DIRECTORS & OFFICERS LIABILITY SUPPLEMENTAL

Complete with CWCO-SUP-CORE. This coverage provides claims-made protection; defense costs reduce and may exhaust the limit of liability and apply against the retention. Attach CWCO-SUP-EPLI if emplo

NAME OF APPLICANT COMPANY	NATURE OF BUSINESS / NAICS CODE	YEAR & STATE OF INCORPORATION

ADDRESS	CITY	STATE / ZIP	WEBSITE

PRIMARY CONTACT — NAME & TITLE	PRIMARY CONTACT EMAIL

A COVERAGE REQUESTED

COVERAGE PART	REQUESTED?	LIMIT REQUESTED ($)	CURRENTLY PURCHASED?	CURRENT LIMITS ($)	CURRENT RETENTION ($)

Complete a row for each coverage part of interest: Directors, Officers & Entity Liability; Employment Practices Liability; Fiduciary Liability; Crime; Kidnap & Ransom/Extortion; Cyber.

RETROACTIVE DATE REQUESTED	CURRENT CARRIER (IF RENEWING)	CURRENT ANNUAL PREMIUM ($)

A1 Does an Applicant or any natural person for whom insurance is intended have knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty, or other matter that may give rise to a claim? ☐ Yes ☐ No

IF YES, EXPLAIN

A 'Yes' answer excludes any resulting claim from the coverage requested, or limits the exclusion to the increase over current limits for renewing applicants.

B APPLICANT & SUBSIDIARY INFORMATION

SUBSIDIARY / AFFILIATE NAME	NATURE OF BUSINESS	DATE CREATED / ACQUIRED	% OWNED BY APPLICANT	LOCATION OF INCORPORATION	LOCATION OF OPERATIONS

US-BASED EMPLOYEES	US LOCATIONS	FOREIGN EMPLOYEES	FOREIGN LOCATIONS

B1 Within the past 24 months, or anticipated in the next 24 months: has the applicant experienced a merger, acquisition, sale of assets, or similar transaction? ☐ Yes ☐ No

IF YES, EXPLAIN

B2 Within the past 24 months, or anticipated in the next 24 months: has the applicant experienced any financial restructuring, reorganization, or bankruptcy filing? ☐ Yes ☐ No

IF YES, EXPLAIN

B3 Within the past 24 months, or anticipated in the next 24 months: has the applicant experienced any downsizing, layoffs, reduction in force, or facility closings? ☐ Yes ☐ No

IF YES, EXPLAIN

B4 Has the applicant, or any vendor on its behalf, used, collected, or sold biometric information within the past 24 months, or does it anticipate doing so? ☐ Yes ☐ No

IF YES, EXPLAIN

C FINANCIAL INFORMATION

Attach the applicant's most recent financial statement and CPA opinion.

LINE ITEM	MOST RECENT FISCAL YEAR END ($)	PRIOR FISCAL YEAR END ($)

Complete rows for: current assets; goodwill; total assets; current liabilities; long-term debt; total liabilities; retained earnings; shareholder equity; total revenues; net income after taxes.

MOST RECENT FISCAL YEAR END (MM/YYYY)	PRIOR FISCAL YEAR END (MM/YYYY)	EARNINGS BEFORE INTEREST & TAXES ($)

D OWNERSHIP STRUCTURE

SHAREHOLDER NAME / ENTITY	% HELD	ENTITY TYPE (CORP / VC FUND / TRUST / PARTNERSHIP / OTHER)	DIRECTOR/OFFICER OR BOARD REPRESENTATION?

D1 Within the past 24 months, or anticipated in the next 12 months, has the applicant completed or does it anticipate a public or private offering of securities (IPO, secondary exchange, crowdfunding, or crypto-token offering)? ☐ Yes ☐ No

IF YES, EXPLAIN

D2 Is the applicant currently, or has it been within the past 12 months, in breach or violation of any debt covenant, loan agreement, or other material contractual obligation? ☐ Yes ☐ No

IF YES, EXPLAIN

E LITIGATION & REGULATORY HISTORY

Provide full details on a separate sheet for any 'Yes' answer below.

E1 Has the applicant, or any natural person for whom this insurance is intended, been involved in any antitrust, copyright, or patent litigation? ☐ Yes ☐ No

IF YES, EXPLAIN

E2 Has the applicant, or any natural person for whom this insurance is intended, been involved in any civil or criminal action or administrative proceeding alleging violation of a federal or state securities law or regulation? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Has the applicant, or any natural person for whom this insurance is intended, been involved in any representative action, class action, or derivative suit? ☐ Yes ☐ No

IF YES, EXPLAIN

E4 Has the applicant, or any natural person for whom this insurance is intended, been involved in any other litigation not described above? ☐ Yes ☐ No

IF YES, EXPLAIN

E5 Is the applicant or any subsidiary a defendant in any lawsuit which, if the allegations were proven, could materially affect the financial condition of the company? ☐ Yes ☐ No

IF YES, EXPLAIN

E6 During the past 3 years, has the applicant or any subsidiary been, or does it anticipate being, placed under a Cease and Desist Order, Consent Order, Supervisory Agreement, or Memorandum of Understanding with a regulator? ☐ Yes ☐ No

IF YES, EXPLAIN

F GOVERNANCE

F1 Have there been any changes in the Board of Directors or senior management within the past 3 years for reasons other than death or retirement? ☐ Yes ☐ No

IF YES, EXPLAIN

F2 Is any shareholder a trust that qualifies as an Employee Stock Ownership Plan (ESOP) under ERISA, or that holds securities for the benefit of employees? ☐ Yes ☐ No

IF YES, EXPLAIN

F3 Does the Board have an audit committee, and have all findings from any internal or external audit been addressed by the Board? ☐ Yes ☐ No

IF YES, EXPLAIN

F4 Does the Board maintain a procedure to bring material issues before the full Board for regular discussion, evaluation, and action? ☐ Yes ☐ No

NUMBER OF BOARD SEATS	NUMBER OF INDEPENDENT DIRECTORS	D&O LEGAL COUNSEL / FIRM

G EMPLOYMENT PRACTICES SCREENING

These questions determine whether CWCO-SUP-EPLI is required. Full employment practices underwriting is captured there.

TOTAL EMPLOYEES (CURRENT / ONE YEAR AGO)	EMPLOYEES EARNING $200,000+ ANNUALLY

G1 Is Employment Practices Liability coverage requested with this submission? (if yes, attach CWCO-SUP-EPLI) ☐ Yes ☐ No

G2 Has the applicant experienced any complaints, charges, or hearings involving employment practices in the past 3 years, including any civil complaint, class or multi-claimant action, or government agency proceeding? ☐ Yes ☐ No

IF YES, EXPLAIN

H FIDUCIARY & CRIME SCREENING

Complete only if Fiduciary Liability or Crime coverage is requested.

PLAN NAME	PLAN TYPE (DB/DC/WELFARE/ESOP/OTHER)	# PARTICIPANTS	PLAN ASSETS ($)	PLAN STATUS (ACTIVE/MERGED/TERMINATED/FROZEN)

H1 Has the applicant, any plan, or any plan fiduciary been accused of, or found guilty of, a breach of fiduciary duty or violation of ERISA? ☐ Yes ☐ No

IF YES, EXPLAIN

H2 Has the applicant discovered or sustained a crime or fidelity loss within the last 36 months? ☐ Yes ☐ No

IF YES, EXPLAIN

H3 Are the applicant's financial statements audited annually by a CPA? ☐ Yes ☐ No

H4 Is the authority to initiate and approve a wire transfer separated among different employees, with written procedures for proper handling? ☐ Yes ☐ No

IF YES, EXPLAIN

I LOSS HISTORY

Attach currently-valued loss runs for the last 5 years for any coverage part requested.

I1 Have there been any claims that may fall within the scope of the coverage requested? ☐ Yes ☐ No

IF YES, EXPLAIN

I2 Has any insurer cancelled or refused to renew Directors and Officers, Employment Practices, Fiduciary, Crime, or similar management liability insurance within the past 36 months? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

I3 Are there any pending claims or demands against the applicant, or any person for whom this insurance is intended, that fall within the scope of any prior or current policy? ☐ Yes ☐ No

IF YES, EXPLAIN

I4 Has the applicant, or any person for whom this insurance is intended, given notice under any prior policy of facts or circumstances that may give rise to a claim? ☐ Yes ☐ No

IF YES, EXPLAIN

POLICY TERM	CARRIER	COVERAGE PART	LIMITS	RETENTION	PREMIUM ($)

NARRATIVE FOR EACH CLAIM OR CIRCUMSTANCE IDENTIFIED ABOVE — ALLEGATION, RESOLUTION OR CURRENT STATUS

J ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — RECENT GOVERNANCE CHANGES, D&O CLAIMS HISTORY CONTEXT, OR PLANNED CORPORATE ACTIONS

K REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This application must be signed by the Chief Executive Officer, Chief Financial Officer, Owner, Controller, President, or Board Chairman.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE | DATE

PRODUCER — CORY WASHINGTON & CO. LLC | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE