NOTICE: THE POLICY BEING APPLIED FOR IS A MODULAR POLICY THAT CAN BE CUSTOMIZED TO PROVIDE COVERAGE FOR MEDIA LIABILITY, FILM AND ENTERTAINMENT LIABILITY, PROFESSIONAL SERVICES LIABILITY / TECHNOLOGY AND INTERNET SERVICES LIABILITY AND PRIVACY AND NETWORK SECURITY LIABILITY.

IN THE EVENT THAT A POLICY IS ISSUED TO THE APPLICANT, COVERAGE MAY APPLY ON EITHER A CLAIMS MADE OR AN OCCURRENCE BASIS, AS INDICATED IN EACH COVERAGE SECTION. IF COVERAGE IS PROVIDED ON AN OCCURRENCE BASIS, THEN COVERAGE APPLIES TO ONLY THOSE CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TAKE PLACE DURING THE POLICY PERIOD. IF COVERAGE IS PROVIDED ON A CLAIMS MADE AND REPORTED BASIS, THEN COVERAGE APPLIES TO ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE POLICY.

Claim Expenses (the costs of providing a defense to a claim or suit) may reduce and erode the Limits of Liability available to pay any judgment or settlement, or they may be paid in addition to the Limits of Liability, as indicated in the Policy if issued to the Applicant.

PLEASE CAREFULLY READ AND COMPLETE THE APPLICATION, INCLUDING THOSE SECTIONS APPLICABLE TO THE COVERAGES REQUESTED, AND ALL APPLICABLE SUPPLEMENTAL APPLICATIONS.

**NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY MEDIA, PRODUCTIONS, SERVICES, PERSONS OR OTHER ITEMS REFERENCED HEREIN WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.**

**SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.**

|  |
| --- |
| APPLICANT INFORMATION |

|  |  |
| --- | --- |
| 1.1 | Proposed Named Insured (This is how the name and address of the Named Insured will read on the Declarations Page if coverage is bound and a Policy is issued.): |
|  | Name: |       |
|  | Mailing Address: |       |
|  | City, State, Zip: |       |
|  | County: |       |
|  | Phone: |       |
| 1.2 | Website Address(es): |       |
| 1.3 | Date Established: |       |
| 1.4 | Is Applicant a: | [ ]  sole-proprietor [ ]  partnership [ ]  LLC [ ]  corporation [ ]  joint-venture[ ]  non-profit [ ]  individual [ ]  other, describe:       |
| 1.5 | Description of Operations: |
|  |       |

|  |
| --- |
| **FOR THE REMAINDER OF THIS APPLICATION, “*APPLICANT*” REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).** |

|  |
| --- |
| desired coverage/ LIMITS / RETENTION OPTIONs and effective date |

**PLEASE NOTE: YOU MUST PURCHASE EITHER THE MEDIA OR FILM AND ENTERTAINMENT COVERAGE TO BE ELIGIBLE FOR THE PROFESSIONAL SERVICES AND/OR PRIVACY COVERAGE.**

|  |  |
| --- | --- |
| 2.1 | Specify the following details for coverages desired: |

| **Desired** | **Coverage** | **Each Claim / Wrongful Act Limit** | **Aggregate Limit** | **Retention** | **Claims-Made or Occurrence** | **Retroactive Date** **mm/dd/yyyy****(if applicable)** | **Claim Expenses**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Media |       |       |       |  |       |  |
| [ ]  | Film and Entertainment |       |       |       |  |       |  |
| [ ]  | Professional Services |       |       |       |  |       |  |
| [ ]  | Network Security |       |       |       |  |       |  |

If you would like additional Limit / Retention and/or other coverage options please specify in a separate attachment.

|  |  |  |
| --- | --- | --- |
| 2.2 | Effective Date: |       (mm/dd/yyyy) |

|  |
| --- |
| organizational structure |

|  |  |
| --- | --- |
| 3.1 | Please list all subsidiaries, or other related or affiliated entities (and indicate their DBA(s), if applicable), for which coverage is desired. If none, please indicate none: |

| **Name of Entity** | **Nature of Operations** | **% Ownership** | **Coverage Desired** |
| --- | --- | --- | --- |
|       |       |    % | [ ]  Yes [ ]  No |
|       |       |    % | [ ]  Yes [ ]  No |
|       |       |    % | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| 3.2 | Is Applicant owned by, controlled by or affiliated with any other entity or organization? | [ ]  Yes [ ]  No |
|  | If Yes, identify the entity or organization and explain the relationship:       |
| 3.3 | Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity? | [ ]  Yes [ ]  No |
|  | If Yes, please complete the following: |

|  | **Transaction** | **Did Applicant Assume Any** |
| --- | --- | --- |
| **Name of Entity** | **Date** | **Type** | **Assets?** | **Liabilities?** |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |

|  |
| --- |
| REVENUE / GROSS PRODUCTION BUDGET INFORMATION |

|  |  |
| --- | --- |
| 4.1 | Please provide the following Revenue information regarding Applicant’s operations or services: |

| **Fiscal Year End****Date: \_\_\_     \_\_\_** (mm/dd/yyyy) | Past Year |  |  | Current Year |  |  | Next Projected Year |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Media or Film and Entertainment Operations: | US: | $ |       | US: | $ |       | US: | $ |       |
| Foreign: | $ |       | Foreign: | $ |       | Foreign: | $ |       |
| Total: | $ |       | Total: | $ |       | Total: | $ |       |
| Professional Services and/or Technology Services: | US: | $ |       | US: | $ |       | US: | $ |       |
| Foreign: | $ |       | Foreign: | $ |       | Foreign: | $ |       |
| Total: | $ |       | Total: | $ |       | Total: | $ |       |
| **Total Gross Revenue:** | US: | $ |       | US: | $ |       | US: | $ |       |
| Foreign: | $ |       | Foreign: | $ |       | Foreign: | $ |       |
| Total: | $ |       | Total: | $ |       | Total: | $ |       |

|  |  |
| --- | --- |
| 4.2 | If operating in foreign countries, please list those countries which are outside the United States, its territories or possessions, Puerto Rico or Canada:       |
| 4.3 | For the production(s) the Applicant wants covered (Applicable for Film and Entertainment Coverage only), provide gross productions costs (total budget): |

|  |
| --- |
| **Gross Production Cost / Budget** |
| US: | $ |       |
| Foreign: | $ |       |
| Total: | $ |       |

|  |
| --- |
| CURRENT / prior coverage |

|  |  |
| --- | --- |
| 5.1 | Prior Professional Liability/Professional Services/Privacy and Network Security Insurance for the last three years: |

| **Coverage Type** | **Policy Period** | **Carrier** | **Limits** | **Deductible** | **Premium** | **Claims-Made or Occurrence** |
| --- | --- | --- | --- | --- | --- | --- |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| 5.2 | Is any extended reporting period currently in force? | [ ]  Yes [ ]  No |
|  | If Yes, provide the duration, expiration date and coverage type of the extended reporting period:       |
| 5.3 | Has Applicant ever applied for Professional Liability or any similar type of insurance and been denied, cancelled or non-renewed? If Yes, please explain in a separate attachment (Applicants located in the State of Missouri need not reply to this question). | [ ]  Yes [ ]  No |

|  |
| --- |
| CLAIMS AND POTENTIAL CLAIMS INFORMATION |

**Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.**

The term “Applicant” as used below, means any proposed insured, including any individual or entity for whom coverage is sought.

|  |  |  |
| --- | --- | --- |
| 6.1 | During the past five (5) years, has any claim, suit, proceeding, investigation or demand been made or initiated against the Applicant or against any entity or individual proposed for coverage, in way relating to the proposed insurance or any similar prior policy of professional liability insurance? | [ ]  Yes [ ]  No |
| 6.2 | In the past five years, has Applicant sued any of its clients for non-payment of fees or other amounts?  | [ ]  Yes [ ]  No |
|  | 1. If Yes, advise the number of times this has occurred
 | in the last twelve months:       | in the last five years:       |
|  | 1. In these instances, was the Applicant counter-sued?
 | [ ]  Yes [ ]  No |
| 6.3 | In the past five years, has any entity or professional employees of Applicant or other proposed insureds had their professional license(s) or certification(s) suspended or revoked? | [ ]  Yes [ ]  No |
|  | If Yes, please explain:       |
| 6.4 | Is the Applicant aware of any fact, circumstance, situation, demand, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against Applicant, for which coverage under the proposed insurance may be sought?  | [ ]  Yes [ ]  No |
| 6.5 | In the past five (5) years, has Applicant or any of Applicant’s predecessors in business, affiliates, or past or present partners, owners, officers, sales persons or employees been investigated for wrongdoing or misconduct and/or cited or fined or otherwise penalized by any regulatory agency or governmental authority? | [ ]  Yes [ ]  No |

**Answer questions 6.6, 6.7 and 6.8 only if applying for Privacy and Network Security Liability Coverage.**

|  |  |
| --- | --- |
| 6.6 | In the last five (5) years has the Applicant: |
|  | 1. Received any claims, suits, demands or complaints with respect to privacy, breach of information or network security, or unauthorized use or disclosure of information?
 | [ ]  Yes [ ]  No |
|  | 1. Been subject to any regulatory or governmental proceeding, action or investigation, including any subpoena or official request for information or documentation, regarding an alleged violation of any law or regulation governing the protection and security of confidential or proprietary information?
 | [ ]  Yes [ ]  No |
|  | 1. Notified clients, employees, customers, consumers or any other parties of an actual or suspected breach of any computer system or the loss or disclosure or private information or data, involving the Applicant?
 | [ ]  Yes [ ]  No |
|  | 1. Experienced any actual or attempted extortion demand with respect to its computer systems?
 | [ ]  Yes [ ]  No |

|  |
| --- |
| **The policy for which the Applicant is applying, if issued, will not insure any claim, suit, proceeding or other matter disclosed, or which should have been disclosed, in response to the above; or any claim, suit proceeding or other matter that arises from any fact, circumstance, situation, demand, error or omission disclosed, or which should have been disclosed, in response to the above.** |

|  |  |  |
| --- | --- | --- |
| 6.7 | Is the Applicant aware of any fact, circumstance, situation, demand, error or omission which can reasonably be expected to result in a claim, suit, demand or proceeding being made against Applicant, for which coverage under the proposed insurance may be sought? | [ ]  Yes [ ]  No |
| 6.8 | Is the Applicant aware of any circumstance or situation involving: |
|  | 1. Loss or compromise of private or confidential information or data?
 | [ ]  Yes [ ]  No |
|  | 1. Unauthorized access to the Applicant’s computer system?
 | [ ]  Yes [ ]  No |
|  | 1. Introduction of any virus, malware or malicious code into the Applicant’s computer system?
 | [ ]  Yes [ ]  No |
|  | 1. Damage to or destruction of data of the Applicant for which coverage under the proposed insurance may be sought?
 | [ ]  Yes [ ]  No |

If the response was “Yes” to any of the questions in this Section VI., please provide the following information in a separate attachment for any claim, suit, proceeding, circumstance, situation or other matter relating to the questions above:

|  |  |
| --- | --- |
| * A full description of any matter, including damages alleged, if applicable
 | * Current status
 |
| * Date the insurance carrier was put on notice
 | * Loss runs
 |
| * Amounts of: reserves; legal expenses paid; and settlements or judgments
 | * Steps implemented to prevent similar claims
 |

|  |
| --- |
| Risk management, EDitorial & legal procedures for media / film coverage |

## legal ADVICE AND PROCEDURES

|  |  |
| --- | --- |
| 7.1 | Inside Counsel / Outside Law Firm: |

|  | **In-house Counsel** | **Outside / Clearance Law Firm** |
| --- | --- | --- |
| Contact Name: |       |       |
| Phone #: |       |       |
| Email Address: |       |       |
| Firm Name: |  |       |
| Address: |  |       |

|  |  |
| --- | --- |
| 7.2 | Is in-house legal counsel or outside counsel retained to review any of the following for the Applicant:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Clearance procedures: | [ ]  Yes [ ]  No | Hold harmless / indemnification agreements: | [ ]  Yes [ ]  No |
| Complaints: | [ ]  Yes [ ]  No | Licensing issues: | [ ]  Yes [ ]  No |
| Contracts or agreements: | [ ]  Yes [ ]  No | Releases: | [ ]  Yes [ ]  No |
| Disclaimers: | [ ]  Yes [ ]  No | Trademark and copyright / other intellectual property: | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| 7.3 | Is there an outside legal counsel or law firm on retainer? | [ ]  Yes [ ]  No |
|  | If Yes, for what types of issues:       |
| 7.4 | Does in-house legal counsel or outside counsel review the content of all media and film or other entertainment productions, including but not limited to publications, broadcasts, websites, social media, public speeches or statements and advertising materials? | [ ]  Yes [ ]  No |

## media PROCEDURES

|  |  |  |
| --- | --- | --- |
| 7.5 | Does the Applicant have a procedure in place for reviewing and processing unsolicited submissions of matter or content? | [ ]  Yes [ ]  No |
| 7.6 | Are written disclaimers utilized in respect to financial, legal or medical advice given to clients or other parties? | [ ]  Yes [ ]  No |
| 7.7 | Have procedures been implemented to handle and respond to complaints? | [ ]  Yes [ ]  No |
| 7.8 | Describe Applicant’s procedures to ensure the accuracy and originality of content created: |
|  | 1. By employees and others internally:
 |
|  | 1. By independent contractors (freelance writers, photographers, artists):
 |
| 7.9 | Are written consents procured in advance (prior to release to the public) for unoriginal content or material contained in any media or work product? | [ ]  Yes [ ]  No |
|  | If No, please describe the efforts taken:       |
| 7.10 | Does Applicant produce, publish or distribute media in any language other than English? | [ ]  Yes [ ]  No |
|  | If Yes, please describe:       |
| 7.11 | Are hold harmless/indemnification provisions included in written agreements between the Applicant and independent contractors that provide content and/or services to the Applicant? | [ ]  Yes [ ]  No |
|  | If Yes, does the agreement include assignment of rights in any medium, including digital and electronic format? | [ ]  Yes [ ]  No |
| 7.12 | Are subcontractors and/or independent contractors or others providing services to Applicant or on Applicant’s behalf required to provide proof of insurance? | [ ]  Yes [ ]  No |
| 7.13 | Approximately what percentage of matter/content is: |

|  |  |
| --- | --- |
| **Type** | **Percentage** |
| Created in-house: |    % |
| Provided by Independent Contractors: |    % |
| Obtained by news syndicates / stock photo houses: |    % |
| Other, please describe:       |    % |
| Total:  | 100% |

|  |  |  |
| --- | --- | --- |
| 7.14 | Does Applicant stream any content over website(s)? | [ ]  Yes [ ]  No |
|  | 1. If Yes, does Applicant pay licensing fees to ASCAP, BMI, SESAC or other organizations for the content that is streamed?
 | [ ]  Yes [ ]  No |
|  | 1. If No, please provide details:
 |
| 7.15 | Do appropriate employees and independent contractors receive training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights? | [ ]  Yes [ ]  No |
| 7.16 | Does the Applicant develop any trademarks or service marks? If Yes: | [ ]  Yes [ ]  No |
|  | 1. How many are developed annually?
 |       |
|  | 1. Are trademark or service mark searches performed?
 | [ ]  Yes [ ]  No |
|  | If Yes, by whom?       |
|  | 1. Does Applicant have written procedures in place to clear trademarks, service marks or material that may be protected by copyright?
 | [ ]  Yes [ ]  No |
|  | 1. Describe Applicant’s clearance procedure for trademarks, services and copyrighted material:
 |

|  |
| --- |
| PLEASE ATTACH A COPY OF YOUR CLEARANCE PROCEDURES**.** |

|  |  |  |
| --- | --- | --- |
|  | 1. Does the Applicant have a procedure in place to regularly review all copyright, trademark and service mark license agreements to ensure they are current and the trademark or copyrighted material is being utilized correctly and in a manner consistent with the scope of agreed upon rights?
 | [ ]  Yes [ ]  No |
|  | 1. Does Applicant always follow an established procedure for detecting or editing controversial, offensive, or infringing material from Applicant’s website or Internet service?
 | [ ]  Yes [ ]  No |
|  | 1. Is there an immediate take down policy?
 | [ ]  Yes [ ]  No |

## film and entertainment PROCEDURES

|  |  |  |
| --- | --- | --- |
| 7.17 | Does the Applicant have a procedure in place for reviewing and processing unsolicited submissions or matter or content? | [ ]  Yes [ ]  No |
| 7.18 | If the name or likeness of any living person is used or portrayed in Applicant’s productions, are all necessary rights and releases obtained prior to use? If no: | [ ]  Yes [ ]  No |
|  | 1. Are releases obtained in all instances prior to the first airing, distribution or public display of the production?
 | [ ]  Yes [ ]  No |
|  | 1. If releases are not or will not be obtained, please explain:

: |
| 7.19 | Is there any reasonable expectation that a living person could claim to be identifiable in the production, whether or not the person’s name or likeness is actually used in the production, or the production purports to be fictional? | [ ]  Yes [ ]  No |
|  | If Yes, has a written release been obtained from all such persons? | [ ]  Yes [ ]  No |
|  | If No, will a written release be obtained prior to the first airing, distribution or public display of the production? | [ ]  Yes [ ]  No |
|  | If a release has not been obtained, please explain:       |
| 7.20 | If the name or likeness of any deceased person is used or portrayed in applicant’s productions, are all necessary releases obtained? | [ ]  Yes [ ]  No |
|  | If Yes, will written releases be obtained from personal representatives, heirs or owners of such rights? | [ ]  Yes [ ]  No |
|  | If No, will written releases be obtained in all instances prior to the first airing, distribution or public display of the production? | [ ]  Yes [ ]  No |
|  | If a release has not been obtained from such person, please explain:       |
| 7.21 | Has applicant obtained title and trademark reports from a recognized agency and has this been reviewed as satisfactory by a qualified attorney? | [ ]  Yes [ ]  No |
|  | If No, please explain:       |

|  |
| --- |
| **PLEASE ATTACH A COPY OF THE TITLE REPORT.** |

|  |  |  |
| --- | --- | --- |
| 7.22 | Has Applicant and Applicant’s attorneys reviewed the Clearance Procedures attached to this Application, and does the Applicant agree to exercise due diligence to ensure that these procedures are followed in relation to the production(s) for which Applicant is seeking coverage? If No: | [ ]  Yes [ ]  No |
|  | 1. Please explain why:
 |
|  | 1. Please provide a description of Applicant’s Clearance Procedures that will be followed:
 |

**Additional Coverage(s) that may be applicable**

|  |
| --- |
| professional / technology / internet services [ ]  NOT APPLICABLE |

|  |  |
| --- | --- |
| 8.1 | Describe in detail the services provided by Applicant that the Applicant seeks to insure:       |
|  | NOTE: This information will be used to develop a description of Covered Services to be included on the Declarations of any Policy issued, or a Schedule of Covered Services to be attached to any Policy issued. |
| 8.2 | Please complete the following with regard to Applicant’s activities: |

| **Activity / Service** | **% of Revenues** | **Activity / Service** | **% of Revenues** |
| --- | --- | --- | --- |
| **Data / Facilities Services:** |  | **Marketing Services:** |  |
| Backup Services/Archiving |      % | Branding |      % |
| Data Processing/Warehousing/Mining/Management |      % | Coupon/Rebate/Promotions Distribution / Redemption Management |      % |
| Server/Co-location/Hardware Facilities Management |      % |
| **Hardware:** |  | Direct Mail Development/Implantation |      % |
| Cabling/Wiring  |      % | Event Planning |      % |
| Component/Chip Design/Manufacturing |      % | Graphic Design |      % |
| Component Assembling |      % | Investor Relations |      % |
| Embedded Software Design/Installation |      % | Logos/Trademark Development |      % |
| Hardware VAR |      % | Mail List Development/Maintenance |      % |
| Maintenance/Repair/Installation/Integration |      % | Market Survey Design/Research/Analysis/Consulting |      % |
| **Internet:** |  | Media Buying/Placement |      % |
| Advertising/Promotional Design/Services |      % | Music Service |      % |
| ASP |      % | Package/Display/Brochure Design |      % |
| Content Provider/Aggregator/Publisher |      % | Photo Service |      % |
| E-Commerce Services |      % | Production of Commercials or other Advertising Content |      % |
| ISP |      % |
| Portal (including Chat/BB/Blogs) |      % | Product Development/Product Testing |      % |
| Search Engines |      % | Promotions Design/Development |      % |
| Website Development/Maintenance/Hosting |      % | Printing (e.g. Business Forms, Pamphlets, Directories, Social, Bindery, Catalogs) |      % |
| Website Ownership |      % |
| **Software:** |  | Printing (e.g. Discount/Rebate Coupons, Lottery tickets, Sweepstakes tickets, Corporate/Financial reports) |      % |
| Custom Software |      % |
| Installation/Maintenance/Training/Support |      % |
| Package Software |      % | Publishing |      % |
| Programming |      % | Public Relations Consulting |      % |
| Software VAR |      % | Strategic Planning |      % |
| **Technology / Internet / Telecommunications Consulting:** | Telemarketing |      % |
| Internet/E-Business  |      % | Warehousing/Inventory/Fulfillment Services |      % |
| Outsourcing/Permanent-Temporary Placement |      % |  |  |
| System-Network Analysis/Design/Integration/Migration |      % |  |  |
|  |  |
| **Telecommunications Services:** |  | **Other: (Please specify)** |  |
| Cable or Satellite Television Service Provider |      % |       |      % |
| Long Distance Service Provider |      % |       |      % |
| Local Service Provider/Cooperatives |      % |       |      % |

|  |  |  |
| --- | --- | --- |
| 8.3 | Does Applicant have any certified, licensed or registered professionals on staff? (e.g. architects, engineers, healthcare providers, attorneys, CPAs, actuaries, insurance agents or brokers, financial planners/advisors, etc.) If yes: | [ ]  Yes [ ]  No |
|  | 1. Please provide details on a separate attachment.
 |
|  | 1. Are such professionals:
 | [ ]  | Involved, in any way, in the services the Applicant seeks to insure; or |
|  |  | [ ]  | solely involved in the Applicant’s operational administration (e.g. CFO, in-house legal counsel, in-house risk manager) |
| 8.4 | Provide the following information regarding Applicant’s five (5) largest clients, for whom you are performing services: |

|  | **Client** | **Dollar Value of Contract** | **Length of Contract** | **Type of Services** |
| --- | --- | --- | --- | --- |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |

## independent contractors

|  |  |  |
| --- | --- | --- |
| 8.5 | Does Applicant use independent contractors for any services?  | [ ]  Yes [ ]  No |
|  | If Yes, what specific activities do they perform; and what percentage of Applicant’s total revenues are derived from activities performed by independent contractors?       |
| 8.6  | Describe what controls Applicant has in place to ensure the quality of work performed by independent contractors:       |
| 8.7  | Does Applicant require independent contractors to maintain their own professional liability or errors and omissions (E&O) insurance?  | [ ]  Yes [ ]  No |
|  | If Yes, what are the minimum limits required? |       |
| 8.8 | Does Applicant use a written contract with independent contractors? | [ ]  Yes [ ]  No |

## contracts / licensing agreements

|  |  |  |
| --- | --- | --- |
| 8.9  | Does Applicant use a standard written contract or agreement with allcustomers andclients? | [ ]  Yes [ ]  No |
| 8.10 | Indicate the percentage of contracts where Applicant ‘s standard contract, the client’s contract, or combination of both is used: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|    % | Applicant |    % | Client |    % | Combined |

|  |  |  |
| --- | --- | --- |
| 8.11  | Does legal counsel review all contracts? | [ ]  Yes [ ]  No |
|  | 1. If No, what percentage of total contracts are reviewed?
 |    % |
|  | 1. Does legal counsel review modifications to standard contracts?
 | [ ]  Yes [ ]  No |
| 8.12 | What is the dollar value of Applicant’s contracts? | Average:       | Largest:       |
| 8.13 | What is the length of Applicant’s contracts? | Average:       | Longest:       |
| 8.14 | Do Applicant’s contracts contain any of the following provisions? |  |
|  | Hold harmless/indemnification wording to: | [ ]  Insurance requirements for clients with minimum limits |
|  | [ ]  Applicant’s favor | [ ]  Limitation of liability/Disclaimers |
|  | [ ]  Client’s/member’s favor | [ ]  Statement of work specifications |

## quality control and procedures

|  |  |
| --- | --- |
| 8.15 | What does Applicant see as its greatest potential exposure(s) arising out of the services for which it is seeking coverage?       |
| 8.16 | What safeguards does Applicant employ to avoid claims or reduce Applicant’s exposures?       |
| 8.17 | How does Applicant inform clients of problems if discovered?       |
| 8.18  | Does Applicant have a written complaint resolution policy or procedure relating to its services? | [ ]  Yes [ ]  No |
| 8.19  | Does Applicant perform quality control audits? | [ ]  Yes [ ]  No |
|  | If Yes, how frequently are audits performed?       |
| 8.20  | If Applicant is a value-added reseller of software/hardware, is the manufacturer still in business and does the manufacturer continue to support products they have manufactured? | [ ]  Yes [ ]  No |
| 8.21  | Does Applicant continue to support all software/hardware that Applicant has developed and/or distributed? | [ ]  Yes [ ]  No |
| 8.22  | Do clients always provide written acceptance of the systems and/or software after the production or implementation? | [ ]  Yes [ ]  No |
| 8.23  | Is a standard test plan followed by Applicant for all system and/or software design and development work (i.e. alpha, beta prototype development, etc.)? | [ ]  Yes [ ]  No |
| 8.24  | Are clients responsible for determining the accuracy of test results? | [ ]  Yes [ ]  No |
| 8.25  | Does Applicant retain design, development and testing documentation for the life of the systems and/or software? | [ ]  Yes [ ]  No |
|  | If No, how long is this information retained by Applicant?       |
| 8.26  | Has Applicant had a product recalled in the past three (3) years? | [ ]  Yes [ ]  No |
|  | If Yes, please explain:       |
| 8.27 | Does Applicant use content, including software and computer programs, developed by third parties? | [ ]  Yes [ ]  No |
| 8.28 | Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)? | [ ]  Yes [ ]  No |

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| --- |
| PRIVACY and network security [ ]  NOT APPLICABLE |

|  |  |  |
| --- | --- | --- |
| 9.1  | Does Applicant collect, process, store or maintain any private or personal information or data or confidential business information or data? | [ ]  Yes [ ]  No |
|  | If yes, please indicate what type: |

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Accounts / Records: | [ ]  Yes [ ]  No | Healthcare / Medical Information: | [ ]  Yes [ ]  No |
| Credit / Payment Card Information: | [ ]  Yes [ ]  No | Intellectual Property of Others: | [ ]  Yes [ ]  No |
| Confidential Corporate Information / Trade Secrets of others: | [ ]  Yes [ ]  No | Social Security Numbers: | [ ]  Yes [ ]  No |
| Employee Information: | [ ]  Yes [ ]  No | Other, please describe:       | [ ]  Yes [ ]  No |

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| --- | --- | --- |
| 9.2 | Has the Applicant experienced any loss of service exceeding 8 hours, excluding any planned maintenance? | [ ]  Yes [ ]  No |
| 9.3  | Estimate the number of records Applicant stores electronically or in paper files: |       |
| 9.4 | Does Applicant outsource any of the following functions, and if so please list vendors utilized? (Check all that apply.) |

|  |  |
| --- | --- |
| [ ]  Data or Records Storage | [ ]  Network/User Support Services |
| [ ]  Document Management | [ ]  Payment Processing |
| [ ]  Network Management | [ ]  Website Design or Maintenance |
| [ ]  Monitoring, Management or Maintenance of computer /  device security systems | [ ]  Other Technology Services/Functions, please specify:       |

|  |  |  |
| --- | --- | --- |
| 9.5  | Does Applicant collect, sell or share information or data gathered from customers or others? If Yes: | [ ]  Yes [ ]  No |
|  | 1. Does Applicant notify and obtain the consent of customers or others prior to selling or sharing their information or data?
 | [ ]  Yes [ ]  No |
|  | 1. By what means? [ ]  Opt-in [ ]  Opt-out [ ]  Other
 |
| 9.6  | Is Applicant in compliance with any state or federal law which protects or regulates personal information or data? | [ ]  Yes [ ]  No |
|  | 1. Is Applicant in compliance with the HIPAA Privacy Rule?
 | [ ]  Yes [ ]  No [ ]  N/A |
|  | 1. Does Applicant comply with Gramm Leach Bliley Act?
 | [ ]  Yes [ ]  No [ ]  N/A |
|  | 1. Other, please describe:
 |
| 9.7  | Does Applicant perform background checks, including credit and criminal history on all: |  |
|  | 1. Employees?
 | [ ]  Yes [ ]  No |
|  | 1. Independent Contractors?
 | [ ]  Yes [ ]  No |
|  | 1. Consultants?
 | [ ]  Yes [ ]  No |
| 9.8  | Does Applicant have a formal technology and computer systems training program, including a review of all security procedures, for all employees, independent contractors and consultants? | [ ]  Yes [ ]  No |
| 9.9  | Has Applicant implemented a user permission and password management policy for all computers, phones or other portable devices? | [ ]  Yes [ ]  No |
| 9.10  | Does Applicant accept credit cards for goods sold or services rendered? | [ ]  Yes [ ]  No |
|  | 1. If Yes, how many transactions are processed monthly?
 |
|  | 1. Is Applicant in compliance with PCI / DSS standards?
 | [ ]  Yes [ ]  No |
|  | If Yes, indicate level of compliance: [ ]  1 [ ]  2 [ ]  3 [ ]  4 |
| 9.11 | Does Applicant encrypt any of the following hardware? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Laptops
 | [ ]  Yes [ ]  No |  | 1. Backup Tapes/Disks
 | [ ]  Yes [ ]  No |
| 1. USB drives
 | [ ]  Yes [ ]  No |  | 1. Blackberries/iPhones/iPads, or other “smart” devices
 | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| 9.12 | Do Applicant’s external computer systems use firewalls and intrusion detection systems? | [ ]  Yes [ ]  No |
| 9.13 | Does Applicant use anti-virus and other preventive software to prevent malicious code from entering their system? | [ ]  Yes [ ]  No |
| 9.14 | Does Applicant have physical security measures in place to limit physical access to the Applicant’s computer systems / data centers? | [ ]  Yes [ ]  No |
| 9.15 | Does Applicant audit or assess the security of Applicant’s network at least once a year? | [ ]  Yes [ ]  No |
|  | If Yes, are all recommendations addressed? | [ ]  Yes [ ]  No |
| 9.16 | Does Applicant have Business Continuity/Disaster Recovery plans in place for allmission critical business processes?  | [ ]  Yes [ ]  No |
| 9.17 | Does Applicant have a data backup procedure in place? | [ ]  Yes [ ]  No |
|  | 1. If Yes, how often is data backed up?
 |       |
|  | 1. Where does Applicant store backed up data?
 |
| 9.18 | Does Applicant have a written policy for document retention and destruction, including both paper and electronic records? | [ ]  Yes [ ]  No |

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| fraud warnings |

|  |
| --- |
| **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.****(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).** |

**APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**APPLICABLE IN CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN FL AND OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL only.

**APPLICABLE IN KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN KY, NY, OH AND PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**APPLICABLE IN ME, TN, VA AND WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**APPLICABLE IN NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**APPLICABLE IN OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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| --- |
| REPRESENTATIONS |

|  |
| --- |
| ***This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.*** ***By signing this Application, Applicant represents the following:*** |
|  | ***The statements in the Application furnished to the Company are accurate and complete;*** |
|  | ***Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;*** |
|  | ***Those representations are a material inducement to the Company to provide a Quotation;*** |
|  | ***If a policy is issued, the Company will have issued this Policy in reliance upon those representations;*** |
|  | ***The Applicant agrees to notify the Company of any material change in the Applicant’s condition or in the Applicant’s activities, services, or answers provided in this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued; and*** |
|  | ***The Company reserves the right, upon receipt of such notice, to change or rescind any Quotation previously offered by the Company.*** |

***This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.***

|  |  |  |
| --- | --- | --- |
|  |  |       |
| **Signature of authorized representative of Applicant** |  | **Title of Authorized Representative** |
|       |  |       |
| **Type / Print name of authorized representative** |  | **Date** |
|       |  |  |
| **E-mail address of authorized representative** |  |  |