



BY COMPLETING THIS SUPPLEMENTAL APPLICATION YOU ARE APPLYING FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")

NOTICE: THE LIABILITY COVERAGE SECTIONS OF POWER SOURCESM PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. EXCEPT TO THE EXTENT OTHERWISE PROVIDED, THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

I. APPLICATION INSTRUCTIONS AND NAME OF APPLICANT:

Whenever used in this Supplemental Application, the term "**Applicant**" shall mean the Parent Corporation and all subsidiaries, unless otherwise stated.

The **Applicant** must complete each section that corresponds with the optional coverage for which the **Applicant** desires a proposal, complete Section III, and sign and date this Supplemental Application.

Name of **Applicant**: _____

II. SPECIFIC COVERAGE INFORMATION

INTERNET LIABILITY (APPLICANT: Please complete only if requesting this coverage)

1. Please complete the following information regarding the Internet site(s) for which coverage is sought.

Internet site (including URL)	Date site went on-line	Average page views per month	Percentage of annual revenue from site

- 2. Does the **Applicant** own a federally registered trademark in its domain name? Yes No
 If "No," has the **Applicant** conducted a trademark search to determine whether the **Applicant's** domain name infringes a trademark held by a third party? Yes No
- 3. Does the **Applicant** have a written policy and procedure regarding the posting of content on its Internet site(s)? Yes No
- 4. Does the **Applicant** require review and approval of content by legal counsel prior to allowing such content to be posted on its Internet site(s)? Yes No
- 5. Does the **Applicant** have "take-down" procedures in place for removing from its Internet site(s) any content that infringes or potentially infringes copyrights held by third parties? Yes No

OPTIONAL INTERNET LIABILITY COVERAGE FOR OTHER COMMUNICATIONS INFORMATION

APPLICANT: Please complete questions 6-8 only if requesting this coverage.

- 6. Does the **Applicant** desire coverage for the content of email originating from the **Applicant** or its employees? Yes No
 If "Yes," please identify the domain name from which all such e-mail originates:



7. Does the **Applicant** have written guidelines regarding appropriate use of company email? Yes No
8. Does the **Applicant** desire coverage for any other publications or communications not identified above? Yes No
 If "Yes," please attach copies, or attach a description of the publications or communications if copies are not available.

INTERNET LIABILITY LOSS EXPERIENCE

9. List all Internet liability losses discovered by the **Applicant** in the last 5 years, itemizing each loss separately. Include date of loss, description and total amount of loss. (Attach additional pages if necessary.)
 Check if none: ?

WORKPLACE VIOLENCE EXPENSE (APPLICANT: Please complete only if requesting this coverage)

1. Does the **Applicant**:
- | | |
|---|--|
| (a) Have an Employee Assistance Program (EAP)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Have a progressive discipline policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Have an employee complaint/grievance resolution procedure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Have a customer complaint/grievance resolution procedure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Have a written policy on workplace violence that is circulated to all employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) Train supervisory and management employees to recognize, report and respond to potentially hostile employees or situations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (g) Have a process for performing background checks for potential employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If "Yes," please explain: _____

2. What security precautions does the **Applicant** have in place to limit access to its premises from hostile or volatile persons? _____

WORKPLACE VIOLENCE LOSS EXPERIENCE:

3. List all workplace violence losses discovered by the **Applicant** in the last 5 years, itemizing each loss separately. Include date of loss, description and total amount of loss. (Attach additional pages if necessary.)
 Check if none: ?

MISCELLANEOUS PROFESSIONAL LIABILITY (APPLICANT: Please complete only if requesting this coverage)

1. Does the **Applicant** desire an optional proposal including coverage for prior acts? Yes No
 If "Yes," please enter the retroactive date requested: _____



2. Please complete the following information.

Description of services	Revenue two years previous	Revenue one year previous	Revenues as of current year end	Projected revenues for next year
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

3. Please complete the following regarding any professional licenses or certifications of the **Applicant's** employees.

Names of all directors, officers and key employees	Professional qualifications, designations, licenses, or certifications	Number of years in practice	Number of years with Applicant

4. Please indicate the number of the **Applicant's** employees directly engaged in providing services to clients:
 (a) Directors and officers: _____ (b) Technical employees: _____ (c) All other employees: _____

5. Please indicate the **Applicant's** three largest clients during the past three years.

Client's Name	Services Provided	Gross Revenue	Year(s)

6. Does the **Applicant**:

- (a) Derive more than 50% of its total gross revenues from services provided to any governmental entities? Yes No
- (b) Require written service agreements with all clients? Always Sometimes Never
 If so, please attach a sample.
- (c) Have its written service agreements reviewed by a law firm? Always Sometimes Never
- (d) Describe services in a brochure or promotional material? Yes No
 If "Yes," please attach a sample of brochures and promotional material.
- (e) Subcontract work to others? Yes No
 If "Yes," please attach an explanation.
- (f) Have a formal procedure for handling client complaints? Yes No
- (g) Include alternative dispute resolution or mediation procedures in its service agreements as a means of resolving complaints? Yes No

PROFESSIONAL LIABILITY LOSS EXPERIENCE:

7. List all professional liability losses discovered by the **Applicant** in the last 5 years, itemizing each loss separately. Include date of loss, description and total amount of loss. (Attach additional pages if necessary.)
 Check if none: ?

NOTICE: Please attach the following additional required information:
 Samples of the most recent contract and service agreements used with clients (within the last year).
 Resumes of directors, officers and key employees, if the **Applicant** has been in business for less than 3 years.



III. REPRESENTATON: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS:

1. If the **Applicant** is applying for any Liability Coverage Sections, please complete the chart below:
- Indicate those coverages currently purchased; and
 - Attach a copy of all applications submitted to the current insurer or with any prior insurers.

IMPORTANT: The Company will rely upon the declarations and statements contained in any prior application(s) and the **Applicant** understands and agrees that those declarations and statements will be incorporated into any Power Source policy issued by the Company.

Liability Coverage Sections	The Applicant currently purchases this coverage		Current limit of liability	Current insurer
	Yes	No		
Internet Liability			\$	
Miscellaneous Professional Liability			\$	

2. The **Applicant** must complete the prior knowledge statement below:
- If the **Applicant** answered "No" to any Liability Coverage Sections listed above; or
 - If the **Applicant** is requesting larger limits than are currently purchased as indicated in Question 1 of this Section III.

This statement applies to those coverage types for which no coverage is currently maintained; and to any larger limits of liability requested.

No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of any of the proposed coverages for which the **Applicant** does not currently maintain insurance, or within any of the larger limits of liability sought by the **Applicant**, except: None or _____

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to this question, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Company.

IV. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.



V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Supplemental Application and in any attachments or other documents submitted with this Supplemental Application are true and complete. The undersigned agree that this Supplemental Application, such attachments and other documents, and the New Business Application shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Supplemental Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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, Maine, Tennessee and Virginia 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 Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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 Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 shall also be subject to criminal and civil penalties.



Chubb Group of Insurance Companies
 15 Mountain View Road
 Warren, New Jersey 07059

Power SourceSM
Supplemental Application

This Supplemental Application must be signed by the chief executive officer and chief financial officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Date	Signature	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial Officer</u>

Produced By: Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address (Street, City, State, Zip): _____

Executive Perils

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