



# ExecPro™ Proposal Form

Directors, Officers, Insured Entity and  
Employment Practices Liability Insurance Policy

## PRIVATE CORPORATION PROPOSAL FORM

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Internet Website address: \_\_\_\_\_

The Officer designated as agent of the Company and of all Insured Persons to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

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

### Part B – BULBULBING INSURANCE FORM

1. The Company has continuously operated since: \_\_\_\_\_

2. (a) Nature of business: \_\_\_\_\_  
\_\_\_\_\_

(b) Primary SIC Code(s): \_\_\_\_\_

3. Stock ownership of **Wabtec**, check box  and refer to (a) Question No. 4.)

(a) Number of common shares outstanding: \_\_\_\_\_

(b) Number of common shareholders: \_\_\_\_\_

(c) Number of common shares owned by the Directors and Officers: \_\_\_\_\_

(d) Does any shareholder own, directly or beneficially, 10% or more of any class of the Company's stock?  Yes  No  
 "Yes" is an attachment to this Proposal Form, provide name(s), percentage of holdings and, if applicable, indicate the shareholder's representative on the Board of Directors.

4. Have there been any changes in senior management (Board Chairman, President, Executive Vice President, etc.) in the last three years (or sooner, other than death or retirement or the normal retirement age)?  Yes  No  
 "Yes", provide details in an attachment to this Proposal Form.

5. In an attachment to this Proposal Form, provide a listing of the names and principal business affiliations, including descriptions of other corporations, for all Directors and Senior Officers of the Company.

6. By attachment to this Proposal Form, provide the name, percentage of direct or indirect ownership, and nature of operations of all Subsidiaries (including Subsidiaries of Subsidiaries).  "None", please indicate.  Yes

**IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR MEMBERS AND THEIR EYESHOTS IN THE APPLICABLE EMPLOYMENT GROUPS.**