Participating Members of Lions Clubs Directors & Officers Liability Program
$1,000,000 Limit Per Claim/Aggregate

Legal Name of Club, District or Foundation to be insured:
________________________________________________________

Address of Insured Entity Named Above
________________________________________________________

Club Representative Name and Title __________________________________________________

Phone # __________________ Fax # __________________ Email ________________________

Requested Effective Date ______________________________

Warranty Statement

1. Does the Organization or any proposed Insured have knowledge of any Federal, State or local legal proceedings, investigations or claims against the Organization and/or any proposed Insured during the past three years? If “Yes”, please attach details.

   PERTAINING TO QUESTION 1, IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

   Yes  No

2. Is the undersigned or any proposed Insured aware of any fact, circumstance or situation involving the Organization or its Subsidiaries or any proposed Insured which he or she has reason to believe might result in a future Claim? If "Yes", please attach details.

   IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED UNDER THE PROPOSED COVERAGE.

   Yes  No

3. Are the total assets of this Organization greater than $1,000,000 or is the annual Salary Expense greater than $250,000? If “Yes”, then you may not be eligible.

   Yes  No

If you answered “Yes” to any of the above, then your organization will be reviewed on an individual basis.

By __________________________  ________________________
SIGNATURE OF PRESIDENT/ OFFICER  PRINTED NAME OF PRESIDENT/ OFFICER

Date ________________________________

THE LIONS DIRECTORS & OFFICERS PROGRAM HAS A COMMON EXPIRATION DATE OF MAY 1.

<table>
<thead>
<tr>
<th>Select One</th>
<th>CLUB/DISTRICT MEMBERS</th>
<th>DIRECTORS AND OFFICERS LIABILITY ANNUAL PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-25 Members</td>
<td>$400</td>
</tr>
<tr>
<td></td>
<td>26-50 Members</td>
<td>$450</td>
</tr>
<tr>
<td></td>
<td>51-75 Members</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>76-100 Members</td>
<td>$550</td>
</tr>
<tr>
<td></td>
<td>101+ Members</td>
<td>$750</td>
</tr>
</tbody>
</table>

To add Crime Coverage, please check the respective box

<table>
<thead>
<tr>
<th>Select One</th>
<th>CRIME LIMIT OF INSURANCE</th>
<th>CRIME ANNUAL PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$25,000 Limit*</td>
<td>$175</td>
</tr>
<tr>
<td></td>
<td>$50,000 Limit*</td>
<td>$300</td>
</tr>
</tbody>
</table>

*$500 deductible

STEPs TO OBTAIN COVERAGE:

1. Select the appropriate box in the table to the left for D&O Coverage and Crime Coverage if desired.

2. Email this signed and dated application to lionsclubs@dspins.com or fax to 847-934-6186

3. You will receive confirmation that your application has been received and advised of your pro-rated policy premium based on your effective date and an expiration date of May 1.

4. Return the above mentioned confirmation along with your check payable to ‘DSP Insurance Services’—coverage will not be effective before payment is received.

If you have any questions regarding this insurance policy application, please feel free to contact:
Jeannene Miller at DSP Insurance Services 847-485-2373 or Bryan Adams at DSP Insurance Services 847-485-2374