

**RENEWAL APPLICATION for
MISCELLANEOUS ERRORS & OMISSIONS INSURANCE**

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

1. Name of Applicant: _____
(as it should appear on the policy)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Web Site: _____

Is firm: Corporation Partnership Individual LLC Other _____

2. Has the firm name changed, or has any merger or consolidation taken place in the last 12 months?
 Yes No

If **Yes**, please provide details including dates and any liabilities assumed.

3. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? If **Yes**, please list all affiliations. Yes No

4. Has the applicant changed the nature of their professional services in any way in the past 12 months? If **Yes**, please provide explanation. Yes No

5. REVENUE

Total Expected Revenue for the upcoming 12 months: \$ _____

Revenue for the last fiscal year: \$ _____

6. Has applicant reported all claims or potential claims to NAS Insurance Services?
 Yes No None to Report

If **No**, please forward notice to NAS Insurance Services immediately.

NETWORK SECURITY & PRIVACY INSURANCE SECTION

NOTE: This section may be omitted if applicant is not interested in obtaining a quote on this coverage.

- 7. Do you employ physical security controls to prevent unauthorized access to computer, networks, data and other sensitive information? Yes No
- 8. Does your company have a firewall and anti-virus program in place? Yes No
 - a. Are these safeguards periodically updated/patched? Yes No
- 9. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes No
- 10. Please estimate the total number of customer and employee records you store, either electronically or in physical files. _____
- 11. Does your company process, store or handle credit card information? Yes No
 - a. If **Yes**, are you compliant with all data security standards issued by the card issuers or financial institutions you do business with? Yes No
- 12. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network? (If **Yes**, please attach details) Yes No

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION WILL BE ATTACHED AND BECOME A PART OF SUCH POLICY, IF ISSUED. UNDERWRITERS HEREBY ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS THEY DEEM NECESSARY.

IT IS WARRANTED THAT THE PARTICULARS AND STATEMENTS CONTAINED IN THE APPLICATION FOR THE PROPOSED POLICY AND ANY MATERIALS SUBMITTED HERewith (WHICH SHALL BE RETAINED ON FILES BY UNDERWRITERS AND WHICH SHALL BE DEEMED ATTACHED HERETO, AS IF PHYSICALLY ATTACHED HERETO), ARE THE BASIS FOR THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY.

IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY UNDERWRITERS AND, AT THE SOLE DISCRETION OF UNDERWRITERS, ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN.

FOR PURPOSES OF CREATING A BINDING CONTRACT OF INSURANCE BY THIS APPLICATION OR IN DETERMINING THE RIGHTS AND OBLIGATIONS UNDER SUCH A CONTRACT IN ANY COURT OF LAW, THE PARTIES ACKNOWLEDGE THAT A SIGNATURE REPRODUCED BY EITHER FACSIMILE OR PHOTOCOPY SHALL BE THE SAME FORCE AND EFFECT AS AN ORIGINAL SIGNATURE AND THAT THE ORIGINAL AND ANY SUCH COPIES SHALL BE DEEMED ONE AND THE SAME DOCUMENT.

Print Name of Insured, Owner, Partner or Principal

Title

Signature

Date