

**I. APPLICANT(S):**

1. Name of entity completing this application:

Street Address:

City, State, Zip Code:

Telephone Number:

2. Names of parent, subsidiary or affiliated entities for which coverage is desired. Provide a brief description and operations of each, including percentage of common ownership.

3. Please provide **Your** website address(es):

A. What steps were taken to insure that **Your** domain name(s) does/do not infringe on the intellectual property rights of others?

B. Are **You** aware of any potential or actual disputes over **Your** domain name(s) or domain names under **Your** control?  
 Yes  No If Yes, please explain:

4. Provide the year **You** began **Your** cyberspace activities:

5. In the past five years have any of **You** changed **Your** name, acquired, merged or consolidated with any entity?  
 Yes  No If Yes, provide the following:

Name of entity:

Date of transaction:

Liabilities assumed:

6. Provide the number of:

**Your** Principals, Officers and Partners: \_\_\_\_\_

**Your** employees: \_\_\_\_\_

**Your** independent contractors: \_\_\_\_\_

**II. ACTIVITIES OR SERVICES:**

1. A. Describe the activities or services provided that **You** wish to insure:

B. Please indicate the approximate percentages of **Your** operations derived from the following Internet services performed for others.

\_\_\_\_\_ % Proprietary On-line Services (Commercial On-line Services, Proprietary Database Services)

\_\_\_\_\_ % Internet Access Only Services

\_\_\_\_\_ % Web Page Development, Design and Consulting Services

\_\_\_\_\_ % Website Hosting and Administration Activities

\_\_\_\_\_ % Website Ownership Activities

\_\_\_\_\_ % Bulletin Board, Chat, Forum or Newsgroup Operations and Services

\_\_\_\_\_ % Cyberspace Software Development (Internet-related software)

\_\_\_\_\_ % Interactive Electronic Environments and Virtual Communities Operations and Services (including MUDs, MUCKs, etc.)

\_\_\_\_\_ % Internet Content Provision and Aggregation Services (articles, photo, audio, etc.)

\_\_\_\_\_ % Intranets, Extranets and Intra-Business Networks Hosting, Management and Consulting Services

\_\_\_\_\_ % Search Engines

\_\_\_\_\_ % E-Commerce

\_\_\_\_\_ % Other – Please describe:

C. Please indicate the approximate percentages of **Your** total operations derived from the following technology services performed for others.

\_\_\_\_\_ % Electronic Data Processing

\_\_\_\_\_ % Technology Consulting

\_\_\_\_\_ % Custom Software Development

\_\_\_\_\_ % Package Software Development

\_\_\_\_\_ % Sale of Software on behalf of others

\_\_\_\_\_ % Sale of Hardware on behalf of others (value-added resale)

\_\_\_\_\_ % Time-Sharing

\_\_\_\_\_ % Systems Analysis/Design/Integration/Migration/Consulting

\_\_\_\_\_ % Outsourcing/Independent Contractor Provider

- \_\_\_\_% Software Maintenance and Support Services
- \_\_\_\_% Local/Long Distance/Cellular Service Provider
- \_\_\_\_% Enterprise Resource/Risk Management
- \_\_\_\_% Relational Database Systems
- \_\_\_\_% Hardware or Components, Machinery, Equipment Installation, Maintenance & Support Services
- \_\_\_\_% Design, Manufacture or Modification of Computer Hardware Components, Machinery & Equipment
- \_\_\_\_% Other – Please describe:
  
- \_\_\_\_% **TOTAL – THE COMBINED TOTAL OF THE PERCENTAGES GIVEN IN II.1.B & C. MUST EQUAL 100%.**

2. Please indicate the percentages in each of the following areas in which **Your** software or services for others has major or primary applications. (Must total 100%.)

- |  |  |
|--|--|
| ____% LAN/Network Management                         | ____% Administrative                                 |
| ____% Accounting                                     | ____% Educational                                    |
| ____% Architectural (e.g. Model building/projection) | ____% Imaging  |
| ____% Utilities/Oil & Gas Power/Nuclear Energy       | ____% Publishing                                     |
| ____% Database Management Systems/4GL                | ____% Office Automation                              |
| ____% Scientific/Mathematical                        | ____% Internet/Intranet/Extranet                     |
| ____% Electronic Data Interchange                    | ____% Telecommunications                             |
| ____% Systems Security/Firewalls/Encryption          | ____% Medical  |
| ____% Banking/Financial/Funds Transfer               | ____% Fire, Security or other Emergency Applications |
| ____% Environmental/Pollution                        | ____% Government                                     |
| ____% Other – Please describe:                       | ____% <b>Total</b>                                   |

3. Are **You** involved with computer-aided manufacturing (CAM), computer-aided engineering (CAE), computer-aided design/drafting (CAD) or real-time monitoring systems or software?  Yes  No  
If Yes, provide a complete description of such activity, including end use of applications by client.

4. Briefly describe **Your** standard customer contract:

<u>SIZE (REVENUE)</u>	<u>DURATION</u> (PLEASE SPECIFY WEEKS/MONTHS/YEARS)	<u>SERVICE(S) PERFORMED</u>
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\$

5. Briefly describe **Your** five largest customer contracts during the past five years:

<u>SIZE (REVENUE)</u>	<u>DURATION</u> (PLEASE SPECIFY WEEKS/MONTHS/YEARS)	<u>SERVICE(S) PERFORMED</u>
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\$  
\$  
\$  
\$  
\$

### III. FINANCIAL RESULTS AND PROJECTIONS:

1. Please provide the following information regarding **Your** gross revenues from the operations referenced in **Section II.1.B. & C.:**

**A. DOMESTIC OPERATIONS**

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$

**B. FOREIGN OPERATIONS**

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$

C. TOTAL REVENUE (FROM ALL REVENUE SOURCES)

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Domestic Operations	\$	\$	\$
Foreign Operations	\$	\$	\$

**IV. CONTENT:**

- Type of content disseminated on-line (check all that apply):

<input type="checkbox"/> Entertainment/Games	<input type="checkbox"/> Law/Legal
<input type="checkbox"/> Cultural (art/music)	<input type="checkbox"/> Insurance
<input type="checkbox"/> Financial	<input type="checkbox"/> Database
<input type="checkbox"/> Medical	<input type="checkbox"/> Please specify subject:
<input type="checkbox"/> News	<input type="checkbox"/> Travel
<input type="checkbox"/> Sports	<input type="checkbox"/> Religious
<input type="checkbox"/> Adult	<input type="checkbox"/> Commentary/Editorial
<input type="checkbox"/> Software for downloading (applications)	<input type="checkbox"/> Children's Interest
<input type="checkbox"/> Other – Please describe:	<input type="checkbox"/> Advertising/Product Comparisons
- Please indicate the percentage of content that is:
  - Original content created by **You** \_\_\_\_\_%
  - Original content created by others (third parties) for **You** \_\_\_\_\_%
  - Previously published, released or archived content to be republished by **You** and/or retrievable by **You** \_\_\_\_\_%
- Have **You** obtained all the necessary rights, licenses, releases and consents applicable to all content designated in B. and C. of Question 2., above?  Yes  No If No, please explain:
- Do **You** edit or review content created or provided to **You** by others?  Yes  No
- Do those parties providing content to **You** indemnify the **Applicant**, in writing, for any claims arising out of the use of the content provided?  Yes  No
- Describe **Your** policies and procedures for removing controversial or potentially defamatory or infringing material.
- If **You** facilitate the uploading/downloading of content, including software, please describe in detail **Your** procedures regarding copyrighted material and the licensing of software.

**V. INFORMATION GATHERING:**

- Do **You** collect user specific information (e.g. from site visitors)?  Yes  No
- Do **You** share, sell or give this information to outside parties?  Yes  No  
If Yes, is user permission obtained?  Yes  No
- Do **You** employ a privacy disclosure statement on **Your** website(s)?  Yes  No
- Do **You** perform privacy audits to make sure **You** are in compliance with **Your** privacy policy as set out in **Your** privacy disclosure statement?  Yes  No
  - If Yes, who performs the audit?
  - How frequently are the audits performed?
  - What actions have been taken to correct any unfavorable results?
- Does **Your** content or software include any electronic information gathering (spyware/adware)?  Yes  No

**VI. SECURITY MEASURES:**

- Describe the security measures used to prevent unauthorized access to:
  - Your** premises and facilities:

- B. **Your** computer systems/servers entrusted to others:
  - C. **Your** computer systems/servers entrusted to employees:
  - D. **Your** computer systems/servers located on **Your** premises:
  - E. Computer systems/services of others in **Your** care, custody and/or control:
2. Describe the security measures used by **You** to protect confidentiality and integrity of data:
  3. Advise technology **You** use for:
    - A. Encryption:
    - B. Authentication:
    - C. Anti-virus:
  4. Do **You** perform security audits?  Yes  No
    - A. If Yes, who performs the audit?
    - B. How frequently are the audits performed?
    - C. What actions have been taken to correct any unfavorable results?
  5. A. Do **You** have a formal, documented security policy?  Yes  No
    - B. Do **You** document that all employees have read and understand **Your** security policy?  Yes  No
  6. In the last two years, have **You** experienced any security breaches?  Yes  No  
If Yes, please explain and identify the steps taken to prevent future security breaches.
  7. Backup of **Your** computer systems and data:
    - A. How often are backups performed?
    - B. Are backups stored off site?  Yes  No

**VII. RISK MANAGEMENT:**

1. What do **You** see as **Your** potential exposures to liability for claims arising out of the activities or services **You** perform?
2. What safeguards do **You** employ to avoid these claims or reduce these exposures?
3. A. Do **You** have a written disaster recovery plan in place?  Yes  No
  - B. If **You** do have a disaster recovery plan in place, how often do **You** review the plan with **Your** employees?
4. A. Do **You** use written contracts or agreements related to the activities or services that will be provided?  
 Yes  No
  - B. Percentage of time agreements referenced in **Section VII.4.A.** are used: \_\_\_\_\_%
  - C. Do **Your** contracts contain hold harmless or indemnity agreements for the benefit of:
    - (1) **You**?  Yes  No
    - (2) the other parties?  Yes  No
    - (3) both parties on a mutually beneficial basis?  Yes  No
  - D. Do **Your** contracts contain:
    - (1) guarantees or warranties by **You**?  Yes  No
    - (2) disclaimers to **Your** benefit?  Yes  No

5. Has a law firm experienced in **Your** field reviewed **Your**:
- Contract?  Yes  No  
 Procedures?  Yes  No  
 Content?  Yes  No
6. A. Is all of **Your** system and/or software design and development work for others documented and tested?  
 Yes  No
- B. Is a standard test plan followed for all of **Your** system and/or software design and development work?  
 Yes  No
- C. Does **Your** test plan include procedures for detection and correction of bugs, viruses, intrusions, security flaws or other anomalies?  Yes  No
- D. Are **Your** clients responsible for determining the accuracy of test results?  Yes  No
- E. Do **Your** clients provide written acceptance of the systems and/or software prior to production or implementation?  
 Yes  No
- F. Do **You** retain design, development and testing documentation for the life of the systems and/or software?  
 Yes  No If No, how long are these critical documents retained?
7. If bugs, viruses, intrusions, security flaws or other anomalies are discovered in systems and/or software **You** provide to others, what are **Your** procedures for determining affected users/licensees, notifying them of potential problems and providing necessary modifications?
8. Describe **Your** procedures to safeguard against potential copyright infringement arising out of:
- A. Systems and/or software designed or developed by **You** for others:
- B. Systems and/or software created by others and modified by **You**:
9. A. Do **You** use independent contractors or vendors for any of **Your** services?  Yes  No
- B. If Yes, what percentage of total revenues is attributable to independent contractor or vendor work? \_\_\_\_\_%
- C. Why do **You** use independent contractors or vendors?
- (1) As a regular supplement to staff?  Yes  No
- (2) For expertise that does not exist within **Your** operations for a particular project?  Yes  No
- (3) Other:
10. Describe in detail the type of services **Your** independent contractors or vendors provide.
11. Describe experience/qualification requirements for independent contractors or vendors.
12. Describe how **You** monitor and manage the quality of services performed by **Your** independent contractors or vendors.
13. Do **You** obtain certificates of insurance for **every** independent contractor or vendor **You** use showing coverage for Errors and Omissions or professional liability?  Yes  No  
 Please provide sample copies of contracts used with independent contractors or vendors.

### VIII. CLAIMS EXPERIENCE:

1. Have any claims, suits or proceedings been made during the past five years against **You** or any of **Your** predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees arising out of the activities described in this application?  
 Yes  No If Yes, complete a Supplemental Claim Information Form for each.

**THE POLICY FOR WHICH YOU ARE APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS, SUITS OR PROCEEDINGS MADE AGAINST YOU BEFORE THE INCEPTION DATE OF THE POLICY OR ANY SUBSEQUENT CLAIMS, SUITS OR PROCEEDINGS ARISING THEREFROM.**

2. Are any of **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 **You** or any of the persons or entities described in **Section VIII.1.** above?  
 Yes  No If Yes, please explain:

**THE POLICY FOR WHICH YOU ARE APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS THAT CAN REASONABLY BE EXPECTED TO ARISE FROM ANY ACTUAL OR ALLEGED FACT, CIRCUMSTANCE, SITUATION, ERROR OR OMISSION KNOWN TO ANY OF YOU BEFORE THE INCEPTION DATE OF THE POLICY.**

3. Have any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities?  Yes  No If Yes, please explain:

**IX. PRIOR OR CURRENT COVERAGE:**

1. A. Provide the following information for similar insurance, if any, carried during the last five years:

<u>COMPANY</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u>POLICY TERM</u>
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- B. Advise current retroactive date:  
(Please provide current declarations page.)

2. A. Provide the following information for Commercial General Liability coverage currently in force:

<u>COMPANY</u>	<u>LIMIT</u>	<u>POLICY PERIOD</u>
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- B. Does the policy referenced in **Section IX.2.A.** include coverage for Products/Completed Operations hazards?  
 Yes  No
- C. Does the policy referenced in **Section IX.2.A.** include coverage for Personal Injury and Advertising Injury?  
 Yes  No

**X. POLICY LIMIT/DEDUCTIBLE:**

Advise Policy Limit and Deductible options for which **You** desire proposals:

<u>POLICY LIMIT</u>	<u>DEDUCTIBLE</u>
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**XI. REPRESENTATIONS:**

By signing this application, **You** agree that:

1. The statements and answers given in the application and any attachments to it are accurate and complete;
2. The statements and answers **You** furnish to the Company are representations **You** make to the Company on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the Company to provide a proposal for insurance;
4. Any policy the Company issues will be issued in reliance upon those representations;
5. **You** will report to the Company immediately, in writing, any material change in **Your** activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. 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 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 MAY BE PUNISHABLE BY FINES AND CONFINEMENT IN PRISON.

Name (please type or print)

Name (signature of authorized representative)

Title

Date

TO BE COMPLETED BY PRODUCER(S) ONLY:

## **ExecutivePerils**

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dba: Executive Perils Insurance Services

### **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 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 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 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 TENNESSEE AND VIRGINIA 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.



# Media/Professional Insurance

A division of Financial & Professional Risk Solutions, Inc.

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Kansas City, Missouri 64108-2404

(816) 471-6118 Fax: (816) 471-6119

www.mediaprof.com

## SUPPLEMENTAL CLAIM INFORMATION

### INSTRUCTIONS

- A) Copy this form so that it can be used to disclose additional claims;
- B) Complete one form for each claim;
- C) Please print or type all answers;
- D) Leave no blanks;
- E) Attach copy of summons and complaint, if available.

If additional space is needed to answer questions, please attach a separate sheet.

1. NAME OF APPLICANT/NAMED INSURED:	
2. DATE OF ALLEGED ERROR OR OCCURRENCE, OR CONTRACT DATE:	3. DATE OF CLAIM:
4. NAME OF CLAIMANT:	
5. NAME OF INSURER ON RISK:	
6. PRESENT STATUS OF CLAIM, OR FINAL DISPOSITION:	
7.a. DEFENSE COSTS PAID TO DATE, INCLUSIVE OF ANY DEDUCTIBLE: \$	
7.b. IF CLOSED, TOTAL LOSS PAID, INCLUSIVE OF ANY DEDUCTIBLE: \$	
7.c. IF PENDING, INSURER'S LOSS RESERVES:	
DEFENSE \$	LOSS \$
8. DESCRIPTION OF CASE AND EVENTS (IF CASE IS PENDING INCLUDE ALLEGATIONS AND ASSESSMENT OF LIABILITY):	
CLAIMANT'S LAST SETTLEMENT DEMAND: \$	
9. NAME, ADDRESS AND PHONE NUMBER OF ATTORNEY DEFENDING CLAIM ON YOUR BEHALF:	

**THIS SUPPLEMENT FORMS A PART OF THE INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS**

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE OF INSURED:	
Name:	Date: