



REQUEST FOR A NON-BINDING PREMIUM INDICATION
PRIVATE CHOICE PLUS POLICY

This non-binding premium indication is open to Corporations and Limited Liability Companies whose securities are not offered to the public. Financial Institutions and Technology Companies are not eligible for a non-binding indication under this worksheet. Publicly traded companies, Financial Institutions and Technology companies must complete a long form application.

General Information

Firm Name: _____

City:

State & Zip:

Description
of Operations:

SPECIMEN

Do you currently carry D&O or EPLI Coverage? _____

As of the End of the Firm's Last Fiscal Year:

Total Assets: _____

Total Liabilities: _____

Gross Revenues: _____

Net income Before Taxes: _____

D&O Information:

Total Number of Shareholders: _____

% Of Shares Owned by D&O: _____

EPLI Information:

Total Number of Full Time Employees: _____

Total Number of Part Time Employees: _____

Total Number of Employees in TX, MI or CA: _____

Annual Employee Turnover % Last Year: _____

The Previous Year: _____

Do You Maintain and Distribute an Employee Handbook? _____

Fiduciary Information (optional):

| Type of Plan * | Plan Name | Total Assets | Qualified Plan (Y/N) | Investments in Employer Securities Y/N | Trustee/ Plan Administrator |
|----------------|-----------|--------------|----------------------|--|-----------------------------|
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*Type of Plan: DB = Defined Benefit DC = Defined Contribution W= Welfare Benefit O= Other

Claims Information:

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During the past three years has this firm been involved in any D&O, EPLI or Fiduciary Liability related litigation? _____

Disclaimer

THIS IS NOT AN APPLICATION FOR INSURANCE! THIS DOCUMENT PROVIDES BASIC INFORMATION FOR THE PURPOSE OF OBTAINING A NON-BINDING PREMIUM INDICATION. SUCH INDICATION IS NOT BINDING ON THE HARTFORD FIRE INSURANCE COMPANY AND ITS AFFILIATES AND SUBSIDIARIES (“THE HARTFORD”) AND DOES NOT OBLIGATE THE HARTFORD TO ISSUE AN INSURANCE POLICY. TO OBTAIN AN ACTUAL QUOTE FOR INSURANCE, IT IS NECESSARY TO SUBMIT A PROPERLY COMPLETED APPLICATION AND ALL OF THE SUPPORTING DOCUMENTATION REQUESTED THEREIN. THE TERMS OF ANY QUOTE MAY VARY CONSIDERABLY FROM ANY INDICATIONS WHICH WERE PREVIOUSLY RECEIVED.

Agent Information:

Agent Name: _____

Agency Name: _____

Telephone #: _____ Fax #: _____