Report if the total number of employees is over 100.

6. FIDUCIARY LIABILITY COVERAGE PART (Complete Only if this Coverage Part is Requested)

- a) For Each Plan to be covered, please list the following:

PLAN NAME	PLAN TYPE*	# OF PARTICIPANTS	PLAN ASSETS (CURRENT YEAR)	PLAN STATUS**
			\$	
			\$	
			\$	

* Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

** Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

- b) Does the plan conform to ERISA? ___ Yes ___ No
- c) Has the Company, any plan, or plan fiduciary been accused or found guilty of a breach of fiduciary duty or violation of ERISA? ___ Yes ___ No
- d) Does any plan hold or provide the option to invest in the securities of the company or any subsidiary? If yes, please list the percentage that the securities comprise that plan's total assets. ___ Yes ___ No
- e) During the past 2 years have there been, or during the next year do you anticipate any reduction in benefits? ___ Yes ___ No
- f) Have any plan been investigated by the DOL, IRS or any other regulatory agency in the past 2 years? ___ Yes ___ No
- g) Has the IRS threatened to withdraw the tax-exempt status of a plan? ___ Yes ___ No
- If there is an adverse response to any question above, please provide details (attach separate.)**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Plan Audit or Form 5500 for all Pension and Welfare plans to be covered by this policy when Plan Participants exceed 100.

7. MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART (Complete Only if this Coverage Part is Requested)

For the services listed below, please give an approximate percentage breakdown derived from each professional service (attach a separate sheet if necessary).

Type of Service	Percentage of Receipts	
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
		Total = 100%

List the total gross receipts for the past two years, projected receipts for the coming year derived from the services for which coverage is desired and total number of transactions.

Year	Gross Receipts	Transactions Projects
_____	_____	_____
_____	_____	_____
_____	_____	_____

- a) Is legal counsel consulted in using written contracts with clients? ___Yes ___No
- b) Does the Company use Subcontractors? If yes, please list separately. ___Yes ___No
- c) Does the Company require Subcontractors to carry Errors and Omissions Insurance? ___Yes ___No
- d) Does the Company use contracts containing hold harmless agreements with Subcontractors? ___Yes ___No

PLEASE PROVIDE THE FOLLOWING INFORMATION:
Resumes of Principals

8. CRIME COVERAGE PART (Complete Only if this Coverage Part is Requested)

LOSS EXPERIENCE		
List all fidelity and crime losses discovered or sustained in the last three years. Check here if none: <input type="checkbox"/>		
DATE OF LOSS	TYPE OF LOSS (Employee Dishonesty, Forgery, etc.)	AMOUNT OF LOSS
Please attach details of all losses including description, corrective action taken and amount covered by insurance.		

- a) FOREIGN EXPOSURE:
 - Total Number of Foreign Employees (excl. Canada): _____
 - Total Number of Foreign Locations: _____
 - Countries where foreign locations exist: _____
- b) Do you prohibit any employee who reconciles bank statements from also:
 - Signing checks? ___Yes ___No
 - Handling bank deposits? ___Yes ___No
 - Making withdrawals? ___Yes ___No
 - Having access to check signing machines or signature plates? ___Yes ___No
- c) Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers? ___Yes ___No
- d) Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different individuals? ___Yes ___No
If "No", and one person has complete responsibility, does this person also have authority to sign checks and reconcile bank accounts? ___Yes ___No
- e) Is your purchasing department separated from receiving responsibilities and supervised by someone who is not authorized to pay bills? ___Yes ___No
- f) Are perpetual inventories maintained, including a physical check of stock and equipment? ___Yes ___No
If yes, by whom? _____ How often? _____
- g) Are the duties of computer programmers and operators separated? ___Yes ___No
- h) Are two or more employees involved in the wire transfer process? ___Yes ___No
- i) If wire transfers are done via telephone, does your bank process the transfer only after making a return phone call to an employee other than the one who requested the transfer? ___Yes ___No
- j) Is there a process whereby completion of wire transfers are confirmed? ___Yes ___No
If "Yes" are the wire transfers reconciled on the same day the confirmation is received? ___Yes ___No
- k) Are your financial statements audited by an independent CPA? ___Yes ___No
- l) Does the independent CPA provide a Management Letter? If "Yes", please attach the most recent copy along with management's response to the letter. ___Yes ___No
- m) Do you have an internal audit department or someone with internal audit responsibilities? ___Yes ___No
If "Yes", what is the staff size? _____ Are all locations audited? ___Yes ___No
- n) For new employees, are background checks conducted? If "Yes" does it include: ___Yes ___No
 - prior employment verification? ___Yes ___No
 - criminal history? ___Yes ___No
 - drug testing? ___Yes ___No
- o) Please mark any of the following characteristics or exposures that apply to your company's operations:

- Precious metals/gemstones high unit value, portable inventory Narcotics/pharmaceuticals
 Art or other collectibles warehouse/distribution operations manufacturing operations
- p) Do you take care and custody of clients' property? Yes No
 If "Yes", does care and custody occur; On premises On clients' premises (please check)
- q) Please describe in detail the services you provide for clients: _____

- r) What is the maximum amount of money/securities at any one location?
 Money: _____
 Securities: _____ Negotiable Instruments: _____

(If the answer is "No" to any of questions b) through n), please provide details.)

9) KIDNAP AND RANSOM/EXTORTION COVERAGE PART (Complete Only if this Coverage Part is Requested)

- a) Has there ever been a prior kidnapping, extortion or detention incident? Yes No
- b) Has there ever been any threat or attempt at a kidnapping, extortion or detention? Yes No
- c) Are there any current threats or incidents regarding kidnapping, extortion or detention? Yes No
- d) Are any of the proposed insureds likely kidnapping prospects because of business, outside interests or other activities? Yes No
- e) Are any operations to be insured involved in the production of food, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No

If yes to any of the above, please provide details:

Please complete the following regarding the foreign travel of the Company's employees:

Country	Number of Trips/Year	Average Length of Stay	Number of Employees Traveling
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the Company's security precautions taken for foreign travel:

Please complete the following regarding the Company's foreign locations :

Country	Number of Employees	Number of Locations
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the Company's security precautions taken at foreign locations:

10. PREVIOUS INSURANCE:

Please provide the following details regarding the Company's Current Insurance programs:

<u>PRODUCT</u>	<u>INSURER</u>	<u>LIMIT</u>	<u>SIR</u>	<u>PERIOD FROM/TO</u>	<u>PREMIUM</u>
D&O	_____	_____	_____	_____	_____
EPL	_____	_____	_____	_____	_____
Fiduciary	_____	_____	_____	_____	_____
MPL/E&O	_____	_____	_____	_____	_____
GL	_____	_____	_____	_____	_____
Work Comp	_____	_____	_____	_____	_____
Fidelity/Crime	_____	_____	_____	_____	_____
Kidnap and Ransom/Extortion	_____	_____	_____	_____	_____

11. PRIOR KNOWLEDGE (RENEWAL APPLICANTS: Question 11. need not be answered).

Does anyone for whom insurance is being applied have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may rise to a claim which may fall within the scope of coverage of the proposed insurance? Yes No.

If yes, provide complete details.

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLIGENCE, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR.

12. LOSS HISTORY (RENEWAL APPLICANTS: Question 12. need not be answered). If yes, provide complete details.

- a) Provide details of any actual or potential claims reported under prior insurance for which this policy would provide coverage (if none, so state).

Applicable to Liability Coverage Parts Only:

- c) Are there any pending claims or demands against the Company or anyone for whom this insurance is intended that may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? Yes No.
- d) Has anyone for whom this insurance is intended 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 being made against the Company and/or anyone for whom this insurance is intended? Yes No.

REGARDING THESE QUESTIONS C & D, IT IS AGREED THAT IF ANY SUCH CLAIMS, DEMANDS OR NOTICES EXIST, ANY CLAIM BASED UPON, ARISING FROM OR IN ANY WAY RELATED TO SUCH MATTERS SHALL BE EXCLUDED FROM THE INSURANCE BEING APPLIED FOR. THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES **NOT** CONSTITUTE NOTICE TO THE COMPANY OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY. IF YOU INTEND TO NOTICE A CLAIM OR POTENTIAL CLAIM FOR POSSIBLE COVERAGE, PLEASE COMPLY WITH THE NOTICE OF CLAIM CONDITIONS/PROVISIONS FOUND IN YOUR POLICY, BY SENDING WRITTEN NOTICE OF SUCH TO THE CLAIMS DEPARTMENT AT THE HARTFORD, HARTFORD FINANCIAL PRODUCTS, 2 PARK AVENUE, NEW YORK, NEW YORK 10016.

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 (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. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER.

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 A PART OF THE POLICY.

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

THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR THE PRESIDENT OF THE COMPANY

SIGNATURE _____

TITLE: _____ DATE _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

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