



## Renewal Application

Please answer all the questions on this form. Before any question is answered please carefully read, then sign, the declaration at the end of the application form. Underwriters will rely on the statements that you make on this form. In this context, **ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE THEREFORE ENSURE YOUR RESPONSES TO THE QUESTIONS IN THIS FORM ARE COMPLETE AND CORRECT.**

**ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS FIRST MADE AND REPORTED COVERAGE.**

### Section 1 – Your details

- 1) Applicant(s): \_\_\_\_\_
- 2) Address: \_\_\_\_\_  
\_\_\_\_\_

### Section 2 – Your business

- 3) Total number of staff: \_\_\_\_\_
- 4) Detailed description of business / Professional Services:  
\_\_\_\_\_  
\_\_\_\_\_
- 5) List any mergers and acquisitions during the last 12 months:  
\_\_\_\_\_
- 6) Please confirm the total revenues a) from your most recent financial year; \_\_\_\_\_  
b) projected for your next financial year. \_\_\_\_\_
- 7) Please list all URL addresses for all public-facing websites that are to be insured:  
\_\_\_\_\_

### Section 3 – Your Professional services

- 8) Please detail any changes to the nature of your business in the last 12 months and do you anticipate any major changes to the nature of your business over the next 12 months?  
\_\_\_\_\_

### Section 6 – Risk Management Procedures

- 9) Please describe any changes to any changes you have made to the following
  - i. Management and nature of content on your website  
\_\_\_\_\_



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ii. Use of any hold harmless and/or indemnity agreements in your contracts

\_\_\_\_\_

iii. Management of privacy issues and IT security controls

\_\_\_\_\_

10) Within the last two (2) years, have any customers either failed to pay for or requested a refund for a product or service you provided due to an alleged problem? (whether due to non-performance, dissatisfaction or otherwise)

(Please circle)      Yes (if yes, please provide further details)      No

\_\_\_\_\_

11) In the last 12 months are you aware of any claims or circumstances that you have not reported to your current insurers? years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that would have been covered by this policy?

(Please circle)      Yes (if yes, please provide details)      No

\_\_\_\_\_

12) In the last 12 months has your company been subject to any cease or desist orders or been the subject of any official admonishment, critical directives or comments by regulators?

(Please circle)      Yes (if yes, please provide details)      No

\_\_\_\_\_

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### Declaration

**I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.**

**I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.**

Signed:\* \_\_\_\_\_

Name: \_\_\_\_\_

Position:\* \_\_\_\_\_

Date: \_\_\_\_\_

\*the signatory should be a director or senior officer of, or a partner in, the Applicant.