

**MANAGEMENT LIABILITY
ESOP SUPPLEMENTAL APPLICATION**

Atlantic Specialty Insurance Company
(Stock company owned by Intact Insurance Group USA, LLC)



Intactspecialty.com/management-liability

THIS SUPPLEMENTAL APPLICATION IS PART OF THE MANAGEMENT LIABILITY APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

Application Instructions:

Whenever used in this Application, the term "Applicant" shall mean the Named Organization and all Subsidiaries, as defined by the Policy, unless otherwise stated.

I. GENERAL INFORMATION

1. Name of Applicant:
(as identified in the Management Liability Application submitted for the proposed insurance)
2. Please attach the latest independent stock appraisal performed for the Employee Stock Ownership Plan ("ESOP")

II. ESOP INFORMATION

3. Date the ESOP was (or will be) established: _____
4. At the time the ESOP was (or will be) established, did (will) the Applicant terminate any employee benefit plan(s)? Yes No
If "Yes," please attach details.
5. Percentage of the Applicant that is (or will be) owned by the ESOP: _____%
6. Is (or will) the ESOP (be) leveraged? Yes No
If "Yes", please answer the following:
 - a. Please provide detailed information regarding the ESOP, including but not limited to, the structure of the loan, if seller financing was (or is) needed (via seller notes or other), amount borrowed, financing terms, covenant restrictions including any current non-compliance and waivers, balances due, loan defaults and lenders.
 - b. Has (or will) the loan been (be) guaranteed by the sponsor organization? Yes No
7. Is (or will) the ESOP trustee (be) an independent representative? Yes No
If "No," does the ESOP trustee also sit on the Applicant's Board of Directors? Yes No
8. Does (or will) the ESOP have any provision in which the ESOP participants cannot immediately liquidate his or her ESOP holdings (i.e. lockout or blackout periods)? Yes No
If "Yes", please provide specific details:
9. Who votes (or will vote) for the shares held by the ESOP?
 - a. Allocated Shares:
 - b. Unallocated Shares:
10. Is an independent valuation of the stock performed at least annually? Yes No
11. What was the value of the Applicant's stock at:

	Per Share Value	Total ESOP Value	Date of Valuation
Most Recent Fiscal Year			
Prior Fiscal Year:			
Date of ESOP Formation:			

III. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE AND TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

IV. SIGNATURE AND AUTHORIZATION

The undersigned, as the authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, the Applicant must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance. Note this sentence does not apply to Maine Applicants.

NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

THE UNDERWRITER AND THE APPLICANT AGREE THAT THIS APPLICATION MAY BE ELECTRONICALLY SIGNED AND THAT AN ELECTRONIC SIGNATURE APPEARING ON THIS APPLICATION IS THE SAME AS A HANDWRITTEN SIGNATURE FOR PURPOSES OF VALIDITY, ENFORCEABILITY AND ADMISSIBILITY.

TO ELECTRONICALLY SIGN THIS APPLICATION, THE APPLICANT'S AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING THEIR NAME, TITLE AND THE DATE BELOW.

An electronic signature is a simple as:

1. Check the box.
2. Type authorized agent's name/title and the date below.

The box must be checked by the chairperson, president, CEO or CFO of the Named Organization (or equivalent positions thereof).

AUTHORIZED AGENT ELECTRONIC SIGNATURE AND ACCEPTANCE

Name/Title	
Date	

IF THE APPLICANT DOES NOT WANT TO SIGN THIS APPLICATION ELECTRONICALLY, THE APPLICANT'S AUTHORIZED AGENT SHOULD TYPE THEIR NAME, TITLE AND THE DATE ABOVE, SIGN BELOW AND PROVIDE A SCANNED OR PAPER COPY TO THE APPLICANT'S AGENT OR BROKER.

By (Authorized Signature) _____

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHAIRPERSON, PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE NAMED ORGANIZATION (OR EQUIVALENT POSITIONS THEREOF) ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.