



**CONFIDENTIAL GENERAL APPLICATION FOR
ELECTRONIC RISK PROPERTY AND LIABILITY INSURANCE**

THIS APPLICATION IS NEITHER AN OFFERING NOR A BINDER OF COVERAGE. ALSO, YOUR COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE THE COMPANY TO OFFER COVERAGE TO YOU.

THE COMPANY OR ITS OUTSIDE TECHNICAL OR SECURITY SERVICES FIRM MAY PERFORM NECESSARY REMOTE ELECTRONIC TESTING OF YOUR COMPUTER NETWORKS AND WEBSITE(S) TO ASSESS THE SECURITY OF THOSE SYSTEMS. THESE REMOTE TESTS WILL ONLY ASSESS THE VULNERABILITY OF YOUR NETWORK AND WILL NOT ATTEMPT TO ALTER ANY PART OR FUNCTION OF YOUR COMPUTER SYSTEMS.

ALL INFORMATION RECORDED ON THIS APPLICATION AND INCLUDED BY ATTACHMENT TO YOUR INSURANCE SUBMISSION AND THE PERFORMANCE OF REMOTE TESTING AND ANY SECURITY INFORMATION THAT THE COMPANY OR ITS TECHNICAL OR SECURITY SERVICE OBTAINS WILL BE:

- KEPT IN CONFIDENCE BY THE COMPANY AND ITS TECHNICAL OR SECURITY SERVICES FIRM; AND
- USED SOLELY TO QUALIFY AND UNDERWRITE YOUR RISKS OF LOSS.

CERTAIN PARTS OF THE POLICY YOU ARE APPLYING FOR ARE CLAIMS MADE AND REPORTED COVERAGE PARTS AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES.

DEFENSE COSTS, AS WELL AS ANY DAMAGES AS REFERENCED IN EACH APPLICABLE COVERAGE PART, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY WITH YOUR INSURANCE AGENT OR BROKER.

MODULE 1 – GENERAL INFORMATION - All Applicants must complete this Module

1. Company and Broker Information:

	<u>Applicant</u>	<u>Broker / Agent</u>
Company Name:	_____	_____
Company Address:	_____ _____ _____	_____ _____ _____
Phone:	_____	_____
e-mail:	_____	_____
Website(s):	<u>http://</u> _____ <u>http://</u> _____	
IP Address Range:	_____	



2. Business Description:

a. Industry /SIC code _____

b. Provide a brief identification and description of products offered:

c. Provide a brief identification and description of services offered by category below:
(i) Services offered on-line:

(ii) Services offered off-line:

d. Geographic Regions served (list countries in which your company does business):
(i) Your business locations:

(ii) Locations of your major markets:

e. Provide a brief description of customers and markets served (types of companies or individuals that purchase your products or services):

f. Provide a list of major suppliers of direct materials or services related to your products or services:

g. Number of employees – what is the total number of employees at all locations that this application is requesting coverage for?
(i) Less than 500 _____
(ii) 500 – 999 _____
(iii) 1,000 – 4,999 _____
(iii) 5,000 or more _____

3. Financial Information

a. State or jurisdiction of incorporation or corporate registration: _____



- b. Company or Institution Ownership Type Incorporation or Registration Date: _____
- (i) Public _____
 - (ii) Privately Held _____
 - (iii) Non profit _____
 - (iii) Government _____

- c. Specify Total Annual Revenue by Calendar Year in the chart below. If you are a government entity, please specify your annual budget and amount of your annual disbursements.
- d. Specify On-Line Revenue generated directly from on-line operations (e.g. e-commerce, on-line delivery of your services, content subscription, etc.).
- e. Specify the percent of Other Network Revenue by Calendar Year.

<i>for questions 3c, 3d and 3e</i>	Year	Total Revenue	On-Line Revenue	% of other network revenue
	Prior Year	\$	\$	%
	Current Year	\$	\$	%
	Estimated Next Year	\$	\$	%

Other Network Revenue is your off-line revenue that depends on your ability to access and use network resources (computers, software, network communications, web-site, internet, etc.).

Figures should exclude any revenue generated directly through on-line operations and included in item 3.d above.

Examples of revenue dependence include the use or dependence on networks for control of manufacturing processes, inventory management / available to ship data, booking orders, pricing information, customer information, etc. or any other activity whose temporary disruption would impact your ability to generate revenue.

MODULE 2 – YOUR NETWORK AND NETWORK ACTIVITIES – All Applicants Must Complete This Module

1. Network Description:

- a. For each platform type listed below, indicate the total quantity deployed in your network. If exact figures are not readily available estimate quantities to the nearest 10 units and indicate that figures are estimates.

Platform Use	Type	Quantity
Back-Office and Servers	Microsoft NT,XP	
	Unix	
	Solaris	
	Linux	
	Other (please specify)	
Desktop / mobile	Microsoft Windows	
	Microsoft XP	
	Macintosh	
	Other (please specify)	

Platform Use	Type	Quantity
Web servers	Apache	
	IIS	
	Sun, -iPlanet, Netscape	
	Other (please specify)	
Database Servers	MS SQL	
	Oracle	
	Sybase	
	Other (please specify)	



Platform Use	Type	Quantity
Routing & Switching	Cisco	
	Lucent	
	Nortel	
	Other (please specify)	

b. At how many distinct geographic sites do the computers identified above reside?

- 1
 2 to 5
 6 to 25
 over 25

c. What communication pathways are available for use in communicating among these sites (check all that apply)

- Public Internet
 Private Link (e.g. T1, OC3 etc.)
 dial-up
 other
- ISP Name: _____ Specify _____

2. Network Activity:

Characterize how you use your network by checking all applicable items listed below.

Activities your network is or may be used for during the proposed policy period – check those that apply:		
GROUP 1 Activities	e-mail	<input type="checkbox"/>
	Web browsing	<input type="checkbox"/>
	Instant messaging	<input type="checkbox"/>
	Web Presence	<input type="checkbox"/>
	Free Advice via your web site	<input type="checkbox"/>
	Local employee Access to you enterprise applications	<input type="checkbox"/>
GROUP 2 Activities	Advice via your website for a fee	<input type="checkbox"/>
	Remote employee access to your enterprise applications	<input type="checkbox"/>
	Exchange of others' information (e.g. via chat rooms, bulletin boards, forums) that are unmonitored by you:	<input type="checkbox"/>
	Exchange of others information (e.g. via chat rooms, bulletin boards, forums) that are monitored by you for content-:	<input type="checkbox"/>
	Collection r use of others general contact information	<input type="checkbox"/>
GROUP 3 Activities	Collection and Use of others' personally identifiable private information (e.g. health care, financial)	<input type="checkbox"/>
	Non-production e-procurement (MRO supplies)	<input type="checkbox"/>
	On-line advertising revenue	<input type="checkbox"/>
GROUP 4 Activities	e-Procurement for direct material supplies	<input type="checkbox"/>
	3 rd party access to your data and systems (e.g. collaboration, supply, chain integration, just-in-time supply)	<input type="checkbox"/>
	On-line Revenue: sale of your goods or services	<input type="checkbox"/>
	On-line Revenue: sale of others' goods or services	<input type="checkbox"/>
	On-line Revenue: other subscription-based revenue	<input type="checkbox"/>
	Production or process control (control of your manufacturing production or other processes.	<input type="checkbox"/>



GROUP 5 Activities	Issuance, management or maintenance of digital certificates or any similar identification, authentication or authorization service for 3rd parties	<input type="checkbox"/>
	Telecommunications Services	<input type="checkbox"/>
	Internet Service Provider	<input type="checkbox"/>
	Hosting (web hosting, application hosting)	<input type="checkbox"/>
	Managed Security Services	<input type="checkbox"/>
	Web Design	<input type="checkbox"/>
	IT Consulting, integration, application development	<input type="checkbox"/>
	On-line Financial Services	<input type="checkbox"/>
	On-line Health Care Services	<input type="checkbox"/>
	Other Activity not listed (please specify)	<input type="checkbox"/>

MODULE 3 – COVERAGE ELECTION – All Applicants Must Complete This Module

1. Coverage Questions

- a. Basic Coverage – Check each applicable requested coverage below and provide desired limits and retentions for each selected coverage:

FIRST PARTY COVERAGE:

- Coverage 1 – Business Interruption and Extra Expense**

	LIMITS:	DEDUCTIBLE:
Business Interruption: \$ _____ Per exploit		_____ Hours
\$ _____ Per exploit		\$ _____
Extra Expense: \$ _____ Per exploit		\$ _____

- Coverage 2 – Loss of or Damage to Your Network**

\$ _____ Per exploit \$ _____

- Coverage 3 – Electronic Theft**

\$ _____ Per elect. Theft \$ _____

All First Party Coverage Parts Combined:

Indirect Exploit Limit under any First Party Coverage Part: \$ _____

LIABILITY COVERAGE:

- Coverage 4 – Network Security Liability** **Coverage 6 – Privacy Injury Liability**
 Coverage 5 – Content Injury Liability **Coverage 7 – Professional Services Liability**

	LIMITS:	DEDUCTIBLE:
All liability coverage parts combined: \$ _____ Per claim		\$ _____
\$ _____ Aggregate		
Indirect Exploit Claims sub-limit, all		

liability coverage parts combined: \$ _____

ENTIRE POLICY:

All coverage parts combined: \$ _____ Aggregate

- b. Enhancement Coverage – check each applicable requested coverage below:
- Electronic Theft – Extortion Coverage
 - 1st Party – Coverage for Loss Caused by an Inside Source
 - Employee Post-separation Period Reduction
 - Extended Business Interruption Coverage
 - Extended Reporting Period for Liability Coverage
 - Terrorist Act Coverage
 - Dependent Loss Coverage for Business Interruption & Extra Expense and Loss of or Damage to Your Network

MODULE 4 – GENERAL UNDERWRITING QUESTIONS – All Applicants Must Complete This Module – To determine which questions you must answer determine your group number from Module 2 above. Your group number is the highest group number that you have checked as an applicable “Group Activity”. If your Group number is lower than the group indicated, you do not have to respond to that question.

Group ID that must respond	Risk Controls
	<p><u>TECHNICAL CONTROLS</u></p>
ALL	<p>1. Anti-virus – do you currently employ:</p> <ul style="list-style-type: none"> • Anti-virus software on all computing devices: <input type="checkbox"/> • Automatic daily anti-virus updates: <input type="checkbox"/> • Virus notification and alert notice service (e.g. CERT or similar): <input type="checkbox"/> • Scan all inbound and outbound data for viruses (including but not limited to: files, e-mail attachments, e-mail content, web content, downloads, plug-ins, and media including local floppy disks, USB drives, ZIP® drives, local CDROMs, other removable media)): <input type="checkbox"/> • Provide name & contact info for anti-virus and notification service providers:
ALL	<p>2. Notification Services</p> <ul style="list-style-type: none"> • Do you receive automatic notices of virus outbreaks, security vulnerabilities, and related threats (e.g. CERT or equivalent service)? <input type="checkbox"/> • If so , from whom? _____
ALL	<p>3. Perimeter Defenses – check those items you currently employ::</p> <ul style="list-style-type: none"> <input type="checkbox"/> Firewalls securely configured using other than default configuration <input type="checkbox"/> Intrusion Detection <input type="checkbox"/> Black-lists <input type="checkbox"/> Content Filtering <input type="checkbox"/> Monitoring
2-5	
2-5	
	<ul style="list-style-type: none"> • If you outsource any of these services, provide contact information for your service providers: _____
2-5	<p>4. Access Controls – check all that apply</p> <p>You apply progressively tighter controls to restrict access to your systems or assets for increasingly sensitive assets or those that are not public facing including:</p>

Group ID that must respond	Risk Controls	
	<ul style="list-style-type: none"> • Identification and authentication mechanisms <input type="checkbox"/> • Access Controls (e.g. rule based, identity based, based on privilege management via LDAP, Single, Sign-on or other equivalent)? <input type="checkbox"/> • Other access controls (please specify): <input type="checkbox"/> <hr/>	
3-5	<p>5. Confidentiality – do you currently:</p> <ul style="list-style-type: none"> • Encrypt session data (data in transit between your network and remote user): <input type="checkbox"/> • Encrypt data for storage: <input type="checkbox"/> • Employ other access/confidentiality controls (please specify): <input type="checkbox"/> <hr/>	
ALL	<p>6. Data Segregation - You use internal access controls to segregate and sequester sensitive information: <input type="checkbox"/></p>	
2-5	<p>7. Asset Segregation – Your back-office systems are connected to networks that are separated from internet facing networks by:</p> <ul style="list-style-type: none"> • Physical separation via multiple firewalls (or equivalent): <input type="checkbox"/> • Logical separation via V-Lan (or equivalent): <input type="checkbox"/> 	
ALL	<p>8. Maintenance and Patch Installation – You regularly:</p> <ul style="list-style-type: none"> • monitor 3rd party vendors for availability of security patches: <input type="checkbox"/> • upgrade network components by installing security patches: <input type="checkbox"/> 	
2-5	<p>9. Data and Software Recovery</p> <ul style="list-style-type: none"> • You regularly back-up copies of all data and software configuration files: <input type="checkbox"/> • You maintain multiple copies of all back-up data: <input type="checkbox"/> • You store copies of back-up data at disjoint off-site locations: <input type="checkbox"/> 	
3-5	<p>10 System Redundancy and Fail-over – for mission-critical systems:</p> <ul style="list-style-type: none"> • You implement redundant systems, software and data: <input type="checkbox"/> • You implement automatic fail-over systems: <input type="checkbox"/> 	
ALL	<p>11. Other Technical Controls (please specify):</p> <hr/>	
	<p><u>PROCEDURAL CONTROLS</u></p>	
ALL	<p>12. Incident Response Plans – check all that apply</p> <ul style="list-style-type: none"> • Your incident response plan has been developed and promulgated: <input type="checkbox"/> • You conduct incident response tests and drills regularly: <input type="checkbox"/> • Your incident response plan & drills cover virus incidents: <input type="checkbox"/> • Your incident response plan & drills cover direct attacks (e.g. hacking, penetration, attempted theft, etc.): <input type="checkbox"/> 	

Group ID that must respond	Risk Controls	
ALL	13. Disaster Recovery Plan – check all that apply <ul style="list-style-type: none"> • Your Disaster Recovery Plan has been developed and promulgated: <input type="checkbox"/> • You conduct Disaster Recovery tests and drills regularly: <input type="checkbox"/> 	
ALL	14. Security Policy – your security policy is promulgated and enforced and you require all employees to sign and acknowledgement indicating they will comply : <input type="checkbox"/>	
ALL	15. Employee Use Policies – You enforce and require signed acknowledgement by employees, contractors, consultants and other insiders: <ul style="list-style-type: none"> • policies on employee (incl. contractor) use of company assets: <input type="checkbox"/> • e-mail policy: <input type="checkbox"/> • an internet use policy (browsing, downloads, posting, etc.): <input type="checkbox"/> • Other Policies (please specify): <input type="checkbox"/> <hr/>	
2-5	16. Physical Security <ul style="list-style-type: none"> • Your server rooms are locked and you permit access only by authorized personnel. <input type="checkbox"/> 	
ALL	17. Other Procedural Controls (please specify): <hr/>	
<u>LEGAL AND CONTRACTUAL CONTROLS</u>		
ALL	18. You obtain clearance on ,marks and brands displayed on your website: <input type="checkbox"/>	
ALL	19. You obtain written permission or rights to use or display the marks, brands, work or content of others: <input type="checkbox"/>	
ALL	20. You display disclaimers for advice provided via your website: <ul style="list-style-type: none"> • Free Advice: <input type="checkbox"/> • Paid Advice: <input type="checkbox"/> 	
2-5	21. You display terms of use for your website: <input type="checkbox"/>	
2-5	22. You display warnings and advisories for unmonitored forums: <input type="checkbox"/>	
2-5	23. Your privacy policy is available on your website: <input type="checkbox"/>	
2-5	24. You provide links to your Privacy Policy wherever private information is collected: <input type="checkbox"/>	
2-5	25. You display disclaimers on the quality and authenticity of web-site content/information: <input type="checkbox"/>	
2-5	26. You provide source attribution for web-site content provided by 3 rd parties (e.g. via links, data feeds, etc.): <input type="checkbox"/>	
3-5	27. You require hold-harmless clauses in contracts with 3 rd parties that provide: <ul style="list-style-type: none"> • Services to you: <input type="checkbox"/> • Software to you: <input type="checkbox"/> 	

Group ID that must respond	Risk Controls
	<u>For 3rd party access to company network:</u>
4-5	28. You require all 3 rd parties to sign agreements governing access to and use of your networks: <input type="checkbox"/>
4-5	29. You contractually require 3 rd parties (and their networks) to comply with your security requirements: <input type="checkbox"/>
4-5	30. You periodically audit 3 rd parties for compliance with contract requirements: <input type="checkbox"/>

NOTE: If you, for any reason, were not able to or declined to check any of the items listed above, please stop here and consult your agent or broker.

MODULE 5 – LIABILITY COVERAGE GENERAL UNDERWRITING QUESTIONS –

All Applicants requesting coverage under any Liability Coverage Part must complete this Module – To determine which questions you must answer determine your group number from Module 2 above. Your group number is the highest group number that you have checked as an applicable “Group Activity”. If your Group number is lower than the group indicated, you do not have to respond to that question.

Group ID that must respond	Risk Controls
	<u>TECHNICAL CONTROLS</u>
2-5	1. Chat Rooms, Forums and Bulletin Boards
	<ul style="list-style-type: none"> • You filter, reject or censor content (e.g. offensive material, content that violates site's policy): <input type="checkbox"/> • You monitor for suspicious (e.g. predatory) activity: <input type="checkbox"/>
4-5	2. Capacity - To satisfy your obligations to provide service levels, accessibility or network availability, you have adequate capacity to serve the number of subscribers to your service: <input type="checkbox"/>
	<u>PROCEDURAL CONTROLS</u>
2-5	3. Web Content Review - You review and monitor your web-site content regularly: <input type="checkbox"/>
	<u>LEGAL CONTROLS</u>
2-5	4. Liability Limitations - You include limitations of your liability in contracts for services that you provide to others: <input type="checkbox"/>
3-5	5. Privacy – To control privacy of others’ information you:
	<ul style="list-style-type: none"> • Provide opt-in privacy controls: <input type="checkbox"/> • Provide opt-out privacy controls: <input type="checkbox"/> • Obtain and record information release authorizations: <input type="checkbox"/> • Contractually require all 3rd party recipients to comply with your private information safeguard requirements: <input type="checkbox"/> • Notify users upon release of their private information: <input type="checkbox"/> • Audit 3rd party recipients for compliance with information safeguard requirements: <input type="checkbox"/>

NOTE: If you, for any reason, were not able to or declined to check any of the items listed above, please stop here and consult your agent or broker.



If you have successfully completed Modules 4 and 5, complete the additional Modules and Schedules identified below for each coverage that you elect:

Coverage Part:	Module	Schedule(s)
Coverage 1 – Business Interruption and Extra Expense	6	C
Coverage 2 – Loss or Damage to Your Network	6	
Coverage 4 – Network Security Liability	6	
Coverage 3 – Electronic Theft	7	B, E
Coverage 5 – Content Injury Liability	8	
Coverage 6 – Privacy Injury Liability	9	
Coverage 7 – Professional Services Liability	10	D

Endorsement:	Supplement
Extortion Coverage	End 1
Internal Source Coverage	End2
Employee Post-Separation Period	End2
Dependent Loss Coverage	End3 F
Extended Business Interruption Coverage	End4

MODULE 6 – GENERAL UNDERWRITING SUPPLEMENT– All Applicants requesting:

- Coverage 1 – Business Interruption and Extra Expense;
- Coverage 2 – Loss or Damage to Your Network; or
- Coverage 4 – Network Security Liability

must complete this Module – To determine which questions you must answer determine your group number from Module 2 above. Your group number is the highest group number that you have checked as an applicable “Group Activity”. If your Group number is lower than the group indicated, you do not have to respond to that question.

Group ID that must respond	Risk Controls
ALL	<p>1. Anti-Virus – do you currently:</p> <ul style="list-style-type: none"> • Filter e-mail attachments and downloads to reject file with the following extensions: .exe, .vbs, .bat, .pif, .scr <input type="checkbox"/> • Disable un-needed services & ports including: FTP service, telnet: <input type="checkbox"/> • Train employees not to open e-mail attachments unless they are expected from a known and trusted source: <input type="checkbox"/> • Execute anti-virus scans on all e-mail attachments, files and downloads before opening the file: <input type="checkbox"/>
ALL	<p>2. Firewalls –</p> <ul style="list-style-type: none"> • What determines the configuration of your Firewall rule sets? <input type="checkbox"/> <input type="checkbox"/> Company INFOSEC Policy <input type="checkbox"/> IT staff <input type="checkbox"/> Other _____ • How frequently do you review your Firewall logs? <input type="checkbox"/> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ • Who Reviews your Firewall Logs? <input type="checkbox"/> <input type="checkbox"/> In house staff <input type="checkbox"/> Vendor : _____ <input type="checkbox"/> Automated System <input type="checkbox"/> Other: _____

Group ID that must respond	Risk Controls																
2-5	<p>3. 24/7 Monitoring: IDS</p> <ul style="list-style-type: none"> • Performed by in-house staff? <input type="checkbox"/> • Outsourced? <input type="checkbox"/> • If you outsource any of these services, provide contact information for your service providers: <input type="checkbox"/> <hr/> <ul style="list-style-type: none"> • Where are your intrusion sensors deployed: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> At Network Perimeter</td> <td><input type="checkbox"/> At the Application Level</td> </tr> <tr> <td><input type="checkbox"/> At Network Hosts</td> <td><input type="checkbox"/> At Data or Database Level</td> </tr> </table> 	<input type="checkbox"/> At Network Perimeter	<input type="checkbox"/> At the Application Level	<input type="checkbox"/> At Network Hosts	<input type="checkbox"/> At Data or Database Level												
<input type="checkbox"/> At Network Perimeter	<input type="checkbox"/> At the Application Level																
<input type="checkbox"/> At Network Hosts	<input type="checkbox"/> At Data or Database Level																
ALL	<p>4. Back up of Data – How often do you back-up data (including application data, configuration data, software):</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>																
ALL	<p>5. Off-Site Storage – At how many locations do you store duplicate copies of back-ups?</p> <p><input type="checkbox"/> One location <input type="checkbox"/> Two or more locations</p>																
2-5	<p>6. Data Segregation and Access Control</p> <p>A. What type of authentication & access control mechanisms do you employ on your network (check all that apply) :</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Single Factor</td> <td><input type="checkbox"/> Two person integrity</td> </tr> <tr> <td><input type="checkbox"/> Multiple Factor</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <p>B. Whom is required to participate in decisions to segregate a set of data (check all that apply) :</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Company Owner(s)</td> <td><input type="checkbox"/> Data Owner</td> </tr> <tr> <td><input type="checkbox"/> Legal</td> <td><input type="checkbox"/> IT</td> </tr> <tr> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Marketing/Customer Relations</td> </tr> <tr> <td><input type="checkbox"/> Compliance</td> <td><input type="checkbox"/> Risk Management</td> </tr> <tr> <td><input type="checkbox"/> Human Resources</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>	<input type="checkbox"/> Single Factor	<input type="checkbox"/> Two person integrity	<input type="checkbox"/> Multiple Factor	<input type="checkbox"/> None	<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Company Owner(s)	<input type="checkbox"/> Data Owner	<input type="checkbox"/> Legal	<input type="checkbox"/> IT	<input type="checkbox"/> Security	<input type="checkbox"/> Marketing/Customer Relations	<input type="checkbox"/> Compliance	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Single Factor	<input type="checkbox"/> Two person integrity																
<input type="checkbox"/> Multiple Factor	<input type="checkbox"/> None																
<input type="checkbox"/> Other (specify): _____																	
<input type="checkbox"/> Company Owner(s)	<input type="checkbox"/> Data Owner																
<input type="checkbox"/> Legal	<input type="checkbox"/> IT																
<input type="checkbox"/> Security	<input type="checkbox"/> Marketing/Customer Relations																
<input type="checkbox"/> Compliance	<input type="checkbox"/> Risk Management																
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Other (specify) _____																
2-5	<p>7. Remote Access</p> <p>A. Do you allow employees (including contractors and other authorized individuals) to access your network remotely? <input type="checkbox"/></p> <p>B. What controls do you employ for remote access?</p> <ul style="list-style-type: none"> • Internet access via VPN <input type="checkbox"/> • Access allowed only from other protected networks (e.g. no home-based computing, access only from network that meets your security requirements) <input type="checkbox"/> • Public Switched Telephone Network dial access (e.g. PCAnywhere, etc.) <input type="checkbox"/> • Private Telephone lines (dedicated full period link) <input type="checkbox"/> • Access from the public Internet using simple password authentication (e.g. RAS Servers) <input type="checkbox"/> 																

Group ID that must respond	Risk Controls
2-5	<p>8. Asset Segregation – Type of asset segregation techniques employed in your network:</p> <p><input type="checkbox"/> DMZ firewall configuration <input type="checkbox"/> VLAN <input type="checkbox"/> None</p> <p><input type="checkbox"/> Other (specify): _____</p>
ALL	<p>9. Network Shares</p> <p>A Do you allow or use network shares? (check if “yes”) <input type="checkbox"/></p> <p>·</p> <p>B If “yes” what controls do you use to protect shares?</p> <p>·</p> <ul style="list-style-type: none"> • C-drive share access is limited to “read-only” <input type="checkbox"/> • All shares are password protected <input type="checkbox"/> • Network shares are disabled by default & only selectively enabled <input type="checkbox"/> • Shares are only temporary & disabled when no longer needed <input type="checkbox"/>
ALL	<p>10. Platform Security Maintenance</p> <p>A How often do you monitor software vendors for availability of software patches and upgrades?</p> <p>·</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p>B. How quickly do you implement patches and upgrades after availability?</p> <p><input type="checkbox"/> 0-7 days <input type="checkbox"/> 7–30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> over 90 days</p> <p>B. Do you perform testing to identify incompatibilities inherent in or created by new software patches prior to implementation? <input type="checkbox"/></p>
3-5	<p>11. System Redundancy –</p> <p>A. Do you employ redundancy in your Network for critical operations? <input type="checkbox"/></p> <p>B. If “yes”: <input type="checkbox"/> with automatic fail-over <input type="checkbox"/> with manual fail-over</p> <p>C. How often do you test your failover capability?</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> quarterly <input type="checkbox"/> every six months <input type="checkbox"/> yearly <input type="checkbox"/> Other _____</p>
ALL	<p>12. Content Filtering – Do you filter content to reject malicious code? <input type="checkbox"/></p>
3-5	<p>13. Credit Card / Financial Transactions – How do you handle and protect credit card or other financial information collected from others?</p> <ul style="list-style-type: none"> • Information is retained after each session <input type="checkbox"/> • Information is NOT retained after each session <input type="checkbox"/> • SSL or equivalent session security is used <input type="checkbox"/> • Supplemental identification & authentication (e.g. UID, password, PIN, cert) is used on each transaction <input type="checkbox"/> • Security controls (e.g. encryption) are used to protect stored info <input type="checkbox"/> • Specify type of control employed: _____
2-5	<p>14. Employee and Contractor Controls</p> <p>A. For which groups do you conduct background checks?</p> <p><input type="checkbox"/> security staff only <input type="checkbox"/> IT staff only <input type="checkbox"/> all employees/contractors <input type="checkbox"/> none</p>

Group ID
that must
respond

Risk Controls	
	<p>B. Do you require your contractors and consultants to maintain insurance? <input type="checkbox"/></p> <p>C. What amount of coverage do you require for:</p> <ul style="list-style-type: none"> • Fidelity bond insurance \$ _____ • Liability insurance \$ _____
2-5	<p>15. Physical Security</p> <ul style="list-style-type: none"> • All desktop and other personal computing devices are equipped with a time –out feature that locks the device and requires user logon and password entry after a period of inactivity. <input type="checkbox"/> • You do not permit unescorted access in your facilities by visitors other than your authorized contractors and consultants. <input type="checkbox"/>
3-5	<p>16. Security Organization</p> <p>A. Do you have a staff dedicated full-time to information security? <input type="checkbox"/></p> <p>B. Does your security staff report to organizations other than business units or your IT organization? <input type="checkbox"/></p> <p>C. Do you have a director or Chief of Security operating in an executive capacity independent from profit centers or lines of business? <input type="checkbox"/></p>
ALL	<p>17. Tested Incident Response Plan – How frequently do you exercise or rehearse plans:</p> <p>A. For virus incidents? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p> <p>B. For penetration incidents? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>
2-5	<p>18. Tested Business Continuity & Disaster Recovery Plan – How frequently do you exercise or rehearse plans:</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p>
2-5	<p>19. Information Security Vigilance –</p> <p>A. You have a procedure for detecting information security weaknesses? <input type="checkbox"/></p>
2-5	<p>B. If “Yes” what procedures do you employ? _____</p>
3-5	<p>C. If “Yes” often do you evaluate your operations (including network) for weaknesses? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other (specify): _____</p>
3-5	<p>D. How quickly do you remedy deficiencies discovered?</p> <ul style="list-style-type: none"> • For major vulnerabilities: <input type="checkbox"/> 24 hours <input type="checkbox"/> one week <input type="checkbox"/> 30 days <input type="checkbox"/> Other (specify): _____ • For minor deficiencies: <input type="checkbox"/> 24 hours <input type="checkbox"/> one week <input type="checkbox"/> 30 days <input type="checkbox"/> Other (specify): _____



Group ID that must respond	Risk Controls	
3-5	E. Do you perform security testing on software applications (e.g. web, back-office, desktop applications)?	
	<ul style="list-style-type: none"> • On software provided to you by others <input type="checkbox"/> • On software developed by you <input type="checkbox"/> 	
3-5	F. Have you detected vulnerabilities or other security issues in software?	<input type="checkbox"/>
3-5	G. If "yes" describe how these were remedied: _____ _____	
3-5	H. Do you enforce procedures to ensure that untested (for security) software is not introduced into your operations?	<input type="checkbox"/>
	I. Have you conducted a security assessment or audit within the past 12 months?	<input type="checkbox"/>
3-5	J. If "yes" provide contact info for the auditing organization: _____	
3-5	K. List any major vulnerabilities or major actions identified in the audit: _____ _____	
3-5	L. Describe how and when items identified in K above will be remedied: _____ _____	
3-5	M. Do you enable or allow circumvention of your security controls? (check if yes)	<input type="checkbox"/>
3-5	N. If "yes" to M above, under what circumstances? <input type="checkbox"/> Emergency measure <input type="checkbox"/> for testing <input type="checkbox"/> routinely <input type="checkbox"/> Other (specify): _____	
3-5	O. Do you ensure that circumvention is disabled once no longer required? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> No	

MODULE 7 – ELECTRONIC THEFT COVERAGE PART– All Applicants requesting:

Coverage 3 – Electronic Theft Coverage Part;

must complete this Module – To determine which questions you must answer determine your group number from Module 2 above. Your group number is the highest group number that you have checked as an applicable "Group Activity". If your Group number is lower than the group indicated, you do not have to respond to that question.

Group ID that must respond	Risk Controls	
ALL	1. Do you use electronic funds transfer?	<input type="checkbox"/>
ALL	2. What is your average transaction volume (transfers per day): _____	



ALL	3.	What is your average transaction value (\$ per transaction):	\$ _____
ALL	4.	Do you receive confirmation within 24 hours?	<input type="checkbox"/>
ALL	5.	Are confirmation notices sent directly to someone other than the individual who initiated the transfer?	<input type="checkbox"/>
ALL	6.	How quickly do you reconcile "paid from" accounts following receipt of transfer confirmation? <input type="checkbox"/> upon receipt <input type="checkbox"/> within 24 hours <input type="checkbox"/> other (specify): _____	
ALL	7.	Do you allow access to systems or data that process transactions or records related to your Money Securities, Intangible Property, or your product or Services sales by anyone other than your employees, officers, directors, contractors or consultants?	<input type="checkbox"/>
ALL	8.	Digital property in your care	
	A.	Do you have custodial responsibility or duty of care for the property of others in electronic form?	<input type="checkbox"/>
	B.	If "yes" please identify the types of others property for which you are responsible: _____ _____	
	C.	If "this includes the intangible property of others, describe each type of intangible property for which you are responsible: _____ _____	
	D.	Does any of your own intangible property reside on you Network?	<input type="checkbox"/>
	E.	If yes, describe each type of intangible property for which you are responsible: _____	

MODULE 8 – CONTENT INJURY LIABILITY UNDERWRITING SUPPLEMENT–

All Applicants requesting:

Coverage 5 – Content Injury Liability Coverage Part;

must complete this Module – To determine which questions you must answer determine your group number from Module 2 above. Your group number is the highest group number that you have checked as an applicable "Group Activity". If your Group number is lower than the group indicated, you do not have to respond to that question.

Group ID that must respond	Risk Controls
ALL	<p>1. Website Content Updates – How often do you update your website content? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify): _____</p>
ALL	<p>2. Review / Monitor Website - Initial Review - who reviews your website prior to public launch to preclude claims for: libel, slander, privacy invasion (including false light), violation of privacy law or regulation, Intellectual Property rights infringement? <input type="checkbox"/> No review <input type="checkbox"/> Counsel <input type="checkbox"/> Security <input type="checkbox"/> Compliance <input type="checkbox"/> Independent 3rd party (e.g. BBB on-line, Trust E, Verisign etc.)</p>

Group ID that must respond	Risk Controls	
ALL	3. Does appropriately qualified counsel review and approve any subsequent changes to your web site?	<input type="checkbox"/>
ALL	4. Employee Use Control - Have your e-mail and internet use policies been approved by counsel?	<input type="checkbox"/>
ALL	5. Website Linking	
	A. Does your website link to other sites?	<input type="checkbox"/>
	B. Have you obtained written permission to link to these sites?	<input type="checkbox"/>
	C. Does your site prominently display a disclaimer on the content supplied from other websites?	<input type="checkbox"/>
	D. Do you use trademarked terms (of others) in metatags or searches?	<input type="checkbox"/>
Group ID that must respond	Risk Controls	
ALL	6. Third-party on-line Content	
	A. Do you use content from others for your website or other electronic media publications?	<input type="checkbox"/>
	B. If "yes" have you obtained written clearance or rights to use content obtained from 3 rd parties?	<input type="checkbox"/>
	C. Do you credit authors for portions of their works included in your content?	<input type="checkbox"/>
ALL	7. Your on-line Content	
	A. Have you performed Intellectual Property clearance checks on all content published on your web-site or other electronic media?	<input type="checkbox"/>
	B. Who performs clearance checks?	<input type="checkbox"/>
	<input type="checkbox"/> Counsel <input type="checkbox"/> other (specify): _____	
ALL	8. Advice Disclaimers - Does your website prominently display disclaimers related to any advice you provide via your site?	<input type="checkbox"/>
	9. Terms of Use	
ALL	A. Does your website prominently display terms of use?	<input type="checkbox"/>
2-5	B. Do you record and retain visitor acceptance of these terms before access is granted?	<input type="checkbox"/>
2-5	C. Do your terms of use permit you to monitor, review, edit and sensor content at will?	<input type="checkbox"/>
2-5	9. Un-monitored Chat Rooms - Does your website or Network provide un-monitored chat rooms, forums or similar services?	<input type="checkbox"/>
	10. Content Filtering	
ALL	A. Do you automatically filter content that traverses your Network boundary?	<input type="checkbox"/>



2-5	B. Do you remove content from chat rooms, forums or similar services wherever such content violates your acceptable use policy?	<input type="checkbox"/>
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MODULE 9 –PRIVACY INJURY COVERAGE UNDERWRITING SUPPLEMENT–

All Applicants requesting:

Coverage 6 – Privacy Injury Liability Coverage Part;

must complete this Module – To determine which questions you must answer determine your group number from Module 2 above. Your group number is the highest group number that you have checked as an applicable “Group Activity”. If your Group number is lower than the group indicated, you do not have to respond to that question.

Group ID that must respond	Risk Controls	
2-5	1. Privacy Policy A. Does your website prominently display your privacy policy wherever you collect information from others? <input type="checkbox"/> B. Has your privacy policy been reviewed by: <input type="checkbox"/> Counsel <input type="checkbox"/> 3 rd party <input type="checkbox"/> not reviewed NOTE: 3 rd Party Examples: TrustE, BBB	
2-5	1. Privacy Policy A. How do you use the private information you collect from others? <ul style="list-style-type: none"> • Used only for original purpose <input type="checkbox"/> • Re-used / disclosed for original purpose <input type="checkbox"/> B. Does your site target minors? <input type="checkbox"/>	

MODULE 10 –PROFESSIONAL LIABILITY COVERAGE UNDERWRITING SUPPLEMENT–

All Applicants requesting: Coverage 7 – Professional Liability Coverage Part;

must complete this Module – To determine which questions you must answer determine your group number from Module 2 above. Your group number is the highest group number that you have checked as an applicable “Group Activity”. If your Group number is lower than the group indicated, you do not have to respond to that question.

Group ID that must respond	Risk Controls	
ALL	1. Your Warranties – Do you make guarantees or warranties on: A. Professional services you provide to others? <input type="checkbox"/> B. Other services (including on-line services) you provide to others? <input type="checkbox"/>	
ALL	2. Your Liability Limits A. Do you contractually limit your liability for any breach of duty in providing your professional services? <input type="checkbox"/>	



Group ID that must respond	Risk Controls
	<p>B. What are your liability limits? <input type="checkbox"/></p> <p><input type="checkbox"/> None <input type="checkbox"/> Dollar Limit: \$ _____</p> <p><input type="checkbox"/> Capped at a multiple (or fraction) of fees: _____ %</p> <p><input type="checkbox"/> Other (specify): _____</p>
ALL	<p>3. Retirement of Liability - Do you retire your liability by contractually limiting the time period in which a client must file a claim? <input type="checkbox"/></p>
ALL	<p>4. Custodial Responsibility</p> <p>A Do you have custodial responsibility or duty of care for the intangible property of others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B If "yes" please identify the types of others intangible property for which you are responsible:</p> <p>_____</p>

MODULE 11 – INSURED’S CLAIMS, EVENTS and LOSS HISTORY – All
Applicants Must Complete This Module

1. FIRST PARTY HISTORY

Check all applicable items listed below. For each item checked provide a separate brief narrative description of the event including:

- how it occurred;
- the type and amount of loss incurred by you;
- how long you responded to the event;
- how long it took you to recover; and
- any changes you instituted to mitigate the effects of similar events in the future.

Type		The claim or event occurred in the last		
		12 months	13 – 24 months	25-36 months
Electronic Theft	Have you been the victim of an attack perpetrated through electronic means by which the perpetrator attempted to steal or succeeded in stealing your money, securities, your services or other tangible property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you suffered any loss that would be payable under a commercial crime policy, dishonesty, or bond policy, or computer crime policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to or Loss of Data and Software	Have you been the victim of a direct attack upon your network that could have or did result in data or software loss or downtime of more than one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Income Loss and Extra Expense	Have you experienced a direct attack upon your network that could have or did disrupt or impair your revenue production for more than one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type		The claim or event occurred in the last		
		12 months	13 – 24 months	25-36 months
	Have you experienced an indirect attack (e.g. virus, worm, denial of service, other malicious code) upon your network that could have or did disrupt or impair your revenue production for more than one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you experienced a direct attack upon your network that could have or did disrupt or impair your manufacturing or production operations for more than one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you experienced an indirect attack (e.g. virus, worm, denial of service, other malicious code) upon your network that could have or did disrupt or impair your manufacturing or production for more than one hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
Other	Have you experienced any incidents of network sabotage, data theft or data corruption by your employees, former employees, contractors or consultants?		<input type="checkbox"/>	<input type="checkbox"/>
	If "yes" are any of those individuals still employed or retained by you?		<input type="checkbox"/>	<input type="checkbox"/>

2. THIRD PARTY HISTORY

Check all applicable items listed below. For each item checked provide a separate brief narrative description of the event including:

- the alleged cause of action or complaint;
- the nature and amount of damages claimed;
- how you responded;
- the manner in which the complaint, claim or action was settled (e.g. withdrawal by plaintiff, negotiated settlement, trial, arbitration, etc.);
- the amount of settlement, if any;
- your defense and other related costs; and
- any changes you instituted to avoid or mitigate the effects of similar claims or complaints in the future.

Type		The claim or event occurred in the last		
		12 months	13 – 24 months	25-36 months
Content Liability	Have you had any (electronic publishing or other) claims or lawsuits brought against you that have required payment of defense costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever received a complaint concerning the content of your website or other electronic media or content produced by you related to:			
	a) defamation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) trademark infringement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) invasion or breach of privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) breach of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) copyright infringement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	f) false advertising or inaccurate information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) false light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h) unfair trade practice related to any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy Liability	Have you had any claims or lawsuits brought against you that have required payment of defense costs??	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever received a complaint concerning:			
	a) non compliance with your privacy policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) violation of privacy rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) your use of private information under false pretense or your misrepresentation of the purpose for which you collect private information of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) your use or treatment of private information in violation of law or regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) your failure to comply with individual opt-in or opt-out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) your failure to correct inaccuracies in the private information of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) unfair trade practice related to any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Network Security Liability	Have you had any claims or lawsuit brought against you that have required payment of defense costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever received a complaint concerning:			
	a) damages or loss sustained by another due to their inability to access your network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) disruption or failure of another's network caused by you or your network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) disruption or failure of another's network from infection by or through your network (e.g. virus, worm or other malicious code)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) disruption or failure of another's network from an attack upon them perpetrated by or through your network (e.g. direct attack, distributed denial of service attack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) damage to or loss of another's data or software caused by you or your network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	Have you had any claims or lawsuits brought against you that have required payment of defense costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In the course of providing your services to others, have you ever received a complaint from your client(s) concerning your:			
	a) breach of duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) negligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) errors or omissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. KNOWLEDGE OF CONDITIONS PRECIPITATING CLAIMS OR COMPLAINTS

		Yes	No
Knowledge	Are any individuals or organizations to be insured under this policy responsible for, or aware of, any prior incident, circumstance, event, complaint or litigation that could	<input type="checkbox"/>	<input type="checkbox"/>

reasonably give rise to a claim under this Policy?		
After inquiry to principals, partners, directors, officers or employees, do any of them have knowledge of any circumstance, event, complaint, or litigation that might give rise to a claim under this Policy?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE:

- a) **If you answered “yes” to either of the above questions in this section, provide a separate attachment describing the date, location, nature, circumstance, loss and any subsequent preventive measures taken by you in association with the incident.**

- b) **It is agreed by all concerned that if any of the individuals or organizations proposed for coverage under this Policy is responsible for or has knowledge of any incident, circumstance, event or litigation which could reasonably give rise to a claim, whether or not described above, any claim subsequently emanating there from shall be excluded from coverage.**

WARRANTY

Applicant hereby declares, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made (“the Company”) as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
- 2) If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application;
- 3) All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part thereof;
- 4) This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- 5) If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the Company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- 6) If a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
- 7) Applicant’s failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of that may give rise to a claim before expiration of the current policy, may create a lack of coverage.



Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant or any Subsidiary or Predecessor Firm listed in this application. Application must be signed by duly authorized partner, officer or director of the Applicant.

Applicant's Signature:

Applicant's Printed Name:

Title:

Date:

Insurance Agent Signature:

Date:

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete 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 SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)