

APPLICANT INFORMATION

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| Applicant Name: | | |
| Street Address: | Suite/Unit/Floor #: | |
| City: | State: | ZIP Code: |

BUSINESS INFORMATION

Complete the following questions for all Applicants (including subsidiaries) as of the month end closest to the date of this Application:

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| 1. a. Total Number of Locations: | b. Total Employees not including Independent Contractors: | c. Independent Contractors: |
| d. Total Assets: \$ | e. Equity: \$ | f. Servicing Volume: \$ |

Complete the following for all Applicants (including subsidiaries) for the preceding 12-month period starting with the month end closest to the date of this Application:

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|-------------------|--------------------------|---------------------------|
| 2. a. Revenue: \$ | b. Net Income (Loss): \$ | c. Origination Volume: \$ |
|-------------------|--------------------------|---------------------------|

If you answer "No" to any part of Question 3, please attach an explanation as to each Applicant (including subsidiaries).

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| 3. a. Do you verify the legal existence and ownership of a new vendor through publicly available sources before processing any payments to that vendor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. With regards to the verification of the legal existence and ownership of new vendors, is this verification conducted by someone other than the employee authorized to submit vendor invoices for payment and/or issue payment to vendors? If "No", we suggest your organization adopt these controls to prevent fraud. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

COVERAGE SPECIFIC INFORMATION

If you answer "Yes" to any of the following Questions, please attach an explanation as to each Applicant (including subsidiaries).

All Coverages (Including Professional Liability Coverage)

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| 4. During the 18-month period preceding the date of this Application, has any Applicant contemplated, agreed to or completed any of the following: | | |
| a. Any merger, acquisition, divestiture, registration for a public or private offering (stocks or bonds), creation of any entity or investment vehicle, change in ownership, change to the board of directors or senior management (CEO, CFO, Pres.) or any other material change to the Applicant's corporate structure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Any material changes to the Applicant's business practices, professional services (including new products, loan types, or licensing), loan portfolio composition, investment fund asset mix, or capital sources? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Fidelity Bond Coverage

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| 5. Any material changes in policies or procedures utilized by the Applicant regarding cash and accounting oversight including policies and procedures related to internal controls and audits, fraud detection, reconciliation of accounts, disbursements of funds, or segregation of duties? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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Directors & Officers Liability Coverage

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| 6. During the 12-month period preceding the date of this Application, has any Applicant contemplated, agreed to or completed: any reorganization or arrangement with creditors under federal or state law, or any breach or violation of any debt covenant, loan agreement or other material contractual obligation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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Employment Practices Liability Coverage

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| 7. During the 12-month period preceding the date of this Application, has any Applicant completed any material changes to the Applicant's Employee Handbook or employment policies, procedures, training programs, or turnover rates? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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Fiduciary Liability Coverage

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| 8. During the 12-month period preceding the date of this Application, has any Applicant contemplated, agreed to or completed any material changes to any retirement plan or other benefit plan or to the administration of any plans (including the creation, termination, sale, transfer, or amendment of any plan)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

Cyber Liability Coverage

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| 9. During the 12-month period preceding the date of this Application, has any Applicant completed any material changes to the Applicant's computer network or computer system protocols, practices, or security measures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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| 10. State the approximate number of records (persons) whose Personally Identifiable Information (PII) the Applicant currently processes or stores per year: |
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IMPORTANT NOTICE AND SIGNATURE

The Applicant declares that the statements set forth herein are true. If any information in this Application changes prior to the inception date of any Policy issued by Underwriters, the Applicant will notify Underwriters of such changes and Underwriters may modify or withdraw any outstanding quotation. Signing of this Application does not bind the Applicant or Underwriters to complete any Policy, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and it will become part of any such Policy. All written statements and materials furnished to Underwriters in conjunction with this Application, or in conjunction with any prior application by the Applicant for insurance coverage, are hereby incorporated by reference into this Application and made a part hereof.

Authorized Signature of the Applicant (Must be a Principal or Officer of the Applicant)

Title of Signatory

Printed Name of Signatory

Date of Signature