



**RENEWAL Form 904 INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

**UNDERWRITTEN IN FEDERAL INSURANCE COMPANY OR VIGILANT INSURANCE COMPANY**

**INSURANCE COMPANY PROFESSIONAL LIABILITY COVERAGE IS WRITTEN ON A CLAIMS-MADE BASIS. EXCEPT AS OTHERWISE PROVIDED, THIS POLICY WILL COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE READ IT CAREFULLY.**

**DEFENSE COST PROVISION:**

**PLEASE NOTE THAT THE DEFENSE COST PROVISION OF THIS POLICY STIPULATES THAT THE LIMITS OF LIABILITY MAY BE COMPLETELY EXHAUSTED BY THE DEFENSE COSTS. ANY DEDUCTIBLE MAY BE SIMILARLY REDUCED OR EXHAUSTED BY DEFENSE COSTS**

**A. GENERAL INFORMATION**

- 1)
  - a) Name of Applicant:
  - b) Address of Applicant:
 

	(Street Address)	(City)	(State)	(Zip Code)
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  - c) Name and Title of Authorized Representative:
  - d) Date Applicant Established :
  - e) Name of Agent :
- 2) Please complete the Schedule of Subsidiaries under Section C.
- 3) Renewal Limits Requested:
  - a) Insuring Clause 1: Insurance Services \$
  - b) Insuring Clause 2: Financial Services \$
  - c) Deductible Amount Requested: \$
- 4)
  - a) AM Best Rating: \_\_\_\_\_ Date: \_\_\_\_\_
  - b) Claims paying ability rating: \_\_\_\_\_ Rating Agency: \_\_\_\_\_ Date: \_\_\_\_\_
- 5) During the past policy period, has there been a change in controlling ownership, merger, acquisition, consolidation or divestiture?  YES  NO  
 If yes, please provide, on a separate sheet, full details.
- 6) Has the Applicant or any Subsidiary entered into any new classes of business in the past 3 years?  YES  NO  
 If yes, please provide, on a separate sheet, full details.
- 7) Provide the following information:
 

	Total Assets	Written Premium	Surplus	Operating Income
Year to Date:				
Prior Year End:				
- 8)
  - a) Please list all regulatory examinations during the previous 12 months. (If necessary, please attach separate sheet)  
 Date: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_ Agency: \_\_\_\_\_
  - b) Have all recommendations or criticisms of the last examination been complied with as respects the Applicant and Subsidiaries?  YES  NO
  - c) Please attach a copy of recommendations and management’s response.
- 9)
  - a) Approximate number of claims handles during the previous 12 months.
  - b) Approximate number of safety engineering and loss control inspections during the previous 12 months.



**AMBASSADOR INVESTMENT CAPTIVE CORPORATION**

391 N.W. 179th Avenue, Beaverton, Oregon, 97 006, United States of America

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- 10) What new Insurance Services is the Applicant or any of its Subsidiaries currently offering or planning to offer since last years' Application?
  
  - 11) What the new Financial Services is the Applicant or any of its Subsidiaries currently offering or planning to offer since last years' Application?
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**B. OTHER INFORMATION**

- a) Latest Annual Report.
- b) Latest Convention Statement.
- c) Latest CPA Management Letter and Responses.
- d) Updated Organizational Chart including all Subsidiaries.





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The undersigned persons declare that to the best of their knowledge the statements set forth herein in all sections of this RENEWAL APPLICATION (AICC Form 904) and in any attachments to this RENEWAL APPLICATION are true and correct, and that reasonable effort have been made to obtain sufficient information from each and every Director or Officer proposed for this insurance to facilitate the proper and accurate completion of this RENEWAL APPLICATION. The undersigned further agree that, if between the date of this RENEWAL APPLICATION and the effective date of this Policy, (1) any material change in the condition of the Applicant is discovered, or (2) there is any material change in the answers to the questions contained herein, either of which would render this RENEWAL APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately and, if necessary, any outstanding quotation may be modified or withdrawn.

The signing of this RENEWAL APPLICATION does not bind the undersigned to purchase the insurance, but it is agreed by the Applicant and all persons proposed for this insurance, that the particulars and statements contained in this RENEWAL APPLICATION and the attachments and materials submitted with this RENEWAL APPLICATION which shall be retained on file by the Company, be the basis of the Policy, and will be considered as incorporated in and constituting a part of the Policy. It is further agreed by the Applicant and all persons proposed for this insurance that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements. All such particulars and statements shall be deemed to be made by each and every one of the persons proposed for this insurance provided that, except for any misstatements or omission of which the signers of this RENEWAL APPLICATION are aware any misstatement or omission in this RENEWAL APPLICATION, or the attachments and materials submitted with it, concerning any matter which any person proposed for this insurance has reason to suppose might afford grounds for a future claim against him shall not be imputed, for purposes of any recession of the Policy, to any other persons proposed for this insurance who are not aware of the omission or the falsity of the statement.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

**False Information:**

**Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.**

**False Information (Florida Only):**

**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.**

**False Information (Louisiana Only):**

**Any person who, knowingly and with intent to deceive any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.**

**False Information (Maine Only):**

**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 denial of insurance benefits.**

**False Information (Nebraska Only):**

**Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, when such person subsequently submits a claim.**

**False Information (New York Only):**

**Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact 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.**

**False Information (Pennsylvania Only):**

**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 material fact thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.**

\_\_\_\_\_  
Signature of Chief Executive Officer or Chairman, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of General Counsel

\_\_\_\_\_  
Date

A Policy cannot be issued unless the RENEWAL APPLICATION is properly signed and dated by the Chief Executive Officer or Chairman, Board of Directors; and General Counsel.

NOTE: This RENEWAL APPLICATION and all exhibits shall be treated in strictest confidence.