

# AXIS PRO®

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## AXIS PRO® TechNet Solutions™ Renewal Application

The submission of this application does not obligate you to purchase insurance nor is the **Company** obligated to sell insurance or to offer insurance upon any specific terms requested. This application will attach to and form a part of the policy. All additional written materials submitted in connection with this application are deemed part of this application. Coverage may be cancelled and/or denied at any time for fraud or material misrepresentation by you or by others on your behalf in the preparation or submission of this application.

Wherever used in this application, "you", "your", and "applicant" shall mean the entity(ies) identified in this application for the purposes of purchasing the above-titled insurance and "revenue" means gross income in United States dollars unless stated otherwise, including sales, receipts, fees, commissions, donations, contributions, dues, grants, and any other type of income of nonprofit or for-profit entities.

### INSTRUCTIONS

Answer all questions completely, leaving no blanks. If space is insufficient, continue answers on your letterhead. Check "Yes", "No" or "Not Applicable" responses when requested. Provide copies of your most current audited financial statement or annual report. This form must be completed, dated and signed by an authorized officer of the entity identified in SECTION I.A. below.

### I. APPLICANT INFORMATION

1. A. Name of the entity completing this application \_\_\_\_\_  
 Years in Business \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Website Home Page \_\_\_\_\_
- B. List the following information for all subsidiaries of the entity identified above that are intended to be included as part of this application for insurance:

<u>NAME</u>	<u>YEARS IN BUSINESS</u>	<u>WEBSITE HOME PAGE</u> <i>(If different from SECTION I.A. above.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESPONSES TO SECTIONS II. THROUGH IX. ARE MADE ON BEHALF OF ALL APPLICANTS.

### II. BACKGROUND INFORMATION

1. In the past year has any applicant changed its name, acquired, merged or consolidated with any entity?  Yes  No

### III. PRIOR, CURRENT AND REQUESTED COVERAGE

1. Are you requesting any changes to the Limit of Liability or Retention?  Yes  No  
If Yes, provide details: \_\_\_\_\_
2. Do you have Commercial General Liability Insurance?  Yes  No

#### IV. FINANCIAL RESULTS AND PROJECTIONS

<u>REVENUE</u>	<u>Prior 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Next 12 Months</u>
Domestic Gross:	\$ _____	\$ _____	\$ _____
Foreign Gross:	\$ _____	\$ _____	\$ _____

#### V. ACTIVITIES, PRODUCTS AND SERVICES

1. Have there been any changes in the nature of the activities, products or services of the entities identified in SECTION I.?  
 Yes  No  
If Yes, describe: \_\_\_\_\_
2. Have you discontinued or recalled any activities, products or services within the past year?  Yes  No
3. Have your procedures changed for handling customer complaints or requests for corrections including the escalation process?  Yes  No
4. Has your business continuity/disaster recovery plan been reviewed and tested in the past year?  Yes  No
5. Do you obtain your client's written acceptance of systems or software prior to production or implementation?  Yes  No
6. Do your products or services comply with any widely accepted industry standards such as ISO/ANSI/UL or others?  
 Yes  No  Not Applicable
7. Have your procedures to safeguard against copyright infringement arising out of systems and/or software changed in the past year?  Yes  No  Not Applicable
8. Within the past year have you or your independent contractors experienced any project delays or past due contract issues?  
 Yes  No  Not Applicable
9. Is there a significant change in the percentage of your revenue attributed to services provided by subcontractors and independent contractors?  Yes  No  Not Applicable
10. Do you require subcontractors, independent contractors and third party vendors to provide evidence of errors and omissions liability coverage?  Yes  No  Not Applicable

#### VI. CONTENT

1. In the past year have you increased the number of website addresses and domain names used by you or under your control?  
 Yes  No
2. Is there a significant change in the types of content you disseminate on-line?  Yes  No  Not Applicable
3. Is there a significant change in the percentage of content on your website(s) or in other material which is printed, broadcast, published or distributed by you or on your behalf that is your original content, original content created by others for you, or previously published, released or archived content republished by you and/or retrievable by you?  
 Yes  No  Not Applicable
4. Do you have a formal process for obtaining the necessary rights, licenses, releases and consents applicable to the content designated in Question 3. above?  Yes  No
5. Do parties providing content to you provide written indemnification for claims arising out of the use of the content provided?  
 Yes  No  Not Applicable
6. Do you have a formal written procedure for identifying, editing or removing controversial, offensive, and potentially defamatory or infringing content from material distributed, broadcast, posted on websites, or published by you or by someone on your behalf?  
 Yes  No
7. Do you have procedures for licensing the uploading/downloading of content, including music and software?  
 Yes  No  Not Applicable
8. Do you exercise editorial control over user-generated content posted on your websites or websites under your control?  
 Yes  No  Not Applicable

## **VII. DATA, INFORMATION GATHERING, USE AND CONTROL**

1. Are there any significant changes to the kind of data of third parties you store or process on your computer system or that is stored or processed on a third party computer system on your behalf ?  Yes  No  Not Applicable
2. Do you sell third party information to others?  Yes  No
3. Do you employ a privacy disclosure statement on your website(s)?  Yes  No  Not Applicable
4. Does your website(s) content or software include any electronic information gathering spyware/adware or similar product for the collection of user information?  Yes  No
5. Are you compliant with applicable Payment Card Industry Standards?  Yes  No  Not Applicable
6. In the past three years were you required to notify a customer, client or employee that their confidential or personal information was subject to a breach of privacy?  Yes  No

## **VIII. SECURITY**

1. Do you have a person, group or outside information security firm responsible for your information security?  Yes  No
2. Do you have procedures for notifying customers, clients and employees of a breach in security that may affect their information?  Yes  No
3. Are your networks monitored in real time to detect possible intrusions or abnormalities in your computer system or network?  Yes  No
4. In the past year have you experienced any computer network/system or data security breaches?  Yes  No
5. Do you have a written information security policy?  Yes  No
6. Do you annually document that all employees have read and understand your security policy?  Yes  No
7. Are there any corrective actions pending based on unfavorable results of audits?  Yes  No
8. Is the responsibility for care, use and control of sensitive or confidential information addressed in your contracts with your subcontractors, independent contractors and vendors?  Yes  No  Not Applicable
9. Do you require subcontractors, independent contractors and third party vendors who have access to sensitive or confidential information to provide evidence of network security and privacy liability coverage?  Yes  No  Not Applicable
10. Do you transmit credit card, customer, employee, medical, monetary or financial information through wireless routers?  Yes  No

## **IX. CONTRACTS**

1. Has there been a significant change in the percentage of time you use written contracts or agreements related to the activities, products or services provided?  Yes  No
2. Has there been any change in your process to review and approve contracts and modifications?  Yes  No
3. Do enter into contracts where you accept liability for consequential damages?  Yes  No

## **X. REPRESENTATIONS**

By signing this application the undersigned officer, director, or partner of the entity identified in SECTION I.A. of this application warrants that:

1. The statements and answers given in this application and any addendums to it are accurate and complete;
2. That no material facts have been misstated in this application or concealed;
3. The statements and answers furnished to the **Company** are representations made to the **Company** on behalf of the applicant and all persons proposed for coverage;
4. These representations are a material inducement to the **Company** to provide a proposal for insurance;
5. Any policy the **Company** issues will be issued in reliance upon those representations;
6. You will report to the **Company** immediately in writing any material change in your activities, products and services;

7. You will report to the **Company** immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

NAME (type or print)

NAME (signature of Authorized Representative)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

<b>RETAIL PRODUCER:</b> <b>Producer Name:</b> _____ <b>City, State:</b> _____ <b>Telephone No.:</b> _____	<b>WHOLESALE PRODUCER:</b> <b>Producer Name:</b> _____ <b>City, State:</b> _____ <b>Telephone No.:</b> _____
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**BROKER/AGENT SIGNATURE (NEW HAMPSHIRE):** \_\_\_\_\_

**FRAUD WARNING STATEMENTS:**

**NOTICE TO ARKANSAS APPLICANTS:**

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.

**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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 APPLICANTS:**

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.

**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 OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 PENALTIES.

**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 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.

**NOTICE TO LOUISIANA APPLICANTS:**

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.

**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.

**NOTICE TO MARYLAND APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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 NEW MEXICO APPLICANTS:**

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.

**NOTICE TO NEW YORK 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 A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

**NOTICE TO OKLAHOMA APPLICANTS:**

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.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PUERTO RICO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION OF DEFRAUDING PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE PRESENT, THE PENALTY THUS ESTABLISHED MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS, IF EXTENUATING CIRCUMSTANCES ARE PRESENT, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

**NOTICE TO RHODE ISLAND APPLICANTS:**

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.

**SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:**

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

**SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:**

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.