



Please answer all the questions on this form. Before any question is answered please read carefully the declaration at the end of the application form which you are required to sign. 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 TAKE CARE IN FILLING OUT THIS FORM.**

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

- 1) Applicant(s):
- 2) Address:
- 3) Website home page, plus other websites to be insured (including subsidiaries) if any:
- 4) Total number of employees:
- 5) Nature of Business:
- 6) Date Established:
- 7) Total Internet revenues projected for the current financial year:
- 8) Please detail any mergers and acquisitions undertaken in the last 3 years (including any retro-dates):

Name of Entity	Retro Date or N/A
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- 9) Do you use Microsoft Operating System environments for your public-facing systems and/or services, such as IIS (web server) or other Microsoft Operating System servers such as for database, email or DNS? (Yes, No or N/A)



If yes, do you have a formal patch management process in place, and have installed the latest available security vulnerability alert and service pack? (Yes, No or N/A)

- 10) Does your company have an established procedure for the formal review of content/material for your Web site(s) or Internet Service(s) and is reviewed by a qualified attorney? (Yes, No or N/A)

- 11) Does your company have an established procedure for editing or removing from your Web site or Internet Service libelous or slanderous content, or content that infringes the Intellectual Property rights of others (copyright, trademark, trade name, trade secrets etc.)? (Yes, No or N/A)

- 12) Do you collect user specific information from site visitors or customers? (Yes, No or N/A)

If yes, Do you employ a privacy disclosure statement on your website? (Yes or No)

- 13) Does your company sell or share individual subscriber or user identifiable information with any other company? (Yes, No or N/A)

If yes, is user permission obtained? (Yes or No)

- 14) Does your company have firewalls in place as part of your security system to prevent unauthorized access? (Yes, No or N/A)

- 15) Does your company use anti-virus software on all desktops/portable computer devices and mission critical servers and is it updated in accordance with the software provider's recommendations? (Yes, No or N/A)

- 16) Are system backup and recovery procedures documented and tested for all mission-critical systems? (Yes, No or N/A)

- 17) Does your company have a written policy on Email and Internet use? (Yes, No or N/A)

- 18) Are there regular security reviews of IT systems by internal audit personnel or a trusted third party? (Yes, No or N/A)



- 19) Do you have a formal security policy? (Yes, No or N/A)

- 20) In the last 3 years have you experienced any security breaches? (Yes, No or N/A)

- 21) Has your company ever been declined for Errors and Omissions, Professional Liability or Media Liability insurance or had an existing policy cancelled? (Yes or No)

- 22) In the last 5 years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that may have been covered by this policy? (Yes or No)

- 23) In the last 5 years has your company been the subject of any cease and desist orders or been the subject of official admonishments, critical directives or comments by regulators? (Yes or No)

- 24) Does your company currently have any Errors or Omissions or similar insurance in force? (Yes or No)

If you circled yes, please provide:

Limits of Liability

Expiry Date

Retroactive Date

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.