



FailSafe[®]
technology liability

Submission

Doing business has never been easier --- just click the SUBMIT button at the end of this form.

Please complete producer information so we may route this submission to the correct regional underwriter:

* Asterisked fields are required.

* Producer Name: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

HFP Producer Code: _____

* Producer Contact Name: _____

* Email Address: _____

Telephone: _____ Fax: _____

* This is a New Application Renewal Application

* Proposed Effective Date: _____ (mm/dd/yyyy)

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Detailed Instructions for Use of this Application

You can open the form in your web browser or directly through Adobe Reader.

Filling in the form:

1. Click onto the first field requiring data entry and type in your response.
2. Use the tab button to navigate to the next field, or use your mouse and click.
3. Fill in all applicable fields.

Saving the form to your computer:

Use "File/Save" menu option, "Save" icon on the toolbar or "Save" button at the end of the form.

Printing the form:

Use the "File/Print" menu option, "Print" icon on the toolbar or "Print" button at the end of the form.

Emailing the saved form:

1. Save the application form to your computer.
 2. Click the "Email" button at the end of the form.
 3. In addition to the application form, you can include other attachments, if desired.
- As the broker, you can email the form to your prospective insured for filling out information.
As the insured, you can edit the application form, save it, and email the form back to your broker.

Submitting the saved form to HFP:

1. Save the application form to your computer.
2. Click the "Submit" button at the end of the form (make sure you're connected to the Internet).
3. An email draft is created, addressed to HFP, and the completed form is attached.
4. Send the email.

By completing this application, and in using the SUBMIT button, you are applying for insurance from The Hartford only for the coverages specified in the application. Completion of the application in no way binds The Hartford to provide insurance for either coverages requested or for coverages not requested on such application.

For technical help, please contact the HFP Help Desk at 212-277-0888 or via email at 2ParkAve.7Help@thehartford.com



Agent Name: _____ Agent License Number: _____

You?

The words **You, Your, Yours** in this application mean the person(s) and/or entity(ies) seeking coverage.

You, Your, Yours also mean subsidiary(ies), if the person(s) or entity(ies) has more than 50% ownership interest. Plus, **You, Your, Yours** also mean each individual who is an officer, director, owner, partner or employee of the person(s), entity(ies) or subsidiary(ies).

A. General Information

- 1 Name? (use the name as it should appear on the policy)

- 2 List all Subsidiaries: _____
- 3 Where's **Your** home office? (provide mailing & physical address if they're not the same)

- 4 Is **Your** entity Public or Private? Is it a Sole proprietorship
Corporation LLC Joint Venture Something else? _____
- 5 How long have **You** been in business? (mm/dd/yyyy) _____

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There are no strings attached.
This application doesn't obligate **You** to buy or even consider buying a policy. It also doesn't obligate Us to sell or offer to sell a policy to **You**.

Please answer carefully.
Incorrect, incomplete, misleading or false answers will most likely result in a retracted offer or voided coverage. If **You** don't have enough space to answer a particular question, attach a sheet. If a question doesn't apply to **You**, write NA (not applicable). If You leave a question blank, We will assume **You** mean NA.

EXPENSE AND
CLAIMS MADE AND REPORTED DISCLOSURE
This application is for a claims first made and reported in writing policy. Please contact your agent or broker if you have any questions.

The policy, if issued, applies only to claims when the glitch occurs on or after the retroactive date and before the end of the policy period, and the claim is first made against any of You and reported in writing to us during the policy period. An extended reporting period may also be available.

Covered claim expenses and damages within the retention amount must be paid by You and do not reduce Limits of Liability. Covered claim expenses and damages above the retention amount are payable under the policy and reduce the Limits of Liability.

- 6 Have **You** purchased, merged or consolidated with any companies in the last 3 years?
Yes No
If yes, how many?
Did You purchase Assets Liabilities?
- 7 Have **You** sold or divested any companies?
Yes No
If yes, did **You** retain any liability? Yes No
- 8 List all of **Your** Websites. Include all URLs registered in **Your** name (subsidiaries too).

Please provide temporary login and password for restricted areas on **Your** Website(s).

- 9 Does **Your** Website(s) contain complete, accurate and up-to-date descriptions of **Your** services*?
Yes No
***EVERY TIME We use the word "services" in this application, We mean services You perform AND products You manufacture or design.**
- 10 Please list any association memberships.



Underwriting Contact
Information:
http://www.hfpinsurance.com/tech/tech_contacts.htm

Please e-mail to:
failsafe@thehartford.com

Fax:
866-560-0436

B. The Money

	① Total Revenues (including Your licensing and Website generated revenues)	Your Website generated revenues	% of Total Revenues that is Business to Business	% of Total Revenues that is Business to Consumer
Projected Next Fiscal Year _____	U.S.			
	Foreign			
	Total			
Projected Current Fiscal Year _____	U.S.			
	Foreign			
	Total			
Prior Completed Fiscal Year _____	U.S.			
	Foreign			
	Total			

② List foreign countries **You** do business in, if any.

_____ List foreign countries **You** have physical offices in, if any.

③ What % of **Your** total current revenues apply to:

_____ % Fees for technology services **You** provide

_____ % Licensing fees/Royalties

_____ % Maintenance/Service agreements

_____ % Referral or affiliate program fees

_____ % Software/Hardware devices and components **You** create and distribute

_____ % Software/Hardware devices and components **You** sell or distribute for others

_____ % Subscriptions

_____ % Website ads for others

_____ % Other _____

④ List total expenses for current and projected fiscal years:

Current _____

Projected _____

C. What Do You Do?

Use the grid on the following 2 pages to help describe **Your** business. **You** probably won't have an answer for every row on the grid. That's okay. If a particular services doesn't apply to **You**, write NA (not applicable) in that row. (If you leave a row blank, We'll assume **You** mean NA.) Of course if **You** offer a service not already included on the grid, add it.

C. What Do You Do?

1 What do You do? Service (Fill in <u>detailed</u> description. Include # of current products and customers, if applicable.)	Where does the Money come from?			What purpose does it serve and who uses it?	
	% of Total Revenues for Last Year	% of Total Current Revenues	% of Total Projected Revenues for Next Year	% of Services Attributable to Application/End Use for Next Year	% of Service Targeted to Industry for Next Year
				Select applicable letter(s) from Application/End Use Table below	Select applicable number(s) from Industry Table below
<i>Sample: billing & employee benefits customized software 3 core products, 20 customers</i>	25%	30%	35%	L. 10% M. 90%	4. 50% 5. 50%
Hardware Devices and Components Development/Sales:					
Hardware Devices and Components Installation/Integration/Maintenance:					
Packaged Software Development:					
Custom Software Development:					
Software Installation/Integration/Maintenance:					

Grid continues on next page

Industry Table

1. Government (military)
2. Government (non-military)
3. Aerospace/Defense
4. Banking/Investment
5. Insurance
6. Transportation
7. Retail
8. Educational Institutions
9. Utilities
10. Medical/Healthcare
11. Entertainment
12. Construction
13. Manufacturing/Industrial
14. Agriculture/Mining
15. Consumer/Home
16. Technology/Telecommunications
17. All
18. Other _____

Application/End Use Table

- A. Medical Purposes (diagnostics, patient care, non-administrative)
- B. Aerospace/Defense Applications (guidance systems, tracking, etc.)
- C. Training/Education
- D. Fire/Security/Emergency Applications
- E. Systems Security Advice/Products
- F. Pollution/Environmental Testing & Remediation
- G. Utility/Natural Resource Processes (oil & gas/power/nuclear energy, etc.)
- H. Manufacturing Processes (robotics, automation, PLC, CAM, etc.)
- I. CAD (non-structural)
- J. Accounting/Financial Software (no funds transfer)
- K. Financial Transaction Software (funds transfer, trading, financial modeling)
- L. Administrative (billing, sales, marketing, etc.)
- M. Human Resources
- N. Scientific/Weather (seismology, etc.)
- O. Communications
- P. Other _____

C. What Do You Do? *cont.*

Service (Fill in <u>detailed</u> description. Include # of current products and customers, if applicable.)	% of Total Revenues for <i>Last Year</i>	% of Total <i>Current</i> Revenues	% of Total Projected Revenues for <i>Next Year</i>	% of Services Attributable to Application/End Use for <i>Next Year</i>	% of Service Targeted to Industry for <i>Next Year</i>
				Select applicable letter(s) from Application/End Use Table below	Select applicable number(s) from Industry Table below
Consulting Services:					
Internet Access:					
Website Design/Hosting:					
Systems Outsource/System Facilities Management/Admin:					
Application Services/Rentals/Leasing (ASP):					
E-commerce Applications:					
Additional Services (fill-in):	This column should total 100%	This column should total 100%	This column should total 100%		

Application/End Use Table

- A. **Medical Purposes** (diagnostics, patient care, non-administrative)
- B. **Aerospace/Defense Applications** (guidance systems, tracking, etc.)
- C. **Training/Education**
- D. **Fire/Security/Emergency Applications**
- E. **Systems Security Advice/Products**
- F. **Pollution/Environmental Testing & Remediation**
- G. **Utility/Natural Resource Processes** (oil & gas/power/nuclear energy, etc.)
- H. **Manufacturing Processes** (robotics, automation, PLC, CAM, etc.)
- I. **CAD** (non-structural)
- J. **Accounting/Financial Software** (no funds transfer)
- K. **Financial Transaction Software** (funds transfer, trading, financial modeling)
- L. **Administrative** (billing, sales, marketing, etc.)
- M. **Human Resources**
- N. **Scientific/Weather** (seismology, etc.)
- O. **Communications**
- P. **Other** _____

Industry Table

- 1. **Government (military)**
- 2. **Government (non-military)**
- 3. **Aerospace/Defense**
- 4. **Banking/Investment**
- 5. **Insurance**
- 6. **Transportation**
- 7. **Retail**
- 8. **Educational Institutions**
- 9. **Utilities**
- 10. **Medical/Healthcare**
- 11. **Entertainment**
- 12. **Construction**
- 13. **Manufacturing/Industrial**
- 14. **Agriculture/Mining**
- 15. **Consumer/Home**
- 16. **Technology/Telecommunications**
- 17. **All**
- 18. **Other** _____

C. What Do You Do? *cont.*

2 What percentage of **Your** total current year's revenues are generated from services that have been on the market
 Less than 1 year? _____% Over 1 year but less than 2? _____% Over 2 years but less than 5? _____% 5 years or longer? _____%

3 Use the chart below to describe the new services **You** are developing.

Service			
Projected Release Date			
Projected Annual Revenues*			
% of Service Attributable to Application/End Use			
% of Service Targeted to Industry			

* Did **You** include the revenues from new services **You** plan to release this year or next year in **Your** answer to Part B.
 The Money? Yes No

4 Composition of **Your** work force:
 _____# of principals, partners, directors and officers
 _____# of technical personnel
 _____# of sales and marketing personnel
 _____# of clerical/support personnel
 _____# of independent contractors performing services on **Your** behalf
 _____# of Other _____
 _____ Total #

5 Do **You** subcontract to others any of the services **You** perform for customers? For the purposes of this question, this includes all contractors, strategic partners, affiliates/alliances, co-venturers, etc. involved in the research, development, distribution and sale of **Your** services. Yes No

If yes, provide the following (if no, skip to Part D. Privacy):

- a. _____% of **Your** current revenues attributable to the work of subcontractors.
- b. **Your** reasons for the use of subcontractors (check all that apply): as a regular supplement to staff
 as staff for a particular project for expertise that **You** do not have in-house another reason, please explain
- c. Do **You** let **Your** customers know **You** use subcontracts? Yes No
 If yes, are **Your** subcontractors identified as such to **Your** customers? Yes No
- d. Identify services **You** subcontract & how **You** ensure the quality of the services.

Your Service			
Role of Subcontractor			
Quality Control			

e. Do **You** require certificates of insurance from all subcontractors and vendors? Yes No If yes,
 General Liability (including products, advertising injury, personal injury) at \$_____ limit of liability
 Errors & Omissions/Professional Liability at \$_____ limit of liability
 For the policies indicated, do **You** require that **You** are named as an additional insured? Yes No

D. Privacy

- ❶ Do **You** have a formal privacy policy? Yes No
If yes, has it been reviewed by an attorney? Yes No
Do **You** have a legally reviewed privacy statement posted on **Your** Website? Yes No
- ❷ Do **You** sell or share personal information gathered from customers or others? (This includes info. gathered from **Your** Website or by other means.) Yes No
If yes, do **You** notify and obtain the consent of these customers or others prior to dissemination? Yes No
If yes, on what basis? Opt-in Opt-out
- ❸ Do **You** provide services where **You** are required to care for confidential or personal materials of others? Yes No
If yes, which of the following materials are cared for?
Criminal Records Legal
Customer Data Medical
Financial Work History/Resume
Intellectual Property Other _____
Inventory

E. Content

- ❶ Do **You** have formal intellectual property clearance procedures? Yes No
If yes, which of the following are incorporated in **Your** intellectual property clearance procedures? Check all that apply.
The acquisition of all the necessary rights, licenses, releases and consents applicable to content or services created or provided by **You** or by third parties
Legal review of all content and services prior to release or dissemination regardless of medium, including updates or changes to the functionality of **Your** Website
New hire and independent contractor agreements which include signed statements declaring that they will not disseminate or use a previous employer's or client's trade secrets or other intellectual property
The contractual acquisition of all rights (including electronic rights) to work done for **You** by third parties including intellectual property rights, hold harmless and indemnification clauses which inure to **Your** benefit pertaining to that work
Permission of sites **You** hyperlink to or frame
Legal review of sites **You** link to or frame
Legal review of all Referral and Affiliate Program agreements
Disclaimers on **Your** Website pertaining to any content made available or disseminated

Trademark/service marks searches for:
Your domain name product/service designs, names and/or logos other content

Trademark/service mark searches performed by:
computerized data search legal counsel professional search firm
Legal review of content and services with respect to intellectual property laws in foreign jurisdictions in which **You** are providing services
Permission to use and legal review of the trademarks/service marks of others
Legal review of all Licensing/Cross-Licensing Agreements
- ❷ Do **You** advertise **Your** services:
(a) as superior to or use comparisons to, the services of others Yes No, or
(b) as similar to or a clone of services of others? Yes No
If yes to (a) or (b), is legal review performed prior to dissemination of the advertising? Yes No
- ❸ Who does **Your** legal work? Law Firm Name and Phone Number _____
In-house Counsel Name and Phone Number _____
- ❹ Do **You** have a formal policy on action steps necessary to address complaints of inaccurate, defamatory, infringing or troublesome content on **Your** Website(s), or other content **You** have designed or have responsibility for?
Yes No If yes, what is **Your** response time frame? Less than 1 day 1 to 7 days More than 1 week

- 5 Does **Your** Website contain a chatroom, bulletin board or any other type of interactive exchange that can be viewed by others?
 Yes No If yes, who manages it? **You** Subcontractor
 If a subcontractor, do **You** make the subcontractor contractually responsible for liabilities arising out of the chatroom, bulletin board or other form of interactive exchange? Yes No
 Do **You** or **Your** subcontractor exercise editorial control over **Your** chatroom, bulletin board or other form of interactive exchange?
 Yes No If yes, are edits done before or after posting? Before After
- 6 Are any of the following types of content disseminated on **Your** Website(s)? Check all that apply.
- | | | |
|---|--|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Financial | <input type="checkbox"/> News |
| <input type="checkbox"/> Children's Interest | <input type="checkbox"/> Instructional | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Commentary/Editorial | <input type="checkbox"/> Insurance | <input type="checkbox"/> Software for downloading |
| <input type="checkbox"/> Cultural (art/music) | <input type="checkbox"/> Law/Legal | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Entertainment/Games | <input type="checkbox"/> Media | <input type="checkbox"/> Travel |

F. Security

- 1 Check all items that are elements of **Your** security system plan.
- | | |
|--|---|
| <input type="checkbox"/> Access restrictions | <input type="checkbox"/> Password protection |
| <input type="checkbox"/> Anti-virus scanning | <input type="checkbox"/> Periodic security audits from third parties |
| <input type="checkbox"/> Automated security scanner | <input type="checkbox"/> Procedures to address any suspected intrusion and/or respond to security alerts |
| <input type="checkbox"/> Computerized intrusion detection | <input type="checkbox"/> Protocols meeting x.509 standards |
| <input type="checkbox"/> Continuous monitoring of security alerts from organizations like <input type="checkbox"/> CERT or _____ | <input type="checkbox"/> Proxy servers |
| <input type="checkbox"/> Encryption devices | <input type="checkbox"/> Reassessment of security vulnerabilities upon system or Website changes, software upgrades, etc. |
| <input type="checkbox"/> Firewall tunneling | <input type="checkbox"/> Routers |
| <input type="checkbox"/> High speed Internet connections | <input type="checkbox"/> Secure remote dial-up or access |
| <input type="checkbox"/> Hot site | <input type="checkbox"/> Secure remote maintenance |
| <input type="checkbox"/> Identification, authentication & integrity protocols | <input type="checkbox"/> Security firewall |
| <input type="checkbox"/> Load balancers | <input type="checkbox"/> Storage of the data or content of others in an encrypted format |
| <input type="checkbox"/> Mainframe data protocols | |
- 2 Do **You** have a written and formalized systems and physical security policy statement? Yes No
- 3 Do **You** have formal employee guidelines that address systems and Internet usage? Yes No
- 4 Do **You** have a Systems/Physical Security Manager? Yes No
- 5 Is **Your** disaster recovery program formalized and tested? Yes No
- 6 Do **You** ever warrant or guarantee that **Your** service has no security vulnerabilities or that **Your** service will prevent security breaches, denial of service attacks or the introduction of malicious code into the systems of other? Yes No
- 7 Have **You** experienced a security breach or been informed that **Your** service has security vulnerabilities? Yes No
 If yes, attach sheet providing details. Include number of occurrences and what **You** have done to prevent it from reoccurring.

G. Errors & Omissions

1. Check all items that are elements of **Your** quality control procedures.
- | | |
|--|---|
| <input type="checkbox"/> Alpha testing | <input type="checkbox"/> Statistical process control |
| <input type="checkbox"/> Beta testing | <input type="checkbox"/> Total quality management |
| <input type="checkbox"/> Customer signature on each phase of project | <input type="checkbox"/> Vendor certification process |
| <input type="checkbox"/> Formal customer acceptance procedures | <input type="checkbox"/> Written & formalized quality control program |
| <input type="checkbox"/> Prototype development | |
2. Do **Your** services comply with widely accepted industry standards? Check all that apply.
 ANSI CE Mark ISO 9000 UL/CSA Other _____
3. Do **You** perform pre-release/pre-dissemination testing to protect customers from malicious code and/or other security vulnerabilities in **Your** services? Yes No

G. Errors & Omissions *cont.*

4. Do **You** have a document/contract retention plan? Yes No
If yes, what is the retention period? _____Weeks _____Months _____Years Unlimited
5. Do **You** maintain an error log for **Your** services? Yes No
If yes, what is the retention period? _____Weeks _____Months _____Years Life of services
6. Do **You** have formal customer complaint resolution procedures? Yes No
7. Do **You** have a customer notification plan in the event of **Your** discontinuance of a service or support? Yes No
8. Check all items that are included in **Your** customer or service support.
Customer site visitation E-mail Fax In-house repairs Toll free numbers Website
Availability: M-F 24/7
9. Do **You** have a formal plan to address and to inform all customers of any bugs, anomalies, problems, etc. discovered in **Your** services? Yes No If yes, how do you notify **Your** customers? _____
What is the time frame from discovery to notification of all customers?
Less than 1 day 1 to 7 days 1 to 4 weeks Over 1 month
10. Do **You** have a formal product recall plan? Yes No
11. How many users would be affected if **Your** service failed? 1-10 10-100 Over 100
12. What is the acceptable downtime for **Your** service according to **Your** average customer's needs?
None Less than 1 day Less than 2 days More than 2 days
13. What % of **Your** services, upon delivery to **Your** customers, are returned or require fixes? _____%
14. Have **You** ever had to recall **Your** services? Yes No If yes, explain _____
15. Do **You** warrant or guarantee any standards of performance for **Your** services? (i.e. no service interruptions, delivery/completion time frames, volume of transactions, etc.) Yes No If yes, which standards? _____
16. Do **You** use a standard contract with customers specifying the services **You** will provide? Yes No
If yes, what type? Clickwrap/terms of services (TOS) Engagement letter Executable contract Shrinkwrap
If yes, with what % of **Your** customers are these contracts used? _____%
17. What is the size of **Your** average customer contract? \$ _____
What is the length of **Your** average customer contract? _____Weeks _____Months _____Years
What is the size of **Your** largest customer contract? \$ _____
Name of largest customer _____
18. What % of **Your** customer contracts contain deviations or modifications from **Your** standard provisions? _____%
Are all customer contracts, including those with deviations or modifications, reviewed and approved by legal counsel prior to execution? Yes No

G. Errors & Omissions *cont.*

19. In the left-hand column, specify whether or not the following provisions are built into **Your** customer contracts/licensing agreements; **Your** vendor contracts; and **Your** largest contract.

If you answer yes, use the right hand columns to identify who the provision benefits: put a Y if the provision benefits **You**; put MB if the provision is mutually beneficial; put C if the provision benefits the customer/vendor.

Yes	No		Customer Contract	Vendor Contract	Largest Contract
<input type="checkbox"/>	<input type="checkbox"/>	Arbitration Clause	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Choice of Law	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Force Majeure	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Guarantees	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hold Harmless/Indemnification Agreements	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Jurisdiction	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Limitation of Liabilities	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Performance Milestones including testing	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Warrant Disclaimers	_____	_____	_____

20. Check all of the following that are included in **Your** contractual management process & protocols.
- All change orders are in writing and approved by **Your** legal counsel and signed off on by customer prior to implementation
- Legal review of all services and content prior to release or dissemination

H. Insurance

- ❶ Desired limit of liability: (check all desired options)
- \$250,000 \$500,000 \$1,000,000 \$5,000,000 \$ _____

Desired Retention: (check all desired options)

\$2,500 \$5,000 \$10,000 \$25,000 \$ _____

- ❷ If **You** currently carry Errors & Omissions insurance, provide the following information:
- Limit of Liability \$ _____
- Deductible/SIR \$ _____
- Expiration Date _____
- Retroactive Date _____
- Premium \$ _____
- Insurance Company _____

- ❸ If **You** currently carry Commercial General Liability insurance, provide the following:
- Limit of Liability \$ _____
- Deductible/SIR \$ _____
- Insurance Company _____
- Does **Your** Commercial General Liability insurance include coverage for
- Advertising Injury? Yes No
- Personal Injury? Yes No
- Products Liability? Yes No
- Is **Your** Commercial General Liability insurance policy Claims Made? or Occurrence?

More Info?

Check the box if **You** are interested in receiving or participating in any of the following.

- Notification of our new services Risk management/best practices:
- Industry surveys
- Newsletters
- Seminars
- Surveys
- Surveys to determine **Your** insurance product/service preferences

I. History

Spill Your guts.

If **You** answer Yes to any of the questions in the History section, We will want to know more. Please provide full details including any amounts sought or damages alleged; judgment/settlement amounts; defense expenses incurred; reserves; purchase or contract price involved; and a full description of the circumstances including what **You** are doing to make sure similar circumstances don't happen again.

- ❶ Have any of **Your** customers complained about or alleged non-performance of **Your** services or that **Your** services failed to comply with **Your** promises, representations or warranties? Yes No
- ❷ Have any of **Your** customers withheld or stopped paying **You** because of an issue with **Your** services? Yes No
- ❸ Have any of **Your** customers requested a refund of their payment because of an issue with **Your** service? Yes No
- ❹ Are **You** late in the delivery of any of **Your** services or delayed in the performance of any of **Your** contracts? Yes No
- ❺ Are **You** aware of any actual or alleged fact, circumstance, situation, error or omission, or issue with **Your** content or services, including intellectual property, which may reasonably be expected to result in a claim being made against **You**? Yes No
- ❻ Have **You** are any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No
- ❼ Has any similar insurance for **You** been declined, cancelled or non-renewed? Yes No
- ❽ Have any claims been made or suits or proceedings been brought during the past 5 years against **You**? Yes No
Any of **Your** predecessors in business? Yes No
Any of **Your** affiliates? Yes No
Any of **Your** past or present partners, owners, officers, sales persons or employees? Yes No
- ❾ Have **You** sued anyone for non-payment? Yes No
- ❿ Have **You** discontinued or ceased to support and/or maintain any services in the last 3 years? Yes No
If yes, have **You** had any complaints, disputes or threatened actions as a result? Yes No

If **Your** brochures and financials are not available on **Your** Website(s), please attach a brochure and financial information to this application when you submit it. **You** are also welcome to attach any other information that **You** think may help Us better understand what **You** do.



Before **You** sign this application, read items 1-2 below and the applicable attached warning information. If **You** have any questions, please contact **Your** agent or broker.

1. By signing this application, **You** agree that the answers **You** give in this application and any other information **You** give to Us as part of **Your** application process are:
 - (a) accurate and complete;
 - (b) given to Us to induce Us to issue **You** an insurance policy;
 - (c) material to Our decisions in issuing **You** an insurance policy;
 - (d) what We relied upon in making Our decisions in issuing **You** an insurance policy.
2. By signing this application, **You** agree to tell us immediately, in writing, if anything happens that would cause any of the information **You** gave Us in **Your** application to no longer be complete and/or accurate. And, **You** will continue to tell us until the start date of any policy that we issue to **You** based on this application.

Application must be signed and dated by an owner, officer or partner.

Applicant Signature and Date (Month/Day/Year)

Applicant Name and Title (print)

Name of Entity and Phone Number

State Fraud Warnings

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA APPLICANTS: 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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

KENTUCKY APPLICANTS: 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.

MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS OR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSITS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF AN MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMEN TOF MOTOR VEHICLES OR ANY INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION; OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAYBE VIOLATING STATELAW.

PENNSYLVANIA APPLICANTS: 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 THERE TO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

