

CONFIDENTIAL

SPECIAL COVERAGES QUESTIONNAIRE NEW / RENEWAL

Name of Insured: _____

Home Office Address: _____

City and State: _____

Name & Title of Insured Contact: _____

Nature of Business: _____

Subsidiaries to be covered: _____

Number of Directors: _____

Number of Officers: _____

Number of other employees: _____

Total Assets: _____

Total Annual Revenues: _____

Authorized Signature _____ Date _____

Please print (name and title) _____

Broker Name and Address _____

Foreign census (by country) if applicable: _____

Details of anticipated foreign business travel if applicable: _____

Details of prior kidnap or extortion threats or attempts: _____

Details of any product tampering events or attempts: _____

Please attach most current annual report

Details of coverage currently carried if applicable: _____

Limit of Liability Required: _____

NEW YORK NOTICE

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 fact material thereto, commits a fraudulent insurance act, which is a crime.