

**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.

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

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 established: _____
- 4. At the time the ESOP was established, did the Applicant terminate any employee benefit plan(s)? Yes No
If "Yes," please attach details.
- 5. Percentage of the Applicant that is owned by the ESOP: _____%
- 6. Is the ESOP leveraged? Yes No
If "Yes:"
 - a. Please provide detailed information regarding the ESOP, including but not limited to, the structure of the loan, if seller financing was 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 the loan been guaranteed by the sponsor organization? Yes No
- 7. Is an independent valuation of the stock performed at least annually? Yes No

8. What was the value of the Applicant's stock at:

	VALUE	DATE OF VALUATION
a. The most recent valuation:	\$	
b. The prior valuation:	\$	
c. The effective date of the ESOP:	\$	

- 9. Who votes the shares held by the ESOP?
 - a. Allocated Shares: _____
 - b. Unallocated Shares: _____
- 10. Is the ESOP trustee an independent representative? Yes No
If "No," does the ESOP trustee also sit on the Applicant's Board of Directors? Yes No
- 11. Does 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:

III. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the application submitted by or on behalf of the Applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

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.

MAINE APPLICANTS: 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.

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.

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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.