



Name of Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

**PRIOR KNOWLEDGE/WARRANTY.** It is important that you fill in the blank in this paragraph. With respect to the **Outside Entity** positions listed below and/or attached, I am not aware of any facts or circumstances which I have reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: **(If no exceptions please state so.)** \_\_\_\_\_

**It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**Outside Entity** \_\_\_\_\_  
and Address \_\_\_\_\_

Position Requested \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Ownership:  Public  Private

Does **Outside Entity** provide indemnification?  Yes  No.

Does **Outside Entity** maintain D&O Insurance?  Yes  No. If yes, provide details: \_\_\_\_\_

Has **Outside Entity** or its D&Os been involved in any D&O litigation?  Yes  No. If yes, provide details including loss payment: \_\_\_\_\_

**Outside Entity** \_\_\_\_\_  
and Address \_\_\_\_\_

Position Requested \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Ownership:  Public  Private

Does **Outside Entity** provide indemnification?  Yes  No.

Does **Outside Entity** maintain D&O Insurance?  Yes  No. If yes, provide details: \_\_\_\_\_

Has **Outside Entity** or its D&Os been involved in any D&O litigation?  Yes  No. If yes, provide details including loss payment: \_\_\_\_\_

---

**Outside Entity** \_\_\_\_\_  
and Address \_\_\_\_\_

Position Requested \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Ownership:  Public  Private

Does **Outside Entity** provide indemnification?  Yes  No.

Does **Outside Entity** maintain D&O Insurance?  Yes  No. If yes, provide details: \_\_\_\_\_

Has **Outside Entity** or its D&Os been involved in any D&O litigation?  Yes  No. If yes, provide details including loss payment: \_\_\_\_\_

---

**Outside Entity** \_\_\_\_\_  
and Address \_\_\_\_\_

Position Requested \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Ownership:  Public  Private

Does **Outside Entity** provide indemnification?  Yes  No.

Does **Outside Entity** maintain D&O Insurance?  Yes  No. If yes, provide details: \_\_\_\_\_

Has **Outside Entity** or its D&Os been involved in any D&O litigation?  Yes  No. If yes, provide details including loss payment: \_\_\_\_\_

---

**Outside Entity** \_\_\_\_\_  
and Address \_\_\_\_\_

Position Requested \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Ownership:  Public  Private

Does **Outside Entity** provide indemnification?  Yes  No.

Does **Outside Entity** maintain D&O Insurance?  Yes  No. If yes, provide details: \_\_\_\_\_

Has **Outside Entity** or its D&Os been involved in any D&O litigation?  Yes  No. If yes, provide details

including loss payment: \_\_\_\_\_  
\_\_\_\_\_