

**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?
 Yes No

If "Yes", please list all affiliations

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. Please provide total expected revenue for the next 12 months: \$ _____

Please provide total revenue for the last fiscal year: \$ _____

6. a. Have any claims, lawsuits, proceedings, actions, complaints, or demands alleging errors or omissions been made against you or any other person or entity proposed for this insurance within the last twelve (12) months? Yes No

b. If "Yes", to question 6(a), have all such claims, lawsuits, proceedings, actions, complaints or demand letters been reported to NAS? Yes No N/A

c. If "No", to question 6(b), please provide full details on a separate page of each matter received within the last twelve (12) months.

NETWORK SECURITY & PRIVACY INSURANCE SECTION

NOTE: This section may be omitted if Applicant is not interested in obtaining a quote for Network Security & Privacy Insurance.

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. If **"Yes"**, 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. If encryption is not in place for databases, servers and data files, are the following compensation controls in place?
- a. Segregation on servers that store confidential information Yes No
- b. Access control with role-based assignments Yes No
12. 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
13. a. Have any claims, lawsuits, proceedings, actions, complaints, demands, or investigations/inquiries regarding security or privacy-related incidents (including denial of service attacks, computer virus infections, theft or loss of confidential information, damage to third-party networks, or the ability of third parties to rely on your network) been made against you or any other person or entity proposed for this insurance within the last twelve (12) months? Yes No
- b. If **"Yes"**, to question 13.a., have all such claims, lawsuits, proceedings, actions, complaints, demand letters, or investigations/inquiries been reported to NAS? Yes No N/A
- c. If **"No"**, to question 13.b., please provide full details on a separate page of each matter received within the last twelve (12) months.

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

THE UNDERSIGNED REPRESENTS THAT THE STATEMENTS, REPRESENTATIONS AND INFORMATION CONTAINED HEREIN, OR ATTACHED TO THIS APPLICATION, ARE TRUE AND COMPLETE, AND THAT REASONABLE EFFORTS HAVE BEEN MADE TO OBTAIN SUFFICIENT INFORMATION TO FACILITATE THE PROPER AND ACCURATE COMPLETION OF THIS APPLICATION.

THE UNDERSIGNED ACKNOWLEDGES THAT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT THE STATEMENTS, REPRESENTATIONS, AND INFORMATION CONTAINED HEREIN, OR SUBMITTED WITHIN THIS APPLICATION (WHICH SHALL BE RETAINED ON FILE BY THE UNDERWRITERS AND SHALL BE DEEMED ATTACHED HERETO, AS IF PHYSICALLY ATTACHED HERETO), ARE MATERIAL TO THE RISK ASSUMED BY THE INSURER; THAT ANY POLICY WILL HAVE BEEN ISSUED IN RELIANCE UPON THE TRUTH THEREOF; AND THAT THIS APPLICATION AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITERS IN CONNECTION WITH THIS APPLICATION SHALL BE DEEMED INCORPORATED INTO AND MADE A PART OF THE POLICY, SHOULD A POLICY BE ISSUED.

THE UNDERWRITERS ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS THEY DEEM NECESSARY.

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION, OR IN ANY ATTACHMENTS, CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE UNDERWRITERS OF SUCH CHANGE, AND THE UNDERWRITERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AGREEMENT TO BIND THE INSURANCE.

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 HAVE 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.

Authorized Director or Officer, Partner or Principal of the Applicant

Title

Signature

Date