

# AXIS PRO®

1201 Walnut, Suite 1800  
Kansas City, Missouri 64106



Telephone: (816) 471-6118  
Toll Free: (866) 282-0565  
Facsimile: (816) 471-6119

Email: [AxisProSubmissions@axiscapital.com](mailto:AxisProSubmissions@axiscapital.com)  
Website: [www.axisproinsurance.com](http://www.axisproinsurance.com)

---

## AXIS PRO® MPL SOLUTIONS RENEWAL APPLICATION

### **WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION:**

#### **CLAIMS MADE POLICY –**

This application is for a CLAIMS MADE POLICY. Claims made coverage applies only to those claims that are first made during the policy period and result from wrongful acts committed after the Retroactive Date stated in the policy, if issued.

#### **DEFINITIONS –**

The words “the **Company**”, whenever used in this application, refer to the Insurance Company offering the claims made policy.

The words “the **Applicant**”, in this application, refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1. above.

#### **RETENTION –**

The coverage the **Applicant** is applying for includes a retention applying to each wrongful act and applies to any combination of damages and claim expenses.

#### **CLAIM EXPENSES WITHIN LIMIT -**

The policy form for which the **Applicant** is applying contains a provision that reduces the total limit of insurance stated in the policy by the amount of claim expenses paid by the **Company**.

#### **APPLICATION FORMS PART OF POLICY –**

The **Applicant's** submission of this application does not obligate the **Applicant** to buy insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers, which may have affected the **Company's** decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

### **INSTRUCTIONS:**

The purpose of this application is not only to provide the **Company** with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the **Company** have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.
4. Please also provide:
  - A. A recent brochure or similar material describing activities or services.
  - B. The **Applicant's** most recent financial statement or annual report.
  - C. Copies of standard contracts the **Applicant** enters into with clients.
  - D. Any other forms or materials which will provide the Underwriter with information about the activities or services the **Applicant** performs.

**APPLICANT(S):**

1. Name of entity completing this application: Delsen Testing Laboratories, Inc.

Street Address: 1024 Grand Central Avenue

City, State, Zip Code: Glendale, CA 91201

Telephone No.:

Website address(es): \_\_\_\_\_

2. Is coverage desired for any subsidiary(ies), affiliate(s), or other related entity(ies) not already named on the policy?  Yes  No

If yes, provide the following information for each: name, city, state, date established, description of operations and relationship to the **Applicant** including percentage of ownership, if applicable. \_\_\_\_\_

\_\_\_\_\_

3. Has the **Applicant** changed its name or acquired, merged or consolidated with any entity that the **Applicant** has not reported to the **Company**? If so, provide the following information if coverage is to be extended.

<u>Name of Entity</u>	<u>Date of Transaction</u>	<u>Type of Transaction (acquisition, merger or consolidation)</u>	<u>Liabilities Assumed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OPERATIONS:**

4. Have there been any changes in the **Applicant's** name, management/technical personnel, operations, standard contracts or subsidiaries and affiliations during the past year, which have not been reported to the **Company**? Are any anticipated in the coming year?  Yes  No

If yes, please provide details regarding the changes: \_\_\_\_\_

\_\_\_\_\_

5. Has the **Applicant** added any certified or licensed professionals to its staff who provide services to the **Applicant's** clients (i.e. architect, engineer, attorney, CPA, medical practitioner, actuary, insurance agent or broker, etc.)?  Yes  No

If yes, describe what services they provide. \_\_\_\_\_

\_\_\_\_\_

6. Provide the following information regarding the **Applicant's** income:

**A. DOMESTIC OPERATIONS**

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$ _____	\$ _____	\$ _____
Gross Expenses	\$ _____	\$ _____	\$ _____
Cost of Products/Goods	\$ _____	\$ _____	\$ _____
Gross billings, sales, fees, commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

**B. FOREIGN OPERATIONS**

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$ _____	\$ _____	\$ _____
Gross Expenses	\$ _____	\$ _____	\$ _____
Cost of Products/Goods	\$ _____	\$ _____	\$ _____
Gross billings, sales, fees, commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

**GENERAL LIABILITY:**

7. Provide the following information for General Liability Coverage currently in force:

**COMPANY** **LIMIT** **DEDUCTIBLE** **POLICY TERM**

Does the policy above include coverage for Products/Completed Operations Hazards?  Yes  No

**CHANGES IN TERMS AND CONDITIONS:**

8. Does the **Applicant** propose any changes in the provisions of the policy for the **Company's** consideration?  Yes  No

If yes, please provide details of proposed changes: \_\_\_\_\_  
\_\_\_\_\_

9. Limit of Liability desired: \$ \_\_\_\_\_

Retention: \$ \_\_\_\_\_

**REPRESENTATIONS:**

By signing this application, the Applicant agrees that:

1. The statements and answers given in this application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

<b>RETAIL PRODUCER:</b> Producer Name: City, State: Telephone No.:		<b>WHOLESALE PRODUCER:</b> Producer Name: City, State: Telephone No.:	
---	--	--	--

**BROKER/AGENT SIGNATURE (NEW HAMPSHIRE):** \_\_\_\_\_

**NOTICE TO ALABAMA APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:**

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:**

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:**

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.

**NOTICE TO KANSAS APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO KENTUCKY APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:**

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 A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:**

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:**

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:**

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 FACT MATERIAL 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.

**NOTICE TO OHIO APPLICANTS:**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:**

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN ORDER FOR US TO DENY A CLAIM ON THE BASIS OF MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART, WE MUST SHOW THAT:

- A. THE MISINFORMATION IS MATERIAL TO THE CONTENT OF THE POLICY;
- B. WE RELIED UPON THE MISINFORMATION; AND
- C. THE INFORMATION WAS EITHER:
  - 1. MATERIAL TO THE RISK ASSUMED BY US; OR
  - 2. PROVIDED FRAUDULENTLY.

FOR REMEDIES OTHER THAN THE DENIAL OF A CLAIM, MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART MUST EITHER BE FRAUDULENT OR MATERIAL TO OUR INTERESTS.

WITH REGARD TO FIRE INSURANCE, IN ORDER TO TRIGGER THE RIGHT TO REMEDY, MATERIAL MISREPRESENTATIONS MUST BE WILLFUL OR INTENTIONAL.

MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH THE INTENT TO KNOWINGLY DEFRAUD.

**NOTICE TO PENNSYLVANIA APPLICANTS:**

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 FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PUERTO RICO APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS, IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

**NOTICE TO RHODE ISLAND APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

# MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE CLINICAL LABORATORIES/TESTING LABORATORIES SUPPLEMENT

---

1. Name of the **Applicant's** firm:

2. Services the **Applicant** provides:  
(Must total 100%)

Environmental Lab Testing:

\_\_\_\_\_% Air or Emissions  
 \_\_\_\_\_% Asbestos  
 \_\_\_\_\_% Soil  
 \_\_\_\_\_% Water  
 \_\_\_\_\_% Industrial Effluent

\_\_\_\_\_% Chemical Testing  
 \_\_\_\_\_% Food Products Testing  
 \_\_\_\_\_% Medical Diagnostic Testing  
 \_\_\_\_\_% Products Testing  
 \_\_\_\_\_% Construction Materials/Site Testing  
 \_\_\_\_\_% Pharmaceuticals Testing  
 \_\_\_\_\_% Biological Testing  
 \_\_\_\_\_% Drug & Alcohol  
 \_\_\_\_\_% Clinical Trials  
 \_\_\_\_\_% Other – please specify:

3. Does the **Applicant** ever perform tests for affiliated entities or divisions of the **Applicant's** company?  Yes  No

If so, provide percentage of revenue these activities represent: \_\_\_\_%

4. Does the **Applicant** perform environmental site sampling?  Yes  No

5. Does the **Applicant** perform environmental site assessments (Phase I)?  Yes  No

If so, what percent of the **Applicant's** total revenue does this represent? \_\_\_\_%

6. Does the **Applicant** perform environmental remediation service or remediation planning services or consulting (Phase III)?  
 Yes  No

If so, what percentage of the **Applicant's** total revenue does this represent? \_\_\_\_%

7. Does the **Applicant** use subcontractors to perform any services?  Yes  No

If so, indicate services and provide a sample contract or agreement for these services:

8. Attach the following:

- a. Quality Control/Quality Assurance Manual
- b. Sample test report to client

**THIS CLINICAL LABORATORIES/TESTING LABORATORIES SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title

**NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF THE APPLICANT'S FIRM.**

## **AXIS PRO®**

1201 Walnut, Suite 1800  
Kansas City, Missouri 64106



Telephone: (816) 471-6118  
Toll Free: (866) 282-0565  
Facsimile: (816) 471-6119

Email: [AxisProSubmissions@axiscapital.com](mailto:AxisProSubmissions@axiscapital.com)  
Website: [www.axisproinsurance.com](http://www.axisproinsurance.com)

---

### **Now available on AXIS PRO Renewals\***

#### **Security and Privacy Liability Coverage**

#### **First Party Crisis Management/Computer System Extortion Coverage**

We are pleased to announce that this renewal solicitation includes an application for Security and Privacy/First Party Crisis Management and Computer System Extortion Coverage. Upon receipt of the completed application and all necessary underwriting information, we will be able to provide you with a quote for Security and Privacy Liability Coverage, Regulatory Action Defense Coverage, Crisis Management/Public Relations Expense Coverage and/or Computer System Extortion Coverage. These optional coverages provide the following protections:

**Security and Privacy Liability** – provides coverage for liabilities arising from the failure of your network security and unauthorized access or unauthorized use of confidential information of others which is under your control.

**Regulatory Action Defense** – provides defense cost coverage for regulatory actions alleging a violation of a privacy regulation.

**Crisis Management/Public Relations Expense** – reimburses costs associated with responding to enterprise security events, such as sending notification to a person or parties whose protected data may have been improperly accessed, lost or stolen, data breach forensics, credit monitoring and public relation expense aspects of the data breach.

**Computer System Extortion** – reimburses costs associated with an extortion threat in order to prevent a system failure or disclosure or theft of protected personal information such as costs to retain a negotiator and pay for the extortion loss.

\*This coverage may not be available on every class of business or in all states. This document does not provide a complete summary of coverage; consult the applicable insurance policy or endorsement for specific terms, conditions, limits, limitations and exclusions to coverage.



# AXIS PRO®

1201 Walnut, Suite 1800  
Kansas City, Missouri 64106



Telephone: (816) 471-6118  
Toll Free: (866) 282-0565  
Facsimile: (816) 471-6119

Email: AxisProSubmissions@axiscapital.com  
Website: www.axisproinsurance.com

## AXIS PRO® PRIVASURE™ BREACH RESPONSE INSURANCE APPLICATION

The submission of this application does not obligate you to purchase insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. This application will attach to and form a part of the policy. All additional written materials submitted in connection with this application are deemed part of this application. Coverage or offers for coverage may be cancelled, withdrawn and/or denied for fraud or material misrepresentation by you or by others on your behalf in the preparation or submission of this application to the extent permitted by applicable law.

Wherever used in this application, "you", "your", and "applicant" shall mean the entity(ies) identified in this application for the purposes of purchasing the above-titled insurance and "revenue" means gross income in United States dollars unless stated otherwise, including sales, receipts, fees, commissions, donations, contributions, dues, grants, and any other type of income of nonprofit or for-profit entities.

### INSTRUCTIONS

Respond to all questions completely, leaving no blanks. If space is insufficient, continue responses on your letterhead. Check responses when requested. Provide specimens of your vendor agreements for data center, managed network and network security services if any, most current audited financial statement or annual report, and loss runs for the past five years related to this coverage. This form must be completed, dated and signed by an authorized officer of the entity identified in SECTION I.A. below.

1. A. Name of entity completing this application: Delsen Testing Laboratories, Inc.

Years in Business \_\_\_\_\_  
Street Address: 1024 Grand Central Avenue  
City, State, Zip Code: Glendale, CA 91201 Telephone No.: \_\_\_\_\_  
Website address(es): \_\_\_\_\_

B. List the following information for all subsidiaries of the entity identified above that are intended to be included as part of this application for insurance:

<u>NAME</u>	<u>YEARS IN BUSINESS</u>	<u>WEBSITE HOME PAGE</u> <i>(If different from SECTION I.A. above.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. In the past year has any applicant changed its name, acquired, merged or consolidated with any entity?  Yes  No

If so, provide the following information regarding all such entities:

<u>ENTITY</u>	<u>DATE OF TRANSACTION, ACQUISITION OR CONSOLIDATION</u>
_____	_____

**RESPONSES TO SECTIONS II. THROUGH VII. ARE MADE ON BEHALF OF ALL APPLICANTS**

**II. PRIOR, CURRENT AND REQUESTED COVERAGE**

1. A. Provide the following information for Network Security and Privacy Liability coverage you purchased during the past three years:

<b><u>INSURER</u></b>	<b><u>LIMIT</u></b>	<b><u>RETRO DATE</u></b>	<b><u>PREMIUM</u></b>	<b><u>POLICY TERM</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Identify the Limits of Coverage being requested:

**Limits of Liability** (Each Wrongful Act)

\$1,000,000    \$3,000,000    \$5,000,000

Other (Describe) \_\_\_\_\_

**Sub-Limits for Regulatory Action Defense, Fines and Penalties**

\$25,000    \$50,000    \$100,000

Other (Describe) \_\_\_\_\_

**Sub-Limits for the Number of Individuals for Breach Response Services**

10,000    50,000    100,000

Other (Describe) \_\_\_\_\_

**Sub-Limits for Computer System Extortion**

\$25,000    \$50,000    \$100,000

Other (Describe) \_\_\_\_\_

**Sub-Limits for Breach Response Forensic and Legal Expenses**

\$25,000    \$50,000    \$100,000

Other (Describe) \_\_\_\_\_

**Retention** (Each Wrongful Act)

\$10,000    \$25,000    \$50,000    \$100,000    \$250,000

Other (Describe) \_\_\_\_\_

Additional coverage requests (Describe) \_\_\_\_\_

**III. FINANCIAL RESULTS AND PROJECTIONS**

<b><u>REVENUE</u></b>	<b><u>Prior 12 Months</u></b>	<b><u>Current 12 Months</u></b>
<b>Domestic Gross:</b>	\$ _____	\$ _____
<b>Foreign Gross:</b>	\$ _____	\$ _____

**IV. ACTIVITIES AND SERVICES**

Describe the activities and services of the entities identified in SECTION I. \_\_\_\_\_

**V. DATA, INFORMATION GATHERING, USE AND CONTROL**

1. A. What kind of third party information do you store or process, in either electronic or non-electronic format, or is stored or processed on a third party computer system on your behalf. (Check all that apply)

Medical Data                                       Consumer Information                                       Credit Card, Bank Account, or Financial Data

Trade Secrets / Intellectual Property Assets                                       User Generated Content

B. What is your estimate for the number of individuals (employees and third parties) for whom you process, maintain, store or control personally identifiable information as follows: Credit Card, Bank Account or Financial Account Numbers; Social Security or Tax Identification Numbers; Drivers License Numbers; Healthcare Information or similar information requiring notification if subject to unauthorized access, use or disclosure: \_\_\_\_\_

2. Do you gather any of the information identified in Question V.1. above from your website(s)?  Yes  No  
 If Yes: A. Do you sell or provide this information to others?  Yes  No  
 B. Do you employ a privacy disclosure statement on your website(s)?  Yes  No  
 C. Does your website(s) utilize or facilitate electronic information gathering spyware, adware, or similar functionality including but not limited to local shared objects or cookies?  Yes  No
3. Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods?  Yes  No  
 If Yes, are you compliant with the applicable Payment Card Industry Standards?  Yes  No
4. Do you transmit any of the information identified in Question V.1. above through wireless routers?  Yes  No  
 If Yes, describe in detail: \_\_\_\_\_  
 \_\_\_\_\_
5. In the past three years were you required to notify any individual or entity that their confidential or personal information was subject to a breach of privacy?  Yes  No  
 If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

## VI. SECURITY

1. Do you employ security measures to prevent unauthorized access to the following under your operation and control:
- |                                       |  |
|---------------------------------------|--|
| A. Websites                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Premises and Facilities            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Computer Systems/Servers           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Confidential Corporate Information | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Protected Personal Information     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. Describe your security measures to protect the confidentiality and integrity of data: \_\_\_\_\_  
 \_\_\_\_\_
3. Do you utilize laptops?  Yes  No  
 If Yes: Is the data on your laptops encrypted?  Yes  No  
 Are your laptops password protected?  Yes  No
4. Do you perform regular computer system and data backups?  Yes  No  
 How often are they performed? \_\_\_\_\_  
 Are data back-ups stored off-site?  Yes  No  
 If data back-ups are stored off-site is the data encrypted prior to transit?  Yes  No
5. Describe your anti-virus program: \_\_\_\_\_  
 \_\_\_\_\_
6. Describe your patch management activities: \_\_\_\_\_  
 \_\_\_\_\_
7. Specify whether you have a  person,  group or  outside firm responsible for your information security.
8. Do you have procedures for notifying customers, clients and employees of a breach in security that may affect their information?  
 Yes  No
9. Are your networks monitored in real time to detect possible intrusions or abnormalities?  Yes  No
10. In the past three years, have you experienced any computer network/system or data security breaches?  Yes  No  
 If Yes, explain and identify the steps taken to prevent similar future security breaches. \_\_\_\_\_  
 \_\_\_\_\_

11. Do you have a written information security policy?  Yes  No  
 If Yes: Do you annually require and document that all employees have read and understand your security policy?  Yes  No
12. Describe your policies and procedures for identifying computer network/system vulnerabilities including the nature and frequency of audits, whether audits are performed by internal or third party resources and the systems or data involved. \_\_\_\_\_  
 \_\_\_\_\_
13. Are there any corrective actions pending based on unfavorable results of audits?  Yes  No  
 If Yes, describe in detail: \_\_\_\_\_
14. Is the responsibility for care, use and control of sensitive or confidential information addressed in your contracts with your subcontractors, independent contractors and vendors who may have access to such information?  Yes  No  
 If Yes, do your contracts provide you with indemnification?  Yes  No
15. Do you require subcontractors, independent contractors and third party vendors who have access to sensitive or confidential information to provide evidence of network security and privacy liability coverage?  Yes  No

**VII. COMPLAINTS, CLAIMS OR SUITS**

1. Have you experienced a theft or unintended, release, disclosure or loss of private or personal information in the past three years?  
 Yes  No  
 If Yes, describe in detail: \_\_\_\_\_
2. Have any claims, suits or proceedings been made during the past five years against you or any of your predecessors in business, subsidiaries or affiliates or against any of your past or present partners, owners, officers, or employees arising out of or related to activities described in this application or for coverage sought under this policy?  Yes  No  
 If Yes, describe in detail: \_\_\_\_\_
3. Is any leader of your legal, finance, or risk management organizations or their functional equivalent, or any partner, director or executive officer aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against you or any of the persons or entities for which this submission is provided?  Yes  No  
 If Yes, describe in detail: \_\_\_\_\_
4. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, directors, officers, or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities?  
 Yes  No  
 If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**VIII. REPRESENTATIONS**

By signing this application the undersigned officer, director, or partner of the entity identified in SECTION I.A. of this application warrants that:

1. The statements and answers given in this application and any addendums to it are accurate and complete;
2. That no material facts have been misstated in this application or concealed;
3. The statements and answers furnished to the **Company** are representations made to the **Company** on behalf of all applicants and all persons proposed for coverage;
4. These representations are a material inducement to the **Company** to provide a proposal for insurance;
5. Any policy the **Company** issues will be issued in reliance upon those representations;
6. You will report to the **Company** immediately in writing any material change in your activities, products and services;
7. You will report to the **Company** immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

NAME (type or print)

NAME (signature of Authorized Representative)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

<b>RETAIL PRODUCER:</b> Producer Name: City, State: Telephone No.:		<b>WHOLESALE PRODUCER:</b> Producer Name: City, State: Telephone No.:	
---	--	--	--

BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): \_\_\_\_\_

**FRAUD WARNING STATEMENTS**

**NOTICE TO ALABAMA APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:**

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:**

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:**

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.

**NOTICE TO KANSAS APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO KENTUCKY APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:**

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 A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:**

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:**

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:**

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 FACT MATERIAL 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.

**NOTICE TO OHIO APPLICANTS:**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:**

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN ORDER FOR US TO DENY A CLAIM ON THE BASIS OF MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART, WE MUST SHOW THAT:

- A. THE MISINFORMATION IS MATERIAL TO THE CONTENT OF THE POLICY;
- B. WE RELIED UPON THE MISINFORMATION; AND
- C. THE INFORMATION WAS EITHER:
  - 1. MATERIAL TO THE RISK ASSUMED BY US; OR
  - 2. PROVIDED FRAUDULENTLY.

FOR REMEDIES OTHER THAN THE DENIAL OF A CLAIM, MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART MUST EITHER BE FRAUDULENT OR MATERIAL TO OUR INTERESTS.

WITH REGARD TO FIRE INSURANCE, IN ORDER TO TRIGGER THE RIGHT TO REMEDY, MATERIAL MISREPRESENTATIONS MUST BE WILLFUL OR INTENTIONAL.

MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH THE INTENT TO KNOWINGLY DEFRAUD.

**NOTICE TO PENNSYLVANIA APPLICANTS:**

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 FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PUERTO RICO APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS, IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.