Employment Practices Liability Insurance
Identity Fraud Expense Coverage Supplement

Name of Applicant: ____

1. **Do you restrict access to employees' personally identifiable, non-public information such as social security numbers, health care information, driver's license or state identification numbers, credit, debit or other financial account information and associated security codes, access codes, passwords or personal identification numbers (PINs) that allow access to employee financial account information?**........ ❑ Yes ❑ No

2. **Have you had a breach in the security of employee's personally identifiable, non-public information which was in your care, custody or control or any unauthorized access to such personally identifiable, non-public information?**........ ❑ Yes ❑ No

   If "Yes," please give details: ____

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3. **Are you aware of any circumstance, situation, action or failure to act which might jeopardize the security of employee's personally identifiable, non-public information in your care, custody or control or result in unauthorized access to such personally identifiable, non-public information?** ❑ Yes ❑ No

   If "Yes," please give details: ____

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FRAUD WARNING: 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 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 in the third degree.

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.

I/We understand that the information submitted herein becomes a part of the Employment Practices Liability application and is subject to the same representations and conditions.

PRINCIPAL'S SIGNATURE: ______________________________ DATE: ____________

(Must be signed by an Owner, Partner or Officer)