

XN Risk® a division of XN Financial Services Inc.
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Tel: (760) 696-9080 / Fax: (760) 696-9084

XN Risk® Application

www.xn.com
Request for Quotation: quote@xnrisk.com
Underwriting Questions: uw@xnrisk.com

NOTICE: THE CERTIFICATE FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE CERTIFICATE PERIOD. AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS.

Instructions

The XN Risk® Insurance application form is 19 pages long, including this page, and contains the following sections:

- | | | |
|---------------------------------|--|---|
| 1. Broker Information | 6. Employment Practices Liability Coverage | 11. Miscellaneous Professional Services |
| 2. Corporate Information | 7. Directors & Officers Liability Coverage | 12. Privacy, Security & Compliance |
| 3. Financial Information | 8. Fiduciary Liability Coverage | 13. Other Information, Disclaimer and Signature |
| 4. Prior Insurance Information | 9. Crime Coverage | |
| 5. Prior Activities Information | 10. Technology & Media Professional Services | |

To use this application:

1. Read the entire application carefully.
2. Type or select the answer for each applicable question.
3. When a question is not applicable, answer N/A.
4. The completed form must be signed by the CEO or an executive officer of the Assured Organization in order to bind coverage.
5. Fax the signed application to XN Risk® at (760) 696-9084.
6. Provide any additional information requested by e-mail if possible to uw@xnrisk.com, or by fax at (760) 696-9084.

The application and all exhibits shall be held in confidence.

Broker Information

BRO-1 Submitting Broker:
Broker Company:
State / Province:
ZIP / Postal Code:
Country:
Day Phone:
Fax:
Email:

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Corporate Information		
GEN-0	Requested policy effective date:	
GEN-1	Named Assured: Address line 1: Address line 2: City: State / Province: Zip / Postal Code: Country: Day Phone: Fax: Email: FEIN:	
GEN-2	Standard Industrial Classification Code (SIC) or NAICS:	
GEN-3	Nature of Operations:	
GEN-4	Has the Assured Organization been in business longer than 3 years?	Yes No
GEN-5	Is the Assured Organization publicly-held or a public reporting company under the Securities Exchange Act of 1934?	Yes No
GEN-6	Does the Named Assured own more than 3 subsidiaries? If yes, please provide details below ▼	Yes No
GEN-7	In the past 18 months, has the Assured Organization been involved with any actual, negotiated or attempted merger, acquisition or divestment? If yes, please provide details below ▼	Yes No
GEN-8	Does the Assured Organization contemplate transacting any mergers or acquisitions in the next 12 months where such merger or acquisition would involve more than 50% of the total assets of the Assured Organization? If yes, please provide details below ▼	Yes No

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Financial Information					
FIN-1	<p>Choose the amount that reflects the Assured Organization's financial information for the most recent fiscal year-end.</p> <table border="1"> <tr> <td>▼ Total Assets</td> <td>▼ Gross Revenues</td> </tr> <tr> <td>▼ Net income or Net loss and applicable amount</td> <td>▼ Cash flow from Operating Activities (Positive or Negative)</td> </tr> </table>	▼ Total Assets	▼ Gross Revenues	▼ Net income or Net loss and applicable amount	▼ Cash flow from Operating Activities (Positive or Negative)
▼ Total Assets	▼ Gross Revenues				
▼ Net income or Net loss and applicable amount	▼ Cash flow from Operating Activities (Positive or Negative)				
FIN-2	<p>Do the current liabilities exceed current assets? Yes No If yes, please provide details below ▼</p>				
FIN-3	<p>Do long-term liabilities exceed 75% of total assets? Yes No If yes, please provide details below ▼</p>				
FIN-4	<p>Will more than 50% of the total long-term liabilities mature within the next 18 months? Yes No If yes, please provide details below ▼</p>				
FIN-5	<p>In the last 2 years, has any auditor rendered a "going concern" opinion for the financial statements of the Assured Organization? Yes No If yes, please provide details below ▼</p>				
FIN-6	<p>Is the Assured Organization contemplating commencing bankruptcy proceedings within the next 12 months? Yes No If yes, please provide details below ▼</p>				

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Prior Insurance Information

Please **ONLY** complete this section if you are applying for 1) new coverage not currently in force; or 2) a replacement of existing coverage not currently in force with Underwriters through XN Risk. **Do not complete** this section if you are renewing existing coverage currently in force with Underwriters through XN Risk.

PIN-1 Check the box that reflects the current insurance maintained by the Assured Organization. The Continuity Date refers to the policy inception date for which the most recent main form application was attached.

Employment Practices Liability	Yes	No
Expiring Limits:		
Expiring Retention:		
Expiring Continuity Date:		
Directors & Officers Liability	Yes	No
Expiring Limits:		
Expiring Retention:		
Expiring Continuity Date:		
Fiduciary Liability	Yes	No
Expiring Limits:		
Expiring Retention:		
Expiring Continuity Date:		
Crime	Yes	No
Expiring Limits:		
Expiring Retention:		
Expiring Continuity Date:		
Technology & Media Professional Services Liability	Yes	No
Expiring Limits:		
Expiring Retention:		
Expiring Continuity Date:		
Miscellaneous Professional Services Liability	Yes	No
Expiring Limits:		
Expiring Retention:		
Expiring Continuity Date:		
Privacy, Security & Compliance	Yes	No
Expiring Limits:		
Expiring Retention:		
Expiring Continuity Date:		

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PIN-2	Does the Assured Organization currently maintain a policy, covernote or certificate with Underwriters at Lloyd's of London for any of the above coverages?	Yes	No
PIN-3	Has any insurer made payments to or on behalf of any person or entity proposed for this insurance at any time in the last 24 months?	Yes	No If yes, please provide details below ▼
PIN-4	Has the Assured Organization given written notice under the provisions of any current or prior policy providing similar insurance of any specific facts or circumstances which might give rise to a claim under such insurance?	Yes	No If yes, please provide details below ▼
PIN-5	Has any insurer ever cancelled or not renewed any similar insurance?	Yes	No If yes, please provide details below ▼
<p>With respect to PIN-4, it is understood and agreed that if the Assured Organization gave such notice, then coverage will be excluded for all Assureds for any Claim based upon, arising out of or attributable to, in whole or part, directly or indirectly, or in any way related to the facts and/or circumstances surrounding or underlying such notice.</p>			

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Prior Activities Information

Please **ONLY** complete this section if you are applying for 1) new coverage not currently in force; or 2) a replacement of existing coverage not currently in force with Underwriters through XN Risk. Do not complete this section if you are renewing existing coverage currently in force with Underwriters through XN Risk.

- PAC-1 Within the last 3 years, has any person or entity proposed for this insurance been the subject of or involved in any:
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- a) Antitrust, copyright, or patent litigation, or any other litigation concerning intellectual property? If yes, please provide details in the Supplemental Claim Information page ▼
- b) Actual or alleged violation of the Employee Retirement Income Security Act of 1974, as amended, or similar law? Yes No
If yes, please provide details in the Supplemental Claim Information page ▼
- c) Actual or alleged violation of trust or fiduciary duty involving any employee benefit plan? Yes No
If yes, please provide details in the Supplemental Claim Information page ▼
- d) Criminal, civil or administrative proceeding or investigation concerning or alleging violations of any federal or state securities laws or regulations? Yes No
If yes, please provide details in the Supplemental Claim Information page ▼
- e) Litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry, including but not limited to any investigation by the Department of Labor or the Equal Employment Opportunity Commission? Yes No
If yes, please provide details in the Supplemental Claim Information page ▼

It is understood and agreed that the applicant's responses to questions PAC-1, a) through e), have been provided following, and based upon, reasonable inquiry, and that if any information was not disclosed that should have been disclosed, coverage shall be excluded for all Assureds for any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such information that was not disclosed.

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Employment Practices Liability Coverage					
Please complete this section of the application if Employment Practices Liability Coverage is being requested.					
EPL-0	Limits requested:	No Coverage	\$500,000	\$1,000,000	\$2,000,000
		\$3,000,000	\$4,000,000	\$5,000,000	
EPL-1	<p>Total number of employees (full-time and part-time). Please provide the exact employee count across the following regions:</p> <p style="text-align: center;">California, Florida, Hawaii, Louisiana, Massachusetts, New Jersey, and New York ▶ _____</p> <p style="text-align: center;">All other Domestic (within the U.S. and U.S. Territories) ▶ _____</p> <p style="text-align: center;">Foreign (outside the U.S. and U.S. Territories) ▶ _____</p> <p style="text-align: center;">TOTAL ▶ _____</p> <p style="text-align: right;">NOTE: When answering the above range of employees, multiply the number of part-time employees by a factor of .5 and add to the number of full-time employees.</p>				
EPL-2	Do more than 25% of all employees currently earn more than \$50,000?			Yes	No
EPL-3	In the last 18 months, have more than 25% of the officers or management voluntarily left the employ of the Assured Organization or had employment with the Assured Organization terminated?			Yes	No
				If yes, please provide details below ▼	
EPL-4	Does the Assured Organization anticipate in the next 12 months, or has the Assured Organization transacted in the last 12 months, any plant, facility, branch or office closing, reduction in force, consolidations or layoffs affecting 20% or more of the employees of the Assured Organization?			Yes	No
				If yes, please provide details below ▼	
EPL-5	Check the applicable Employment Practices controls the Assured Organization currently maintains.				
	a) Have all management, staff and officers attended training and education programs on sexual harassment within the last 18 months?			Yes	No
	b) Does labor relations counsel review the employment policies/procedures at least annually?			Yes	No
	c) Is there a separate Human Resources Department?			Yes	No
	d) Does the Assured Organization publish and distribute an employee handbook to every employee?			Yes	No
	e) Are there written procedures for handling employee complaints of discrimination or sexual harassment?			Yes	No
	f) Are there written procedures for handling employee grievances or complaints?			Yes	No
EPL-6	<p>Please ONLY answer this question if you are applying for new coverage not currently in force. Do not answer this question if you are 1) renewing existing coverage currently in force with Underwriters through XN Risk; or 2) replacing existing coverage currently in force under any other similar insurance policy.</p> <p>Does any person or entity proposed for this insurance have knowledge or information of any act, error, omission, fact or circumstance that might reasonably be expected to give rise to a claim against him or any Assured? If yes, please provide details below ▼</p>				
				Yes	No
<p>It is understood and agreed that the applicant's responses to questions EPL-3 through EPL-6 have been provided following, and based upon, reasonable inquiry, and that if any information was not disclosed that should have been disclosed, coverage shall be excluded for any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such information that was not disclosed, provided that coverage shall be excluded only for any Assured that knew of the information, regardless of whether such Assured caused the information not to be included in the response to this Application.</p>					

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Directors & Officers Liability Coverage						
Please complete this section of the application if Directors & Officers Liability Coverage is being requested.						
D&O-0	Limits requested:	No Coverage	\$500,000	\$1,000,000	\$2,000,000	
		\$3,000,000	\$4,000,000	\$5,000,000		
D&O-1	Do the Directors and Officers as a whole, directly or indirectly, own or control the voting rights of more than 50% of the outstanding securities of the Named Assured?				Yes	No
D&O-2	Within the last 18 months, has the Assured Organization transacted or attempted a private debt or equity offering of securities?				Yes	No
					If yes, please provide details below ▼	
D&O-3	Within the next 18 months does the Assured Organization anticipate any:					
	a) Private debt or equity offering of securities?			Yes	No	
				If yes, please provide details below ▼		
	b) Public offering of securities?			Yes	No	
				If yes, please provide details below ▼		
D&O-4	Does the Assured Organization render any professional services for others for a fee or compensation?				Yes	No
					If yes, please provide details below ▼	
D&O-5	Does the Assured Organization act as a general partner in any partnership?				Yes	No
					If yes, please provide details below ▼	
D&O-6	Does the Assured Organization have any direct or indirect insurance operations?				Yes	No
					If yes, please provide details below ▼	
<p>Please ONLY answer this question if you are applying for new coverage not currently in force. <u>Do not answer</u> this question if you are 1) renewing existing coverage currently in force with Underwriters through XN Risk; or 2) replacing existing coverage currently in force under any other similar insurance policy.</p>						
D&O-7	Does any person or entity proposed for this insurance have knowledge or information of any act, error, omission, fact or circumstance that might reasonably be expected to give rise to a claim against him or any Assured?				Yes	No
					If yes, please provide details below ▼	
<p>It is understood and agreed that the applicant's responses to questions D&O-1 through D&O-7 have been provided following, and based upon, reasonable inquiry, and that if any information was not disclosed that should have been disclosed, coverage shall be excluded for any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such information that was not disclosed, provided that coverage shall be excluded only for any Assured that knew of the information, regardless of whether such Assured caused the information not to be included in the response to this Application.</p>						

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Fiduciary Liability Coverage						
Please complete this section of the application if Fiduciary Liability Coverage is being requested.						
FID-0	Limits requested:	No Coverage	\$500,000	\$1,000,000	\$2,000,000	
		\$3,000,000	\$4,000,000	\$5,000,000		
FID-1	Does the Assured Organization have more than 5 plans to be covered under the proposed insurance?				Yes	No
					If yes, please provide details below ▼	
FID-2	Indicate the type of plans to be assured.					
	a) Pension:		Yes	No		
	b) Welfare Benefit:		Yes	No		
	c) Profit Sharing:		Yes	No		
	d) Employee Stock Ownership:		Yes	No		
	e) 401k:		Yes	No		
FID-3	Total number of employees currently enrolled in all plans:					
	Exact number of employees, if over 500.					
FID-4	Total asset value of all plans combined for the most recent fiscal year:					
FID-5	Do all the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended?				Yes	No
FID-6	Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules?				Yes	No
FID-7	Are any plans underfunded by more than 30%?				Yes	No
					If yes, please provide details below ▼	
FID-8	Does the Assured Organization have any delinquent contributions to any plan?				Yes	No
					If yes, please provide details below ▼	
FID-9	Have any plans been terminated, suspended, merged or dissolved within the last 24 months?				Yes	No
					If yes, please provide details below ▼	

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FID-10	Does the Assured Organization anticipate terminating, suspending, merging or dissolving any plans within the next 18 months?	Yes	No
		If yes, please provide details below ▼	
FID-11	Are more than 10% of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to the Assured Organization?	Yes	No
		If yes, please provide details below ▼	
<p>Please ONLY answer this question if you are applying for new coverage not currently in force. Do not answer this question if you are 1) renewing existing coverage currently in force with Underwriters through XN Risk; or 2) replacing existing coverage currently in force under any other similar insurance policy.</p>			
FID-12	Does any person or entity proposed for this insurance have knowledge or information of any act, error, omission, fact or circumstance that might reasonably be expected to give rise to a claim against him or any Assured?	Yes	No
		If yes, please provide details below ▼	
<p>It is understood and agreed that the applicant's responses to questions FID-3 through FID-12 have been provided following, and based upon, reasonable inquiry, and that if any information was not disclosed that should have been disclosed, coverage shall be excluded for any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such information that was not disclosed, provided that coverage shall be excluded only for any Assured that knew of the information, regardless of whether such Assured caused the information not to be included in the response to this Application.</p>			

Crime Coverage					
Please complete this section of the application if Crime Coverage is being requested.					
CRI-0	Limits requested:	No Coverage	\$500,000	\$1,000,000	\$2,000,000
		\$3,000,000	\$4,000,000	\$5,000,000	
CRI-1	Total number of employees: Exact number of employees, if over 500.				
CRI-2	Number of officers and employees who handle, have custody or maintain records of money, securities or other property:				
CRI-3	Is there an annual audit or review performed by an independent CPA on the books and accounts, including a complete verification of all securities and bank balances?			Yes	No
CRI-4	Are bank accounts reconciled by someone not authorized to deposit or withdraw from those accounts?			Yes	No
CRI-5	Is counter signature of checks required?			Yes	No
CRI-6	Is the Assured Organization seeking Employee Benefit Plan Crime coverage?			Yes	No
CRI-7	Are pre-authorized controls maintained for all programmers and operators?			Yes	No
CRI-8	Do audit practices include tests to detect unauthorized programming changes?			Yes	No
CRI-9	Are computerized checks writing operations segregated from departments that authorize checks?			Yes	No
CRI-10	Within the last 3 years, has any person or entity proposed for this insurance had any crime losses? If yes, please provide details below ▼			Yes	No

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Technology & Media Professional Services Liability Coverage					
Please complete this section of the application if Technology & Media Professional Services Liability Coverage is being requested.					
TEC-0	Limits requested:	No Coverage	\$500,000	\$1,000,000	\$2,000,000
		\$3,000,000	\$4,000,000	\$5,000,000	
TEC -1	How many years has the Assured Organization been in business?				
TEC -2	Describe in detail the professional services for which coverage is desired:				
TEC -3	a) Is the Assured Organization engaged in any business other than that described in question TEC-2?			Yes	No
				If yes, please provide an explanation and estimated receipts below ▼	
	b) What percentage of the Applicant's business involves subcontracting work to others?			%	
TEC -4	To what industries are the professional services described in question TEC-2 provided (e.g., government, banking, medical, aviation, etc.)?				
TEC -5	Is the Assured Organization controlled or owned by, or associated or affiliated with, or does it own any other firm or enterprise?			Yes	No
				If yes, please provide details below ▼	
TEC -6	Are any significant changes in the nature or size of the Assured Organization's business anticipated over the next 12 months?			Yes	No
	Have there been any such changes in the past 12 months?			If yes, please provide details below ▼ (changes in size of less than 25% need not be explained)	
TEC -7	Please indicate the total annual gross revenues derived from the services described in Question TEC-2 for the past two years and the projected revenues for the current year:				
	Current Year	Last Year		Year Prior	
	\$	\$		\$	
TEC -8	a) Number of all principals, partners, officers and professional employees:				
	b) Average number of years of experience for the above services requiring coverage:				
	c) Number of all non-professional employees (clerks, secretaries, etc.):				
TEC -9	Please provide your Internet address(es) and / or World Wide Web address(es):				
	http://				

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TEC -10	Does the Applicant's contract contain:		
	• Hold harmless or indemnity agreements inuring to Applicant's benefits?	Yes	No
	• Hold harmless or indemnity agreements inuring to the benefits of the Applicant's clients?	Yes	No
	• Guarantees or warranties?	Yes	No
	• A specific description of the services Applicant will provide to the client?	Yes	No
	• Clauses defining the responsibilities of each party?	Yes	No
	• Clauses limiting the liability of the Applicant?	Yes	No
TEC -11	Has the Assured Organization obtained all necessary rights, licenses, releases and consents applicable to content created or provided by Assured Organization?	Yes	No
TEC -12	Does the Assured Organization edit or review content created or provided to the Assured Organization by others?	Yes	No
TEC-13	Are the Assured Organization's employees required to sign statements that they will not use any previous employer's trade secrets or other information critical to the development of your products? If no, what controls does the Assured Organization have to prevent potential infringement of trade secrets or proprietary information of third parties?	Yes	No
TEC -14	Does the Assured Organization have an established procedure to safeguard against infringing upon copyrights/trademarks, etc. of others?	Yes	No
	If yes, please provide a written description of the procedure below ▼		
TEC -15	Does the Assured Organization verify all necessary rights, licenses, releases and consents have been obtained by those parties providing content to the Assured Organization?	Yes	No
TEC -16	Do those parties providing content to the Assured Organization indemnify the Assured Organization, in writing, for any claims arising out of the use of the content provided?	Yes	No
TEC -17	Prior to publishing content or releasing packaged or custom software/hardware, do you have attorney perform a patent/copyright/trademark search?	Yes	No
	If yes, please give name of the attorney's firm below ▼		
TEC -18	Describe the Assured Organization's policies and procedures for removing controversial or potentially infringing material:		
TEC -19	Do you have a safety procedure in place to prevent the transmission of viruses?	Yes	No
	If yes, please explain below ▼		

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TEC -20	Are all of your PCs equipped with anti-virus software? If yes, what brand?	Yes	No
TEC -21	Are firewalls in place as part of your security system? a) What firewall security do you employ? b) Was it configured by a certified professional? c) Did you alter it in any way before installing it?	Yes	No
TEC -22	What kind of safeguards do you have in place to prevent unauthorized persons from accessing your websites or online service database?		
TEC -23	Is any principal, partner, officer or professional employee presently, or have any of them within the past 5 years, been the subject of an investigation, charge, proceeding or action by any governmental or regulatory body or by any professional or licensing body in connection with professional activities? If yes, please provide details below ▼	Yes	No
TEC -24	Does any person or entity proposed for this insurance have knowledge or information of any act, error, omission, fact or circumstance that might reasonably be expected to give rise to a claim against him or any Assured, or his or their predecessors in business? If yes, please provide details below ▼	Yes	No
TEC -25	Is there at the present time, or has there been within the past 5 years, any errors or omissions claims or claims for professional negligence asserted against any person or entity that is proposed for insurance? If yes, please provide details below ▼	Yes	No
TEC -26	Is the Assured Organization now, or has it been within the past 5 years, a party to any lawsuit or other legal proceeding? If yes, please provide details below ▼	Yes	No
<p>It is understood and agreed that the applicant's responses to questions TEC-23 through TEC-26 have been provided following, and based upon, reasonable inquiry, and that if any information was not disclosed that should have been disclosed, coverage shall be excluded for all Assureds for any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such information that was not disclosed.</p>			

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Miscellaneous Professional Services Liability Coverage					
Please complete this section of the application if Miscellaneous Professional Services Liability Coverage is being requested.					
MIS-0	Limits requested:	No Coverage	\$500,000	\$1,000,000	\$2,000,000
		\$3,000,000	\$4,000,000	\$5,000,000	
MIS -1	Describe in detail the professional services for which coverage is sought:				
MIS -2	Is the applicant engaged in any business other than that as described in question MIS-1?				Yes No
					If yes, please provide an explanation and estimated receipts below ▼
MIS -3	What percentage of the applicant's business involves subcontracting work to others?				%
MIS -4	List the total gross receipts for the past year, which were derived from the services listed in question MIS-1. In addition, please provide the projected receipts for the coming year in which insurance coverage is desired.				
	Year				Gross Receipts
	a) Current Projected Year				\$
	b) Prior Year				\$
MIS -5	Are any significant changes in the nature or size of the Assured Organization's business anticipated over the next 12 months? Have there been any such changes in the past 12 months?				Yes No
					If yes, please provide details below ▼ (changes in size of less than 25% need not be explained)
MIS -6	a) What is the number of all principals, partners, officers and professional employees directly engaged in providing services to client?				
	b) Average years of experience for the above mentioned for services requesting coverage:				
MIS-7	Please provide the following:				
	a) Website address: http://				
	b) Standard contract(s) used:				
	c) Descriptive or promotional brochures:				
MIS-8	Does the Applicant's contract contain:				
	• Hold harmless or indemnity agreements inuring to Applicant's benefits?			Yes	No
	• Hold harmless or indemnity agreements inuring to the benefits of the Applicant's clients?			Yes	No
	• Guarantees or warranties?			Yes	No
	• A specific description of the services Applicant will provide to the client?			Yes	No
	• Clauses defining the responsibilities of each party?			Yes	No
	• Clauses limiting the liability of the Applicant?			Yes	No

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MIS-9	Is there at the present time, or has there been within the past 5 years, any errors or omissions claims or claims for professional negligence asserted against any person or entity that is proposed for insurance?	Yes	No
		If yes, please provide details below ▼	
MIS-10	Is the Assured Organization now, or has it been within the past 5 years, a party to any lawsuit or other legal proceeding?	Yes	No
		If yes, please provide details below ▼	
MIS-11	Is any principal, partner, officer or professional employee presently, or have any of them within the past 5 years, been the subject of an investigation, charge, proceeding or action by any governmental or regulatory body or by any professional or licensing body in connection with professional activities?	Yes	No
		If yes, please provide details below ▼	
MIS-12	Does any person or entity proposed for this insurance have knowledge or information of any act, error, omission, fact or circumstance that might reasonably be expected to give rise to a claim against him or any Assured, or his or their predecessors in business?	Yes	No
		If yes, please provide details below ▼	
<p>It is understood and agreed that the applicant's responses to questions MIS-9 through MIS-12 have been provided following, and based upon, reasonable inquiry, and that if any information was not disclosed that should have been disclosed, coverage shall be excluded for all Assureds for any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such information that was not disclosed.</p>			

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Privacy, Security & Compliance Coverage

Please complete this section of the application if Privacy, Security & Compliance Coverage is being requested.

Personally Identifiable Non-Public Information, whenever used in this application, shall mean information that permits the unique identification of an individual, such as a combination of the person's name, telephone number, address, and/or social security number, including but not limited to:

- a) information concerning the individual that constitutes "nonpublic personal information" as defined in the Gramm-Leach Bliley Act of 1999, as amended, and regulations issued pursuant to the Act or any similar federal, state, or local statutory or common law;
- b) medical or health care information concerning the individual, including "protected health information" as defined in the Health Insurance Portability and Accountability Act of 1996, as amended, and regulations issued pursuant to the Act or any similar federal, state, or local statutory or common law;
- c) the individual's drivers license or state identification number, address, credit, debit or other financial account numbers and associated security codes, access codes, passwords or PINs that allow access to the individual's financial account information.

PRI-0 Please indicate if you transmit, receive, store, handle, or have access to the following types of Personally Identifiable Non-Public Information concerning individual non-employees, customers, clients, vendors, or suppliers:

Credit or Debit Card Information:	Yes	No	Other financial account numbers:	Yes	No
Medical Records:	Yes	No	Associated security codes, access codes, passwords or PINs that allow access to the individual's financial account information	Yes	No
Social Security Numbers:	Yes	No	Personal Information (Names, Addresses, Dates of Birth)	Yes	No
Drivers License Numbers:	Yes	No			
Other:	Yes	If yes, please describe in the space provided below ▼			

PRI-1 Please quantify the number of individual non-employee, customer, client, vendor, or supplier Personally Identifiable Non-Public Information records.
(If unable to provide an exact number, please provide a best estimate, and describe the methodology for arriving at this estimate in the space provided below. ▼) _____

PRI-2 Does the Assured Organization have an individual, committee, or team assigned to reviewing, modifying, or implementing enterprise wide network security and compliance, including but not limited to data protection and Personally Identifiable Non-Public Information protection? Yes No

PRI-3 Does the Assured Organization have an individual, committee, or team assigned to reviewing, modifying, or implementing policies and procedures for safeguarding information as respects federal, state or local privacy regulations? Yes No

PRI-4 Does the Assured Organization have a written Privacy Policy concerning Personally Identifiable Non-Public Information? Yes No

- Did an outside legal firm develop or review the Privacy Policy? Yes No
- Is the Privacy Policy compliant with the rules and regulations of all federal, state, and local Privacy Law? Yes No

PRI-5 What is the Assured Organization's expected annual revenue over the next 12 months?

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PRI-6	Are Personally Identifiable Non-Public information records stored electronically? If Yes, please complete a) to d) below. If No, please skip to PRI-7.	Yes	No
	a) Are electronically stored (including storage on all transportable, portable, and at rest devices) Personally Identifiable Non-Public Information records encrypted?	Yes	No
	b) Is the hardware used to electronically store Personally Identifiable Non-Public Information destroyed when no longer in use or service?	Yes	No
	c) Are electronically stored Personally Identifiable Non-Public Information records backed-up on a regular basis? • How often are they backed-up? _____	Yes	No
	d) Are electronically stored Personally Identifiable Non-Public Information back-up records encrypted and housed in a secure location?	Yes	No
PRI-7	Are all of your PCs equipped with anti-virus software?	Yes	No
PRI-8	Are firewalls in place as part of your security system? a) What firewall security do you employ?	Yes	No
	b) Was it configured by a certified professional?	Yes	No
	c) Did you alter it in any way before installing it?	Yes	No
PRI-9	Does the Assured Organization maintain a wireless network? If yes, is it encrypted? Yes No	Yes	No
PRI-10	Do the Assured Organization's safeguards and security measures to prevent unauthorized access to hardware and paper files containing Personally Identifiable Non-Public Information include secured and locked file cabinets, file rooms, and server rooms?	Yes	No
PRI-11	Are electronic, hardware, or paper files containing Personally Identifiable Non-Public Information stored or transported externally for any reason? (Including, but not limited to the personal residence of an employee, laptops, external hard drives, flash drives, external storage at or transportation to an external vendor or facility.)	Yes	No
PRI-12	Does the Assured Organization have policies and procedures to restrict access to Personally Identifiable Non-Public Information to only those employees who need access to the Personally Identifiable Non-Public Information in the performance of their employment duties?	Yes	No
PRI-13	Does the Assured Organization have policies and procedures to recover and safeguard physical property and intellectual property after the resignation or termination of employees or independent contractors?	Yes	No
PRI-14	Does the Assured Organization have policies and procedures to lock-out employees or independent contractors from external systems upon resignation or termination?	Yes	No
PRI-15	Does the Assured Organization have policies and procedures in place to review partner and third party service provider network security and data protection standards to ensure they meet best practices standards?	Yes	No not applicable
PRI-16	Do the Assured Organization's contracts with third party network security and data protection service providers contain hold harmless and indemnity agreements inuring to the Assured Organization's benefit?	Yes	No not applicable
PRI-17	Has the Assured Organization obtained all necessary rights, licenses, releases and consents applicable to content created or provided by the Assured Organization?	Yes	No not applicable
PRI-18	Does the Assured Organization edit or review content created or provided to the Assured Organization by others?	Yes	No not applicable

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PRI-19	Does the Assured Organization's website provide or display blogs, customer forums, chat rooms, or user comments? If yes, does the Assured Organization monitor the content?	Yes Yes	No No
PRI-20	Does the Assured Organization have policies and procedures for removing controversial or potentially infringing material?	Yes	No not applicable
PRI-21	Presently, and at any time during the last 5 years, has any employee, customer or client complained or alleged that their Personally Identifiable Non-Public Information was compromised, or have you notified any employee, customer or client that such information may have been compromised?	Yes	No
PRI-22	Has any employee or independent contractor working on behalf of the Assured Organization ever been disciplined for mishandling data or tampering with a computer network?	Yes	No
PRI-23	Is any principal, partner, officer or professional employee presently, or have any of them within the past 5 years, been the subject of an investigation, charge, proceeding or action by any governmental or regulatory body or by any professional or licensing body in connection with professional activities?	Yes	No If yes, please provide details below ▼
PRI-24	Is the Assured Organization now, or has it been within the past 5 years, a party to any lawsuit or other legal proceeding?	Yes	No If yes, please provide details below ▼
PRI-25	Does any person or entity proposed for this insurance have knowledge or information of any act, error, omission, fact or circumstance that might reasonably be expected to give rise to a claim against him or any Assured Organization, or his or their predecessors in business?	Yes	No If yes, please provide details below ▼
<p>It is understood and agreed that the applicant's responses to questions PRI-21 through PRI-25 have been provided following, and based upon, reasonable inquiry, and that if any information was not disclosed that should have been disclosed, coverage shall be excluded for all Assureds for any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such information that was not disclosed.</p>			

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Other Information

- INF-1 **The undersigned declares that to the best of his/her knowledge, the responses, statements and information provided herein are true, accurate and complete, based upon reasonable inquiry. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall form the basis of the contract should a Policy be issued, and this application will be deemed attached to, and become part of such Certificate, if issued. Underwriters shall be authorized to perform any and all investigations and inquiries in connection with this Application as they may deem necessary.**
- INF-2 **It is represented and warranted that the particulars and statements contained in the Application for the proposed Certificate and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached), are the basis for the proposed Certificate and are to be considered as incorporated into, and constituting part of, the proposed Certificate.**
- INF-3 **It is agreed that in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of the Certificate, the undersigned or the applicant will promptly notify Underwriters of such material changes and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.**
- INF-4 **It is agreed that in the event there is any material misstatement or untruth in the applicant's responses to the questions contained in this Application, Underwriters shall have the right to exclude from coverage any Claim based upon, arising out of or attributable to, in whole or in part, directly or indirectly, or in any in any way involving the facts or subject matter of such material misstatement or untruth, *provided* that coverage under the Employment Practices Liability Coverage, Directors & Officers Liability Coverage and Fiduciary Liability Coverage shall be excluded only for any Assured that knew of the material misstatement or untruth, regardless of whether such Assured caused the information not to be included in the response to this Application.**

Disclaimer and Signature

Signed: _____

Name: _____

Capacity: _____

Assured Organization: _____

Date: _____

Submitted by: _____
(Agent)

Date: _____

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed on the same document.