

Before **you** begin, **You** should KNOW

- Many of the bolded words in this application have specific meanings:
“**You**,” “**your**” and “**yourself**” mean the persons and entities for which insurance is being sought and their employees, officers, partners and directors. Subsidiaries are also included if the entities have more than a 50% ownership interest.
“**We**,” “**us**” and “**our**” mean the insurance company.
“**Service(s)**” means activities **you** perform for others and products **you** develop for others.
“**Content**” means data, digital code, images, masked works, scents, sounds, tastes, text or textures.
- In completing this application, **you** are not obligated to buy, and **we** are not obligated to sell, insurance.
- Incorrect, incomplete, false or misleading answers to any of the questions on this application may result in a retracted offer of coverage or a declaration that the policy is null and void. Attach additional sheets if there is not enough room in the application for an answer. If a question does not apply to **you**, respond “N/A” or “not applicable.” If **you** do not answer a question, **your** answer will be deemed “not applicable.”
- Any proposal of coverage that **we** make will have additional terms and conditions. Carefully review the proposal before making a decision to purchase. As always, please contact **your** agent or broker if **you** have any questions.

THIS APPLICATION IS FOR A CLAIMS FIRST MADE AND REPORTED IN WRITING POLICY. CLAIM EXPENSE IS WITHIN THE LIMITS. Refer to the policy for actual coverage details. Here’s an overview:

If issued, the policy will only apply to claims when

- 1 the blip takes place on or after the retroactive date stated in the policy and before the end of the policy period and
- 2 the claim is first made against an insured person or entity and reported in writing to **us** during the time period specified in the policy and in compliance with reporting requirements. An extended reporting period may also be available.

Covered claim expenses and damages must be paid by **you** up to the self-insured retention amount; these payments do not reduce the limits of liability. Covered claim expenses and damages above the retention amount are payable under the policy; they reduce and may exhaust the limits of liability.

BASICS

1. Applicant (fill in the name as it should appear on the policy, if written)

2. Street address _____
city, state, zip _____
Mailing address _____
city, state, zip _____
3. Type of entity Public Private
4. Entity structure Sole proprietorship Corporation LLC Joint Venture Other _____
5. In business since (m/d/yyyy) _____
6. Have **you** purchased, merged or consolidated with any companies in the last three years?
Yes No. If yes, did purchase include (check all that apply) Assets Liabilities

7. Do **you** have any subsidiaries? Yes No. If yes, please provide the names of all subsidiaries (attach a separate list, if necessary) _____
8. **Your staff**
 _____ # of principals, partners, directors and officers
 _____ # of sales and marketing personnel
 _____ # of clerical/support personnel
 _____ # of independent contractors performing **services** on **your** behalf
 _____ # of website staff
 _____ # of other
 _____ TOTAL
9. Please list **your** website home page addresses (include all URLs registered in **your** name). If any of these website(s) have a password protected members only/private area, also provide temporary passwords and log in ID.
 Address _____ Password/Log in ID _____
 Address _____ Password/Log in ID _____
 Address _____ Password/Log in ID _____
10. Does **your** website(s) contain a complete, accurate and up-to-date description of **your services**? Yes No
11. Please list all association memberships related to **your services** _____
12. Please check one of the following, which best describes **you** Retailer Manufacturer Financial/ investment co. Medical org Software/web designer Security co. Other _____
13. SIC code(s) _____ NAIC code(s) _____

VITALS

Fiscal Year	Total Revenues, including your Website Generated Revenues	Your Website(s) Generated Revenues only	% of Total Revenues that is Business to Business (B2B)	% of Total Revenues that is Business to Consumer (B2C)	
					Breakout:
Next _____	U.S. \$ _____ Foreign \$ _____ TOTAL \$ _____	U.S. \$ _____ Foreign \$ _____ TOTAL \$ _____	% _____	% _____	Children _____% Seniors _____% General _____%
Current _____	U.S. \$ _____ Foreign \$ _____ TOTAL \$ _____	U.S. \$ _____ Foreign \$ _____ TOTAL \$ _____	% _____	% _____	Breakout: Children _____% Seniors _____% General _____%

1. Do **you** do business outside the U.S.? Yes No. If yes, a) list all foreign countries in which **you** do business _____ and b) are **you** compliant with distance selling regulations and laws in foreign jurisdictions? Yes No
2. Indicate the % of **your** total current revenue from the following:
 _____% **services you** create and distribute
 _____% **services you** sell or distribute for others
 _____% fees for **services you** provide
 _____% access charges
 _____% subscriptions or membership fees
 _____% referral or affiliate program fees
 _____% website ads for others
 _____% licensing fees/royalties
 _____% other
 100% TOTAL

3. Do **you** accept credit/debit cards or other payment vehicles for transactions online? Yes No. If yes, what fraud prevention procedures do **you** employ? (check all that apply) Address Verification Service (AVS)
 Verified by Visa or MasterCard's SecureCode Never accept orders from users using free e-mail service
 Statement on **your** website regarding **your** intentions to prosecute fraudulent orders Secure third party processor Extra verification of large orders by phone call/written verification Other (describe) _____

4. For revenues that **you** will generate in **your** current fiscal year, what percentage of **your services** are in the following Years in Market?
 _____% Zero to One
 _____% Over One year but less than Two
 _____% Over Two years but less than Five
 _____% Five years or longer

5. Are **you** developing any new **services**? Yes No. If yes, please fill in the chart below

Service	Projected Release Date	*Projected Annual Revenues	Anticipated Life of Service
_____	m/d/yyyy _____	\$ _____	_____
_____	m/d/yyyy _____	\$ _____	_____

*If the **service** is to be released in the current or next fiscal year, did **you** include revenues in the VITALS chart?
 Yes No

YOUR WEBSITE(S)

1. Describe **your** website(s) (check all that apply)
 Presence: just info about what **you** do
 Content Aggregation: **content** from different sources
 Interactive: visitors can interact with site
 E-commerce: buying/selling of goods or **services**
2. Do **you** plan to update **your** website(s) in the next year? Yes No. If yes, does this update include
 New service info
 Content from others
 User interactivity (describe) _____
 e-Commerce capabilities (describe) _____
 User account access (describe) _____
 Other (describe) _____

WEB SERVICES FOR OTHERS

Do **you** provide web **services** to others and/or do **you** provide any level of interactivity over the web? Yes No. If yes, please complete the chart below. If no, proceed to the PRIVACY section.

In the chart below, for each **service** **you** provide to others, please advise:

- % of current total revenues applicable to that **service**; column sum must total 100%.
- % of projected next year total revenues applicable to that **service**; column sum must total 100%.
- the average agreement (i.e. contract) value/charge for the **service**
- % of each **service** targeted to the industries listed in the Industry Codes chart below.

Key for Target Industry Codes

CON Consumers
 ENV Environmental (e.g. asbestos, pollution, lead, mold, hazardous waste, toxic materials)
 ENER Energy (e.g. oil, gas, nuclear, electricity, water)
 EMERG Emergency/Security

FIN Financial (e.g. broker-dealers, investment advisors/bankers, banking, insurance)
 GOVM Government- Military
 GOV Government-Non-Military
 MED Medical/Healthcare
 PRO Professional-Non-Medical (e.g. legal, accounting, architectural, engineering)
 OTHER Fill in

WEB SERVICES FOR OTHERS Describe type of service <i>(You may clarify or elaborate in the space provided below each category.)</i>	% of Total Current Revenues	% of Next Year's Total Projected Revenues	Average Charge for Service/ Agreement Value	% of Service Performed for Target Industry
Website Design/Development/Consulting _____ _____	_____%	_____%	\$_____	___%CON ___%GOVM ___%ENV ___%GOV ___%ENER ___%MED ___%EMERG ___%PRO ___%FIN ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Software/E-Commerce Platform Development _____ _____	_____%	_____%	\$_____	___%CON ___%GOVM ___%ENV ___%GOV ___%ENER ___%MED ___%EMERG ___%PRO ___%FIN ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Security/Authentication Services _____ _____	_____%	_____%	\$_____	___%CON ___%GOVM ___%ENV ___%GOV ___%ENER ___%MED ___%EMERG ___%PRO ___%FIN ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Internet Access/Service Provider _____ _____	_____%	_____%	\$_____	___%CON ___%GOVM ___%ENV ___%GOV ___%ENER ___%MED ___%EMERG ___%PRO ___%FIN ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Web Marketing _____ _____	_____%	_____%	\$_____	___%CON ___%GOVM ___%ENV ___%GOV ___%ENER ___%MED ___%EMERG ___%PRO ___%FIN ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>

WEB SERVICES FOR OTHERS Describe type of service <i>(You may clarify or elaborate in the space provided below each category.)</i>	% of Total Current Revenues	% of Next Year's Total Projected Revenues	Average Charge for Service/ Agreement Value	% of Service Performed for Target Industry
Website Management <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
Content Provider/Content Aggregation <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
Website Hosting/Server Farm/Storage/Administration <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
Search Engine <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
Application Services Rentals/Leasing (ASP) <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
Auction/Reverse Auction <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL

WEB SERVICES FOR OTHERS Describe type of service <i>(You may clarify or elaborate in the space provided below each category.)</i>	% of Total Current Revenues	% of Next Year's Total Projected Revenues	Average Charge for Service/ Agreement Value	% of Service Performed for Target Industry
Membership/Subscription Services <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
Retail/Wholesale E-commerce <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
Additional Services (describe below) <hr/>	_____%	_____%	\$_____	_____%CON ____%GOVM _____%ENV ____%GOV _____%ENER ____%MED _____%EMERG ____%PRO _____%FIN _____%OTHER _____ _____%OTHER _____ 100% TOTAL
TOTAL	100%	100%		

1. Do **you** design websites for others? Yes No. If yes, please list the URLs of three websites **you** have designed for others _____

PRIVACY

1. Do **you** have a privacy policy? Yes No. If yes, a) has it been reviewed by an attorney? Yes No and b) is the privacy policy posted on **your** website? Yes No

2. Which of the following does **your** privacy policy contain? (check all that apply)

- Explanation of type of info collected
- Description of how info is collected
- Disclosure of use of info collected
- Access to and the ability for user to change or update info
- Description of safeguards and security measures used to protect info

3. Do **you** provide opt-in or opt-out options in the following areas? (check all that apply)

- Receipt by users of **content** from **you** or others Opt-in Opt-out
- Collection of user information Opt-in Opt-out
- Sharing of user info Opt-in Opt-out

4. Do **you** require users to actively agree to or acknowledge **your** privacy policy before they provide information?

- Yes No

5. Is the point of information collection secure? Yes No
6. Is personally identifiable and/or confidential information a) transmitted in encrypted form? Yes No and b) stored in encrypted form? Yes No
7. Do **you** sell or share personal and/or confidential information gathered from customers or others (this includes info gathered from **your** website or by other means)? Yes No. If yes, do **you** notify and obtain the consent of these customers or others prior to dissemination? Yes No
8. Do **you** provide **services** where **you** are required to care for confidential or personal info of others? Yes No. If yes, indicate which of the following kinds of info are cared for (check all that apply). Medical Financial Inventory Intellectual Property Customer Data Legal Work History/Resume Criminal Records Other _____

CONTENT

1. Do **you** provide any of the following (check all that apply)?
 - applications/software that enable the copying or dissemination of the **content** of others (e.g. music, art, photos, graphics, video, written works, etc.)
 - a file-swapping network
 - access to file sharing activities (example: peer to peer)
2. Is **your** website involved in the mining, search and/or extraction of the data and/or **content** of others (e.g. via spiders, bots or other means which involve the technological resources of others)? Yes No. If yes, is their permission obtained prior to mining, search and/or extraction? Yes No
3. Are **you** an Internet Service Provider? Yes No. If yes, have **you** designated an agent with the United States Copyright Office as provided for under the Digital Millennium Copyright Act and do **you** meet the standards required by the act? Yes No
4. Does **your** website contain a chatroom, bulletin board or any other type of interactive exchange which can be viewed by others? Yes No. If yes, does **your** website have disclaimers and guidelines regarding the use of and **content** disseminated on the interactive exchange? Yes No. Are users required to acknowledge disclaimers and guidelines prior to participation? Yes No. Who manages **your** interactive exchange? You Subcontractor. Do **you** make the subcontractor contractually responsible for liabilities arising out of the interactive exchange? Yes No. Do **you** or **your** subcontractor exercise editorial control over **your** interactive exchange? Yes No. If yes, when? Prior to Posting After Posting
5. In **your** advertising and marketing material, including all of **your** websites, do **you** a) compare **yourself** to **your** competition? Yes No, b) compare **your services** to **your** competitors' **services**? Yes No, c) claim that **you** or **your services** are superior to **your** competition? Yes No, and/or d) make guarantees or warranties? Yes No
6. What type of **content** is available on **your** website(s)? (check all that apply)

<input type="checkbox"/> Entertainment/Games	<input type="checkbox"/> Law/Legal	<input type="checkbox"/> Advertising/Product Comparisons
<input type="checkbox"/> Cultural (art/music)	<input type="checkbox"/> Insurance	<input type="checkbox"/> Contests/Surveys/Lotteries/Sweepstakes
<input type="checkbox"/> Financial	<input type="checkbox"/> Software for downloading	<input type="checkbox"/> Instructional/How-to
<input type="checkbox"/> Medical/Health	<input type="checkbox"/> Travel	<input type="checkbox"/> Database (include subject) _____
<input type="checkbox"/> News	<input type="checkbox"/> Religious	<input type="checkbox"/> Your service information
<input type="checkbox"/> Sports	<input type="checkbox"/> Commentary/Editorial	<input type="checkbox"/> Adult
<input type="checkbox"/> Children's Interest	<input type="checkbox"/> Other _____	

7. Which of the following are included in **your** intellectual property and/or business methods clearance procedures? (check all that apply)
- The acquisition of all the necessary rights, licenses, releases and consents applicable to **content** or **services** created or provided by **you** or by third parties
 - Legal review of the items checked below performed prior to release, use or dissemination regardless of the medium **content** technology used **services** business methods websites advertising and marketing material
 - Legal review performed with respect to laws in jurisdictions outside of the U.S.
 - New hire and independent contractor agreements which include signed statements to the effect that they will not disseminate or use a previous employer's or client's trade secrets and other intellectual property
 - The contractual acquisition of all rights (including electronic rights) to work done for **you** by third parties, including hold harmless and indemnification clauses, which inure to **your** benefit pertaining to that work
 - Legal review of all updates or changes to the **content**, business methods and functionality of **your** website prior to dissemination or implementation
 - Permission of sites **you** link to or frame
 - Legal review of sites **you** link to or frame
 - Legal review of all Referral and Affiliate Program agreements
 - Disclaimers on **your** website pertaining to **content** made available or disseminated
 - Trademark and/or servicemark searches and clearances for all **your** domain names **service** names, designs or logos
 - content** searches and clearances performed by **your** legal counsel professional search company computerized database search
 - Permission to use and legal review of the trademarks and/or servicemarks of others
 - Legal review of all Licensing and/or Cross-Licensing Agreements
8. Do **you** have an established policy and process in place to address complaints of inaccurate, defamatory, infringing or problematic **content** on **your** website(s), or other **content** **you** have designed or have responsibility for? Yes No. If yes, what is **your** response timeframe? less than one day, 1-7 Days or more than a week

SECURITY

1. Please check all items from the following list that are currently being utilized in **your** security system and/or plan
- Security firewall
 - Routers
 - Proxy servers
 - Secure remote maintenance
 - Firewall tunneling
 - Encryption devices
 - Active **content** filtering
 - Password protection
 - Anti-virus Scanning
 - Hot site
 - ISO 17799 compliant
 - Identification, authentication and integrity protocols
 - Continuous monitoring of security alerts from organizations like CERT Other _____
 - Continuous implementation of vendor security patches
 - Procedures to address any suspected intrusion and/or respond to security alerts
 - Transmission of the data or **content** of others is encrypted
 - Storage of the data or **content** of others is encrypted
 - Other standard(s) and/or certification(s) _____
 - Reassessment of security vulnerabilities when **you** make any system changes, software upgrades, changes to website or website functionality, etc.
 - Protocols meeting x.509 standards
 - Secure remote dialup or access
 - Computerized intrusion detection
 - Mainframe data protocols
 - Automated security scanner
 - High-speed internet connections
 - Wireless security meets WPA standards Other _____
 - Access restrictions
 - Load balancers
 - Penetration testing
 - Periodic security audits from third parties

2. Do **you** have established systems and physical security policies and procedures? Yes No If yes, how often are they updated? continuously quarterly semi-annually annually. Are employees immediately notified of changes and/or updates? Yes No
3. Do **you** have established employee guidelines that address systems and Internet usage? Yes No
4. Which of the following can access **your** systems via the Internet? employees customers vendors business partners
5. Do **you** have a Systems/Physical Security Manager? Yes No
6. Is **your** disaster recovery program (check all that apply) formalized? tested?
7. How frequently do **you** back-up data residing on **your** system? daily every 72 hours weekly Other _____
8. Do **you** ever warrant or guarantee that **your service** or website has no security vulnerabilities or that **your service** will prevent security breaches or the introduction of malicious code into the systems of others? Yes No
9. Have **you** experienced or has **your** system or website been used in any type of security incident or attack (e.g. viruses, denial of service attacks, etc.)? Yes No. If yes, please indicate which of the following happened. (check all that apply) security breach denial of service attack transmission of malicious code (ex: virus) identity theft disclosure of private information credit/debit card fraud repudiation of access other security incident
For each item checked above, please describe the incident or attack, impact to **you**, customers or others and what measures **you** have to taken to prevent a similar event _____

ERRORS & OMISSIONS

1. Which of the following do **Your** quality control procedures include? (check all that apply)
 - Pre-release/pre-dissemination testing
 - Formal customer acceptance procedures
 - Vendor certification process
 - Formalized quality control program
 - Services** developed to industry standards
 - Other _____
2. If **your service** were to fail, how many customers would be affected? 1-10 10-100 over100
3. Indicate the acceptable downtime for **your service** according to **your** typical customers' needs None Less than one day Less than two days More than two days
4. Do **you** warrant or guarantee any standards of performance for **your services** (e.g. delivery and/or completion timeframes, availability, durability, quality, volume of transactions)? Yes No. If yes, specify which standards

5. Do **you** subcontract out any part of the **services you** perform for customers? (Subcontractors include all contractors, distributors, vendors, strategic partners and/or affiliates, etc. involved in the research, development, distribution, sale of **your services** or management of **your** websites) Yes No. If yes, indicate a) the percentage of **your** current revenues attributable to the work of subcontractors _____% and b) **your** reasons for the use of subcontractors (check all that apply) as a regular supplement to staff as staff for a particular project for expertise that **you** do not have in-house distribution other (please explain) _____

Do **you** make customers aware that subcontractors are being used? Yes No. Are the subcontractors identified as such to customers? Yes No. Describe what controls **you** have in place to ensure quality work from subcontractors _____

6. Do **your** risk management procedures include the following? (check all that apply)
- Business documents (customer orders, agreements, etc.) retained for _____ months _____ years
 - unlimited
 - Maintenance of error/problem/downtime log for life of **service**
 - Customer complaint resolution plan
 - Customer notification plan of **your** discontinuance of a **service** or support
 - Customer or product support including E-mail Website Customer site visitation Fax In-house repairs Toll-free numbers
 - Availability: M-F 24/7
 - Formal plan to address any bugs, anomalies, problems, etc. discovered in **your services** or website including
 - customer notification
 - Method of notification _____
 - Timeframe from discovery to notify all customers less than one day 1-7days 1-4weeks over 1 month
 - Formal **service** recall plan
7. Do **you** use a standard agreement with customers specifying the **services you** will provide? Yes No. If yes, indicate type executable contract shrinkwrap clickwrap/Terms of Service(TOS) engagement letter purchase order other _____
8. Indicate the percentage of **your** customers subject to **your** standard agreements _____%

9. Please indicate the following:

Typical Customer Agreement	Largest Customer Agreement
Size \$_____	Size \$_____
Duration _____ weeks _____ months _____ years	Duration _____ weeks _____ months _____ years
% of agreements modified or changed from your standard agreement _____%	Type <input type="checkbox"/> your standard agreement <input type="checkbox"/> your standard agreement with modifications <input type="checkbox"/> customer agreement

10. Are all customer agreements reviewed and approved by legal prior to execution? Yes No
11. Are all changes and/or modifications to customer agreements and subcontractor/vendor agreements reviewed and approved by legal prior to execution? Yes No
12. Are all change orders and/or modifications in writing and approved by **your** legal counsel and signed off on by customer prior to implementation? Yes No
13. If **your** website allows e-commerce, do **you** require customers to read and accept **your** agreement before enacting a transaction? Yes No
14. In the chart below, check each of the following clauses that are built into **your** standard customer agreement and/or **your** largest customer agreement and who the clause benefits

Clause	Standard Customer Agreement Clause benefits				Largest Customer Agreement Clause benefits			
	You	Customer	Mutually Beneficial	N/A	You	Customer	Mutually Beneficial	N/A
Arbitration Clause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Law or Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Force Majeure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clause	Standard Customer Agreement Clause benefits				Largest Customer Agreement Clause benefits			
	You	Customer	Mutually Beneficial	N/A	You	Customer	Mutually Beneficial	N/A
Guarantees/Warranties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitation of Liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitation of Consequential Damages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold Harmless/Indemnification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule of Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclaimers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT INSURANCE

Do **you** carry Errors & Omissions/Professional Liability? Yes No.

If no, explain _____

If yes, please provide the following information Limit\$_____ SIR/Deductible\$_____ Premium\$_____

Expiration Date _____ Type of Form: Claims Made or Occurrence Retroactive Date: _____

Insurance Company _____

Do **you** carry General Liability? Yes No.

If no, explain _____

If yes, does **your** coverage include? (check all that apply) Personal Injury Advertising Injury Products Liability. If yes, please also provide the following information Limit\$_____ SIR/Deductible\$_____

Premium\$_____ Expiration Date _____ Type of Form: Claims Made or Occurrence Retroactive Date: _____

Insurance Company _____

What is **your** desired Limit of Liability? (check all options that interest **you**) \$500,000 \$1,000,000

\$2,000,000 \$5,000,000 Other \$_____ What is **your** desired Retention? (check all options that interest **you**) \$2,500 \$5,000 \$10,000 Other \$_____

DO NOT ANSWER THE FOLLOWING QUESTION IF **YOU** ARE DOMICILED IN MISSOURI

1. Has **your** errors and omissions/professional liability coverage ever been declined, canceled or non-renewed?
Yes No. If yes, please describe why _____

TELL ALL

If you respond yes to questions 1–3 below, you must provide us with the following info

- a full description of the circumstances and details including any damages alleged;
- purchase or agreement (i.e. contract) price involved;
- the current status of the situation including what you have done and what you are now doing to address the situation; and
- what you are doing to prevent further incidents or situations.

1. In the last three years, have any of **your** customers a) made allegations or complained about the performance or non-performance of **your services**? Yes No, b) refused to pay **you** or stopped paying **you** because of a problem with **your service**? Yes No, c) requested a refund of their payment because of a problem with **your service**? Yes No and/or d) complained that **your services** were delayed or late? Yes No

2. Are **you** aware of any actual or alleged fact, circumstance, situation, error or omission, or issues with **your** website, **content** or **services** (including but not limited to, intellectual property, privacy and security issues) which may reasonably be expected to result in a claim being made against any of **you**? Yes No
3. Have any of **you** or any of **your** predecessors in business, affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency arising out of their activities? Yes No

If you respond yes to question 4 below, you must provide us with the following information about each and every claim, suit or proceeding

- a full description including damages alleged;
 - current status;
 - loss runs, if applicable; and
 - amounts of reserves, legal expenses paid to date, settlements or judgments.
4. Have any claims, suits or proceedings been brought during the past three years against any of **you** or any of **your** predecessors in business, affiliates or against any of **your** or their past or present partners, owners, officers, sales persons or employees? Yes No

REPRESENTATIONS

This application must be signed by an authorized partner, officer or other principal of the primary entity seeking coverage or by the proprietor of a proprietorship. By signing this application, you represent and agree to items 1 through 7 below:

1. You are acting on behalf of all persons and entities for which you are seeking insurance;
2. The statements and answers in the application and all attachments to it are accurate and complete. Additional information provided in response to subsequent questions and requests will also be accurate and complete;
3. Statements and information that you provide that are attached to or that supplement this application are deemed to be incorporated into the application, and the application will be deemed to be incorporated into and a part of any policy that is issued;
4. The statements, answers and additional information are representations by you; they are a material inducement to us to provide insurance or a proposal for insurance; and you intend for us to rely upon them;
5. Any policy that we issue will be issued in reliance upon those representations;
6. You will report to us immediately, in writing, all changes in your business or circumstances that would result in a different statement or answer or different information than the ones you have previously provided to us when the change becomes known to you between the date of this application and the effective date of the policy, if a policy is issued. We reserve the right to modify or withdraw any proposal for insurance that we offer when we receive information about such changes;
7. If the application, including attachments and supplements, contains inaccurate, false or incomplete information or if you fail to provide notice of changes as required, we may declare any policy that has been bound or issued to be null and void, and we will not provide any coverage.

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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN SOME STATES, INSURANCE BENEFITS MAY ALSO BE DENIED.

Signature of AUTHORIZED SIGNATORY
Title _____

Date _____