

**Before you begin, You should KNOW**

- Many of the bolded words in this renewal 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 renewal 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 renewal 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 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 RENEWAL 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. Address Change? Street address \_\_\_\_\_  
 city, state, zip \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 city, state, zip \_\_\_\_\_ Phone Number \_\_\_\_\_
3. Have **you** purchased, merged or consolidated with any companies in the last 18 months that **you** have not reported to **us**? Yes No. If yes, did purchase include (check all that apply) Assets Liabilities  
 Have **you** created a subsidiary in the past 18 months? Yes No  
 If yes to either of the preceding questions, provide details \_\_\_\_\_
4. 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 \_\_\_\_\_

**VITALS**

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

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. Have **you** started accepting credit/debit cards or other payment vehicles for transactions online in the past 18 months? 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 PCI/CISP Verified by other \_\_\_\_\_  
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) \_\_\_\_\_

3. 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
		\$	
		\$	

\*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. Have **you** started providing new services via **your** website, or have **you** made changes to **your** website in the past 18 months other than routine updates and corrections? Yes No If yes, please explain \_\_\_\_\_

2. Do **you** have any corporate blogs, video logs, podcasts or webcasts? Yes No. If yes, please provide the URL(s) for all of them that are located on **your** corporate website(s): \_\_\_\_\_ and the URL(s) for all of them that are hosted for **you** by other websites, including social networking sites: \_\_\_\_\_

## WEB SERVICES FOR OTHERS

% of Total Projected Revenues for Renewal Year

Website Design/Development/Consulting _____%	Retail/Wholesale E-commerce _____%
Security/Authentication Services _____%	Internet Access/Service Provider _____%
Web Marketing _____%	Website Management _____%
Content Provider/Content Aggregation _____%	Search Engine _____%
Website Hosting/Server _____%	Farm/Storage/Administration _____%
Auction/Reverse Auction _____%	Application Services Rentals/Leasing (ASP) _____%
Membership/Subscription Services _____%	Software/E-Commerce Platform Development _____%
Additional <b>Services</b> _____%	TOTAL 100%
(describe any such additional services) _____	

## PRIVACY

1. Have **you** changed **your** privacy policy in the past 18 months? Yes No Don't have a privacy policy If yes, please explain \_\_\_\_\_
2. Have **you** changed **your** collection or handling of confidential information in the past 18 months? Yes No If yes, explain \_\_\_\_\_

## CONTENT

1. Do **you** provide or perform 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)
  - 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)? If yes, is their permission obtained prior to mining, search and/or extraction? Yes No
2. 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
3. Have you changed your intellectual property and/or business methods clearance procedures in the past 18 months? Yes No If yes, explain. \_\_\_\_\_
4. 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. Have you changed or added any elements to your security system and procedures in the past 18 months (do not list routine patches or updates) Yes No. If yes, provide details \_\_\_\_\_
2. 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.) in the past 18 months? 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. Have you changed **your** quality control procedures in the past 18 months? Yes No If yes, describe the change(s) \_\_\_\_\_
2. 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 \_\_\_\_\_
3. Indicate the percentage of **your** customers subject to **your** standard agreements \_\_\_\_\_%  
Have you changed the terms of your standard agreements in the past 18 months? Yes No Don't use a standard agreement. If yes, please describe the change(s) \_\_\_\_\_

4. 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 <b>your</b> standard agreement _____%	Type <input type="checkbox"/> <b>your</b> standard agreement <input type="checkbox"/> <b>your</b> standard agreement with modifications <input type="checkbox"/> customer agreement

5. Are all customer agreements reviewed and approved by legal prior to execution? Yes No
6. Are all changes and/or modifications to customer agreements and subcontractor/vendor agreements reviewed and approved by legal prior to execution? Yes No
7. 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

## CURRENT INSURANCE

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 \_\_\_\_\_

## TELL ALL

Are **you** 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 any of **you**? Yes No. If yes, has this previously been reported to **us**? Yes No. If no, explain \_\_\_\_\_

Have any claims, suits or proceedings been made or brought during the last eighteen months 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. If yes, has this previously been reported to **us**? Yes No. If no, explain \_\_\_\_\_

## REPRESENTATIONS

This renewal 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, along with your previous application(s), 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.

**STOP! BEFORE YOU SIGN THIS APPLICATION, READ THE APPLICABLE FRAUD WARNING ON THE FOLLOWING PAGE.**

\_\_\_\_\_  
Signature of AUTHORIZED SIGNATORY

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of AUTHORIZED SIGNATORY

Title \_\_\_\_\_

Producer/Broker Name and License Number \_\_\_\_\_

## **FRAUD WARNINGS**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming**

NOTICE: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

### **Colorado**

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **District of Columbia**

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.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **Kentucky**

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.

### **Louisiana**

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.

### **Maine, Tennessee, Virginia, Washington**

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, and denial of insurance benefits.

### **New Jersey**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **New Mexico**

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.

### **Ohio**

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 or deceptive statement is guilty of insurance fraud.

### **Oklahoma**

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.

### **Pennsylvania**

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.