



National Union Fire Insurance Company of Pittsburgh, Pa.®

Illinois National Insurance Co.

SPECIALTY RISK PROTECTOR® APPLICATION

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENT OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF A POLICY IS ISSUED, SOME COVERAGE WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.

Applicant refers individually and collectively to each **Insured** proposed for this insurance. The completed information provided in this **Application** will be used to determine the **Insurance Sought**. **Insurance Sought** refers to the coverage part(s) providing coverage for the insurance coverage applied for by the **Applicant**. **Insurer** shall mean the insurer that issues the policy to the **Applicant** based on this **Application**. All other terms which appear in **Bold** type are used in this **Application** with the same respective meanings as they have in the Specialty Risk Protector Policy.

Notwithstanding any information provided by this **Application** or any written statement, materials or documents provided in connection herewith and incorporated by reference into this **Application**, any coverage as afforded to the **Applicant**, if given, shall be solely as set forth in the terms, conditions and exclusions of the proposed policy of insurance provided to the **Applicant**, and by no other material.

Before Continuing:

Please complete the General Information, Insurance, and Financial Information sections below. The additional sections of this **Application** which are required will be determined by the **Applicant's** responses to the Desired Coverage question within the Insurance section. If available please also provide the following:

1. Sample standard contracts and agreements (with customers and independent contractors).
2. Most recent annual financial statements (if these are not publicly available).
3. Organizational chart.
4. Loss runs for the past five (5) years and information regarding any historical loss that would have exceeded the requested retention.
5. If more space is required to fully answer any question(s), please include a separate sheet(s).

GENERAL INFORMATION:

Full Name of Applicant:

Mailing Address:

Business Description:

Applicant's Web Page(s):

Applicant's Ownership Structure:

Publicly Traded Privately Held Subsidiary of Publicly Traded/Privately Held Company (please provide details below)

Name of **Applicant's** parent organization: _____

Applicant's parent organization's Total Revenue (in 000,000s - most recent full fiscal year):

\$0 - \$10 \$10 - \$100 \$100 - \$500 >\$500

Applicant's Employee Count: Domestic: _____ Total: _____

Number of years the **Applicant** has been in business: _____

Applicant's Contact/Risk Manager:

Name:

e-mail:

INSURANCE:

Desired Coverage:

Check each of the coverage(s) that the **Applicant** is seeking pursuant to this Application.

- Cyber Extortion Network Interruption Security Failure/Privacy Event Management
 Employed Lawyers Publisher and Broadcaster Security & Privacy Liability
 Media Content ReputationGuard® Specialty Professional Liability (Errors & Omissions)

Please indicate the inception date, and aggregate limits requested.

Requested Inception Date: _____

Requested Aggregate Limits: \$ _____

Current Insurance:

Please indicate which of the insurance policies noted below the **Applicant** has purchased during the previous 12 months.

<u>Coverage</u>	<u>Insurer</u>	<u>Expiration Date</u>	<u>Limits</u>	<u>Retention/Deductible</u>
Employed Lawyers			\$	\$
Media Liability			\$	\$
Network Security/Privacy Liability			\$	\$
Professional Liability			\$	\$

FINANCIAL INFORMATION:

Financial Summary:

If financial statements have been attached please check here and complete only the Projected column.

For The Projected Fiscal Year Ended: _____/_____/_____

	<u>Prior Year:</u>	<u>Current Year:</u>	<u>Projected:</u>
Total Revenue	\$	\$	\$
Domestic Revenue	\$	\$	\$
Foreign Revenue	\$	\$	\$
Net Income (Loss)	\$	\$	
Net Cash Flows	\$	\$	
Cash	\$	\$	
Current Liabilities	\$	\$	

SPECIALTY PROFESSIONAL LIABILITY (ERRORS & OMISSIONS):

Complete this section if the **Applicant** is applying for Specialty Professional Liability insurance.

1. Indicate the **Applicant's** revenues based on the services listed below:

<u>Miscellaneous Professional Services:</u>	<u>Revenues</u>
<input type="checkbox"/> Advertising Agent (Attach SUPPLEMENTAL QUESTIONNAIRE)	\$
<input type="checkbox"/> Claims Adjusting & Administration	\$
<input type="checkbox"/> Collection Agent	\$
<input type="checkbox"/> Employee Leasing / Temporary Staffing (Attach SUPPLEMENTAL QUESTIONNAIRE)	\$
<input type="checkbox"/> Escrow Agent	\$
<input type="checkbox"/> Franchising (Attach SUPPLEMENTAL QUESTIONNAIRE)	\$
<input type="checkbox"/> Graphic Design	\$
<input type="checkbox"/> Management Consulting	\$
<input type="checkbox"/> Marketing Consulting	\$
<input type="checkbox"/> Other Consultants: _____	\$
<input type="checkbox"/> Printers	\$
<input type="checkbox"/> Mortgage Broker, Property Manager, Real Estate Agents and Brokers, Title Agents & Abstractors (Attach SUPPLEMENTAL QUESTIONNAIRE)	\$
<input type="checkbox"/> Trustee, Receiver, Guardian of the Estate (Attach SUPPLEMENTAL QUESTIONNAIRE)	\$
<input type="checkbox"/> Other: _____	\$
<input type="checkbox"/> Other: _____	\$
<u>Technology Services:</u>	<u>Revenues</u>
<input type="checkbox"/> Custom Software Design & Development: _____	\$
<input type="checkbox"/> Data Processing Services	\$
<input type="checkbox"/> Installation, Integration and Maintenance of Information Technology Hardware of Others:	\$
<input type="checkbox"/> Manufacturer or Programmer of Information Technology Hardware	\$
<input type="checkbox"/> Packaged Software Design & Development: _____	\$
<input type="checkbox"/> Sales/Support of Packaged Software of Others	\$
<input type="checkbox"/> Software as a Service (SaaS)/ Infrastructure as a Service (IaaS)/ Platform as a Service (PaaS)/ Virtual Desktop Infrastructure (VDI):	\$
<input type="checkbox"/> Systems Analysis, Design, Installation, Integration and Maintenance	\$
<input type="checkbox"/> Technology Consulting Services:	\$
<input type="checkbox"/> Website Design	\$

Other: _____ \$

Telecommunication Services:	Revenues
<input type="checkbox"/> Call Center Services (Inbound or Outbound): _____	\$
<input type="checkbox"/> Manufacturer or Programmer of Telecommunications Hardware	\$
<input type="checkbox"/> Provider of Cable or Satellite Television Services	\$
<input type="checkbox"/> Telecommunications Consulting Services (including wireline, VoIP & wireless)	\$
<input type="checkbox"/> Telecommunications Services (including wireline, VoIP, & wireless)	\$
<input type="checkbox"/> Other: _____	\$

Internet Professional Services:	Revenues
<input type="checkbox"/> Application Service Provider (ASP): _____	\$
<input type="checkbox"/> Domain Name Registration Services	\$
<input type="checkbox"/> eCommerce Transaction Services including transaction/payment processors, electronic data interchange (EDI) and electronic exchange/auction services)	\$
<input type="checkbox"/> Internet Hosting Services	\$
<input type="checkbox"/> Internet Search Engine Services	\$
<input type="checkbox"/> Internet Service Provider (ISP)	\$
<input type="checkbox"/> Managed Security Service Provider (MSSP)	\$
<input type="checkbox"/> Managed Service Provider (MSP)	\$
<input type="checkbox"/> Public Key Infrastructure (PKI) Services	\$
<input type="checkbox"/> Web Portal Services	\$
<input type="checkbox"/> Other: _____	\$

2. Indicate the **Applicant's** three (3) largest customers and the approximate size and duration of each agreement/contract:

<u>Customer</u>	<u>Duration</u>	<u>Value</u>
i.		
ii.		
iii.		

3. Please indicate the approximate percentage of the **Applicant's** projected worldwide revenues derived from each sector(s):

<u>Industry/Sector</u>	<u>%</u>	<u>Industry/Sector</u>	<u>%</u>
Aerospace/Defense		Manufacturing/Industrial/Processing	
Direct to Consumers/General Public		Media/Marketing	
Federal Governmental Agencies/Entities		Retail/Hospitality	
Financial Services		State/Provincial and/or Local Government	

Foreign Governmental Agencies/Entities:		Technology/Telecom	
Games/Entertainment/Gambling		Other:	
Healthcare/Medical		Other:	

CONTRACTS & LICENSING AGREEMENTS:

Please provide the requested information on the **Applicant's** contract and licensing procedures.

1. What percentage of the **Applicant's** professional services are provided by written agreement/contract?
 <50% 50%-90% 90%-99% 100%

2. Identify the standard risk mitigating clauses contained in the **Applicant's** agreements/contracts:
 Customer Acceptance/Final Sign Off Exclusion of Consequential Damages
 Disclaimer of Warranties Force Majeure
 Hold Harmless Agreements Indemnification Clause
 Limitation of Liability Payment Terms Project Phases/Milestones

3. Does the **Applicant** require an attorney to review and approve all modifications to its standard agreement/contract?
 Yes No N/A
 If 'No' please detail what, if any, procedures are in place to review changes made to the standard agreement and indicate those individuals/roles who have the authority to approve any such deviations:

FOR RENEWAL APPLICATIONS ONLY:

4. Has the **Applicant** made any changes to their standard agreement/contract since the last renewal?
 Yes No N/A
 If 'Yes', please describe the changes and attach a sample contract:

SUBCONTRACTOR & VENDOR MANAGEMENT:

Please provide the requested information on the **Applicant's** subcontractor and vendor management procedures. If none of the **Applicant's** services are subcontracted to others please check here and proceed to the next section.

1. Describe which of the **Applicant's** services are subcontracted to others:

2. What percentage of the **Applicant's** services are provided by:
 Independent Contractors 0% 1%-10% 10%-50% >50%
 Temporary Workers 0% 1%-10% 10%-50% >50%
 Leased Workers 0% 1%-10% 10%-50% >50%

3. What percentage of independent contractors have written contracts with You? <65% 65-90% >90%

4. Do **You** utilize a standard contract for all work performed by independent contractors?
 If 'Yes', attach a copy of **Your** standard contract. Yes No NA

5. Do You require independent contractors to provide proof of: (check all that apply)
 Errors & Omissions insurance Commercial General Liability insurance Other (describe: _____)

6. Do You require independent contractors list you as an additional insured?: Yes No

QUALITY CONTROL & CUSTOMER SUPPORT:

1. Please indicate which of the following are part of the **Applicant's** quality control and customer support procedures:

- | | |
|--|--|
| <input type="checkbox"/> Alpha and Beta Testing Procedures | <input type="checkbox"/> User Acceptance Testing Measures |
| <input type="checkbox"/> Documented Customer Complaint/Escalation Procedures | |
| <input type="checkbox"/> Vendor or VAR Certification Process | <input type="checkbox"/> Written Functional Specification Requirements |
| <input type="checkbox"/> Documented Project Milestone Procedures | <input type="checkbox"/> 24/7 Customer Support |
| <input type="checkbox"/> Final Customer Signoff Requirements | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Internal Post Project Review Procedures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pre-release Screening for Design Errors/Flaws | |

1. Does the **Applicant** have a formal product recall process in place?

Yes No N/A

If 'Yes' please describe the procedures established:

SOFTWARE COPYRIGHT CONTROLS:

Only complete this section if the "Applicant" is applying for Software Copyright Infringement coverage.

1. Does the **Applicant** have written policies or procedures in place for:

i. Auditing the **Applicant's** use of Software licenses?

Yes No

ii. Avoiding copyright infringement with regard to software/computer code?

Yes No

iii. Responding to allegations of copyright infringement with regard to software/computer code?

Yes No

iv. Determining if open source code is used during the **Applicant's** software development efforts?

Yes No

2. Does the **Applicant** sell, distribute, or develop software bound by an open source or third party license?

Yes No

If 'Yes' please detail the type of code incorporated and any procedures in place to ensure that all code has been used in compliance with any applicable free software and/or open source license practices:

3. Are those who provide the **Applicant** with software code, including developers and independent contractors, required to:

i. Assign or license the **Applicant** their rights to the use of the code?

Yes No

ii. Warrant that their work does not violate another party's IP rights?

Yes No

iii. Indemnify the **Applicant** when an IP infringement claim is made against them based on the code provided?

Yes No

SPECIALTY PROFESSIONAL LIABILITY HISTORICAL INFORMATION:

Do not complete this section if this is a renewal application.

1. Has the **Applicant** ever had any products recalled?

Yes No

If "Yes" please explain:

2. Within the past five (5) years have any customers requested a refund of their payment for the **Applicant's** products or services, withheld payments due to a contract dispute, or has the **Applicant** sued any customers for non-payment of fees?

Yes No

If "Yes" please explain:

3. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the **Insurance Sought?** (MISSOURI APPLICANTS NEED NOT APPLY)

Yes No

If "Yes" please explain:

4. Has the **Applicant**, or any director, officer, partner or employee ever been subject to disciplinary proceedings arising out of professional services?

Yes No

If "Yes" please explain:

5. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a **Claim** under the **Insurance Sought?**

Yes No

If "Yes" please explain:

6. Has the **Applicant** reported any occurrences, **Claims**, or losses to any insurer in the past five (5) years that provided the same or similar coverage to the **Insurance Sought?**

Yes No

If "Yes" please attach a separate document with respect to each such occurrence, **Claim** or loss providing:

- i. a description
- ii. the name of the insurer and policy
- iii. the amount of damages, expenses or other losses suffered as a result of each occurrence, Claim or loss
- iv. and the amount paid by the insurer to whom the notice was provided (if any)

It is agreed that with respect to questions 1-6 above, that if such Claim, proceeding, action, knowledge, information or involvement exists, then such **Claim**, proceeding or action and any **Claim** or action arising from such Claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.

CYBEREDGE® SECURITY & PRIVACY CONTROLS AND PROCEDURES:

Complete this section only if the **Applicant** is applying for any of the following coverages: Security and Privacy Liability, Event Management, Network Interruption, or Cyber-Extortion

1. i) Does the **Applicant** maintain any **Confidential Information** under their care, custody, and control or with an **Information Holder**? Yes No

If 'Yes', please identify the forms of **Confidential Information** maintained in either digital or hard copy:

Forms of Confidential information Maintained	Maintained by Applicant	Maintained by Information Holder	Estimated Number of Records	
Personal Identifiable Information (PII)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-25K <input type="checkbox"/> 25K-100K <input type="checkbox"/> 100K-1M	<input type="checkbox"/> 1M-3M <input type="checkbox"/> 3M-5M <input type="checkbox"/> Over 5M
Protected Health Information (PHI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-25K <input type="checkbox"/> 25K-100K <input type="checkbox"/> 100K-1M	<input type="checkbox"/> 1M-3M <input type="checkbox"/> 3M-5M <input type="checkbox"/> Over 5M
Financial Account Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-25K <input type="checkbox"/> 25K-100K <input type="checkbox"/> 100K-1M	<input type="checkbox"/> 1M-3M <input type="checkbox"/> 3M-5M <input type="checkbox"/> Over 5M
Intellectual Property/Trade Secrets	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>		

ii) If maintained by **Applicant**, please check all controls in place to manage access to **Confidential Information**:

- An information handling and labeling policy dictating what information may be collected and how information should be stored
- A data retention policy outlining when data may be disposed of appropriately
- A policy of least privilege defining who may be granted access to information
- A process for reviewing user access privileges on a regular basis, including when a user changes positions internally
- A process for removing access privileges upon termination before the user leaves the premises

2. i) Does the **Applicant** outsource any part of their information handling, network, computer system, or information security function? Yes No

If "Yes", indicate the name of the vendor providing the service:

- Data Center Hosting: _____
- Data Processing: _____
- Application Service Provider: _____
- Managed Security: _____
- Alert Log Monitoring: _____
- Intrusion Detection: _____

ii) Please check all due diligence that applies before engaging with a new vendor:

- Formal assessment of the security risks associated with the vendor
- A means to assess the vendors' security posture such as SAS70, CICA Section 5970, BITS or otherwise
- Contractual provision to indemnify the organization in the event of a security failure or loss on confidential information

iii) Does the **Applicant** have a formal process in place to verify that the services are being performed as dictated by the contract? Yes No

3. Check each of the following that apply to the Applicant's information security program:

- A formal risk assessment methodology which includes at least an annual review of organizational risks
- Individual officially designated as a responsible security officer (CISO, CSO, etc...)
- An Information Security Policy communicating how information is protected by the organization
- An Acceptable Use Policy communicating appropriate use of data to users

4. Check each of the following technologies used by the **Applicant**:

- Firewalls at the perimeter of the network
- Firewalls in front of sensitive resources inside the network
- Corporate antivirus/anti-malware software
- Intrusion detection systems
- Centralized log collection and monitoring
- Proactive vulnerability scanning/penetration testing
- Physical controls preventing access to the devices themselves

5. Does the Applicant have a formal process in place to automatically push updates to all computing resources for critical updates, patches and security hot-fixes? Yes No

If 'No', please describe: _____

6. Does the **Applicant** have processes in place to ensure that all confidential data is encrypted?

- Yes No

If "Yes", check all of the scenarios in which data is encrypted:

- Data at rest Date in transit
- Data transferred to removable media (backup tape, CDs, removable hard drives, etc...)

7. Is the **Applicant** subject to any laws or regulations dictating information security? Yes No

If "Yes", check all that apply:

- Health Insurance Portability and Accountability Act
- Gramm-Leach-Bliley Act
- Sarbanes-Oxley
- Payment Card Industry Data Security Standard
- Federal Education Rights Privacy Act
- Federal Information Security Management Act
- Red Flags Rule
- Other (please describe): _____

If 'Yes', has the **Applicant** undertaken any third-party security audits and complied with all recommendations? _

If 'No', please describe: _____

8. Does the **Applicant** have:

i) A documented Business Continuity and Disaster Recovery Plan? Yes No

If 'Yes', based on formal testing, what is your proven recovery time objective for critical systems to restore operations after a computer attack or other loss/corruption?

NA – have not formally tested

Less than 4 hours

5 hours to 8 hours

9 hours to 12 hours

13 hours to 24 hours

More than 24 hours

ii) Formal backup processes for backing up, archiving and restoring confidential data?

Yes No

If 'Yes', does the **Applicant** have formal processes in place to test backup data for integrity on a periodic basis?

Yes No

iii) A Documented Incident Response Plan? Yes No

9. i) Does the **Applicant** have formal processes in place to communicate, educate and train employees on data privacy and security issues? Yes No

If 'Yes', please describe the frequency and type of training:

i) Are employees trained on their personal liability and any potential ramifications if they aid, abet, or participate in a data breach incident involving the **Applicant**? Yes No

10. Does the **Applicant** have processes in place to ensure that all employees, third parties, contractors and vendors with potential access to confidential data receive background screening?

Check all that apply:

Criminal convictions

Educational background

Credit check

Drug testing

Work history

Reference check

CYBEREDGE® CLOUD COMPUTING, SYSTEM FAILURE AND WRONGFUL COLLECTION COVERAGE:

Is the **Applicant** requesting Could Failure, System Failure and/or Wrongful Collection Coverage?

Yes No

If 'Yes', the CYBEREDGE® CLOUD COMPUTING, SYSTEM FAILURE AND WRONGFUL COLLECTION SUPPLEMENTAL QUESTIONNAIRE IS REQUIRED.

CYBEREDGE® HISTORICAL INFORMATION:

Do not complete this section if this is a renewal application.

1. During the past five (5) years, has the **Applicant** experienced any occurrences, **Claims** or **Losses** related to a failure of security of the **Applicant's** computer system or has anyone filed suit or made a **Claim** against the **Applicant** with regard to invasion or interference with rights of privacy, wrongful disclosure of **Confidential Information** or does the **Applicant** have knowledge of a situation or circumstance which might otherwise result in a **Claim** against the **Applicant** with regard to issues related to the **Insurance Sought**?

Yes No

If 'Yes', please attach complete details:

It is agreed that with respect to questions 1-6 above, that if such Claim, proceeding, action, knowledge, information or involvement exists, then such Claim, proceeding or action and any Claim or action arising from such Claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.

REPUTATION GUARD COVERAGE:

If the **Applicant** is applying for ReputationGuard Coverage with a sublimit greater than one million dollars, the ReputationGuard® SUPPLEMENTAL QUESTIONNAIRE is required.

EMPLOYED LAWYERS COVERAGE:

Complete this section if the **Applicant** is applying for *employed lawyers (in-house counsel)* insurance.

1. Number of **Corporate Counsel** employed by the **Applicant** (including **Subsidiaries**):

2. Number of Independent Contractor Counsel contracted by the **Applicant** (including **Subsidiaries**):

3. Please enter the percentage of the **Applicant's** overall legal staff with the corresponding level of legal experience noted below:

0-5 Years: %

5-10 Years: %

10+ Years: %

4. Are any **Corporate Counsel** working outside of the **Applicant's** Legal Department, Office of the General Counsel or equivalent department or office? Yes No

If "Yes, describe these Corporate Counsel's department, structure and type of work undertaken:

5. Do **Corporate Counsel** provide any *pro bono* or **moonlighting** services? Yes No

6. Has the **Applicant** or its **Subsidiaries** made a public offering of debt or equity within the past twenty-four (24) months?

Yes No

Are any such offerings planned in the coming twelve (12) months? Yes No

7. Does the **Applicant** or its **Subsidiaries** anticipate any registration of securities under the Securities Act of 1933 (or any similar state or foreign rule or law) or any other offering of securities within the next twelve (12) months? Yes No

8. Are plans under consideration for a merger, acquisition or consolidation of or by the **Applicant** including its **Subsidiaries**? Yes No

9. Does the **Applicant** or its **Subsidiaries** permit or require any **Corporate Counsel** to issue written legal opinions to outside parties in connection with sales, acquisitions or other transactions?

Yes No

10. Does any **Corporate Counsel** serve on a due diligence committee or perform **legal services** regarding any merger, acquisition or consolidation of or by the **Applicant** or its **Subsidiaries**? Yes No

11. Does any **Corporate Counsel** appear in court for the **Applicant** or its **Subsidiaries** or other parties in the course of his employment for the **Applicant**? Yes No

12. Does any **Corporate Counsel** provide personal **legal services** with respect to criminal, matrimonial or intellectual property law or estate/financial planning? Yes No

Complete questions 13-17 only if you are seeking **Securities Claims** coverage.

13. **Securities Claims** Sublimit of Liability requested:

14. Does the Applicant currently have a Directors & Officers insurance policy in place? Yes No

If "Yes" please detail the limits of liability carried for the following:

Side A Limit of Liability: \$ _____

Side B Limit of Liability: \$ _____

15. Does **Corporate Counsel** issue legal opinions with respect to registration statements filed with any securities commission? Yes No
16. Does any **Corporate Counsel** sign registration statements of the **Applicant** including its **Subsidiaries**?
 Yes No
17. Does any **Corporate Counsel** serve on the Board of Directors or equivalent governing body of the **Applicant** or its **Subsidiaries**? Yes No
18. Does any **Corporate Counsel** or **Insured Person** perform any **Legal Services** related to the securitization of assets by the **Company**? Yes No
If 'Yes', the CORPORATE COUNSEL PREMIER® SUPPLEMENTAL QUESTIONNAIRE is required.

EMPLOYED LAWYERS LIABILITY HISTORICAL INFORMATION:

Do not complete this section if this is a renewal application.

1. Has any insurance carrier refused, canceled, or non-renewed the **Applicant's** (including Subsidiaries): (MISSOURI APPLICANTS NEED NOT REPLY.)
(a) Directors & Officers liability or executive liability insurance coverage? Yes No
(b) Employment Practices liability insurance? Yes No
(c) Employed Lawyers Professional liability insurance? Yes No
If "Yes," please attach full details including when and the reason(s)
2. Is any **Corporate Counsel**, the **Applicant**, or its **Subsidiaries** aware, after reasonable inquiry, of any Claims or actions against any person proposed for insurance in his or her capacity as a **Corporate Counsel** within the past five (5) years? Yes No
If "Yes" please attach full details:
3. Is any **Corporate Counsel**, the **Applicant**, or its **Subsidiaries** aware, after reasonable inquiry, of any act, error or omission which may reasonably be expected to give rise to a Claim against any **Corporate Counsel**? Yes No
If "Yes" please attach full details:
4. Has any **Corporate Counsel** been the subject of a reprimand or disciplined by, or refuse admission to a bar association, court or administrative agency? Yes No
If "Yes" please attach full details:
5. Has the **Applicant**, any of its **Subsidiaries** or any **Corporate Counsel** been charged in any civil, criminal, administrative or regulatory action or proceeding with a violation of any federal, state or foreign securities law, rule or regulation? Yes No
If "Yes" please attach full details:

It is agreed that with respect to questions 2 - 5 above, that if such **Claim**, proceeding, action, knowledge, information or involvement exists, then such **Claim**, proceeding or action and any **Claim** or action arising from such Claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.

MEDIA CONTROLS & RELATED CLEARANCE PROCEDURES:

*Complete this section if the **Applicant** is applying for Media Content insurance or Publishers and Broadcasters insurance.*

1. What procedures are followed by the **Applicant** prior to the dissemination of material (attach full details)?
 Written Ad Hoc None

If "Written" or "Ad Hoc" does the **Applicant's** media clearance and compliance procedures include:

- i. Measures to ensure acquisition of all necessary intellectual property (IP) rights and publicity rights of all content disseminated (including but not limited to images, photographs and music) through releases, licenses or consents? Yes No
- ii. Standard procedures to handle complaints concerning disseminated **material**? Yes No
- iii. Training of employees regarding copyright and trademark issues? Yes No
- iv. Periodic IP audits done by legal/business staff or outside counsel? Yes No

2. Please indicate the percentage of disseminated or created content which is cleared by:

- In-house counsel: 100% 75% <75% 0%
- Outside counsel: 100% 75% <75% 0%
- Trained employees (non-attorneys): 100% 75% <75% 0%

3. Does the **Applicant** screen **material** for the following offenses prior to any dissemination, publication, broadcast, utterance, or distribution? (*check all that apply*)

- | | | |
|---|---|--|
| <input type="checkbox"/> Copyright Infringement | <input type="checkbox"/> Trademark Infringement | <input type="checkbox"/> Domain Name Infringement |
| <input type="checkbox"/> Libel or Slander | <input type="checkbox"/> Privacy Violations | <input type="checkbox"/> Violation of Rights of Publicity
(including commercial appropriation of a celebrity's name, image or likeness) |

4. Does the **Applicant** have procedures to remove infringing, libelous, or otherwise controversial **material**?

- Yes No

5. Does the **Applicant** disseminate, stream or transmit music or songs? Yes No

If "Yes", does the **Applicant** ensure that they have the appropriate license(s) to use the music/songs based on the intended usage, duration of song, frequency of use, and time period used?

- Yes No

6. Does the **Applicant** comply with the safe harbor provisions of Section 512 of the Digital Millennium Copyright Act (DMCA) or equivalent? Yes No N/A

If "Yes," is the **Applicant's** compliance with the DMCA or equivalent regularly reviewed by an attorney? Yes No N/A

7. Do the **Applicant's** website(s) include chatrooms, bulletin boards, web 2.0, or otherwise allow users or employees to post or upload content? Yes No

If "Yes":

i. When, if ever, is such content reviewed?

- Prior to Publication
- After Publication (Indicate Standard Time Lag): _____
- Never
- Other: _____

ii. Are third parties provided with a readily accessible means of notifying the **Applicant** should any offending **material** be posted? Yes No

iii. Does the **Applicant** have measures to promptly remove or restrict access to offending **material** once discovered or notified there of? Yes No

8. Are content providers who supply the **Applicant** with **material**, including advertising content, by agreement required to:

- i) Assign or license the **Applicant** their rights to the use of the **material**? Yes No
 If 'Yes' are these rights assigned on a blanket basis? Yes No NA
 If 'No' please explain how rights are limited:

ii) Warrant that their work does not violate another party's IP rights? Yes No

iii) Indemnify the **Applicant** when an IP infringement **Claim** is made against them based on the **material** provided? Yes No

9. Does the **Applicant** maintain commercial general liability insurance coverage including personal and advertising injury liability coverage? Yes No

If 'Yes', please provide the following information with respect to such coverage:

- i) Limits of Liability: _____
 ii) Personal and Advertising Injury Sublimit of Liability: _____
 iii) Insurance Carrier: _____

Non Publisher / Broadcaster Applicants: proceed to the "Media Liability Historical Information" section below.

Publishers and Broadcasters Insurance:

Complete this section if the Applicant is applying for Publishers and Broadcasters Insurance.

10. Please provide the projected total revenues of the **Applicant** derived from the following activities:

<u>Publishing Activity</u>	<u>Projected Annual Revenues</u>
Books	\$
Magazines	\$
Music	\$
Newsletters	\$
Newspapers	\$
Online Content	\$
Other:	\$
<u>Broadcasting Activity</u>	<u>Projected Annual Revenues</u>
Internet Based	\$
Cable	\$
Radio	\$
Satellite	\$
Television	\$
Other:	\$

11. Please check all of the following which apply to the **Applicant's** publishing and broadcasting activities (if applicable):

<input type="checkbox"/> Adult Entertainment	<input type="checkbox"/> Prank Phone Calls Made During Program
<input type="checkbox"/> Celebrity Gossip	<input type="checkbox"/> Reality
<input type="checkbox"/> Commentators/Pundits (Indicate Genre): _____	<input type="checkbox"/> Self Help or "How To"

<input type="checkbox"/> Hidden Microphone or Camera	<input type="checkbox"/> Shock Jocks
<input type="checkbox"/> Infomercials	<input type="checkbox"/> Station Sponsored Music Events or Contests
<input type="checkbox"/> Investigative News	<input type="checkbox"/> Streamed Live on the Internet
<input type="checkbox"/> Investment Advice	<input type="checkbox"/> Talk/Call In

12. Do the **Applicant's** reporters, on-air personalities, internal content developers, editors, and directors regularly receive training concerning the **Applicant's** media clearance procedures?

Yes No

If "Yes" please check each that applies

Reporters On-Air Personalities Other Content Providers (Writers, Set Designers, Artists, etc.)

Directors Producers Editors

13. Are titles cleared by legal counsel before publication, dissemination, broadcast or distribution?

Yes No

14. Are procedures in place regarding retraction requests? Yes No

If "Yes" are such requests reviewed by an attorney? Yes No

15. Are delay devices or other time delay controls used for all live broadcasts? Yes No

16. Are policies and procedures in place for handling, recording, and responding to unsolicited submissions? Yes No

MEDIA LIABILITY HISTORICAL INFORMATION:

Do not complete this section if this is a renewal application.

1. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a Claim against the **Applicant** under the **Insurance Sought**?

Yes No

If "Yes" please explain:

2. Have **You** reported any occurrences, **Claims** or losses to any insurer in the past five years that provided the same or similar insurance to the **Insurance Sought**? Yes No

If "yes" please attach a separate document with respect to each such occurrence, **Claim** or loss providing: (a) a description; (b) the name of the insurer and policy; (c) the amount of damages, expenses or other losses suffered as a result of each occurrence, **Claim** or loss; (d) and the amount paid by the insurer to whom the notice was provided (if any)

3. Has the **Applicant** been served with a **subpoena** involving material within the past (3) years?

Yes No

If "Yes," please explain:

It is agreed that with respect to questions 1 - 3 above, that if such **Claim**, proceeding, action, knowledge, information or involvement exists, then such **Claim**, proceeding or action and any **Claim** or action arising from such **Claim**, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.

ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE **INSURER*** IN CONJUNCTION WITH THIS **APPLICATION**, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS **APPLICATION** AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY **APPLICANT** WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS **APPLICATION** AND MADE A PART HEREOF.

LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS **APPLICATION**, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS **APPLICATION**, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE.

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS **APPLICATION** OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS **APPLICATION** AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE **INSURER** OF SUCH CHANGES, AND THE **INSURER** MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS **APPLICATION** DOES NOT BIND THE **APPLICANT** OR THE **INSURER** TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS **APPLICATION** AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD **INSURER** ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS **APPLICATION** OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS **APPLICATION**, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO 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 THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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.

NOTICE TO 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 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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.

NOTICE TO 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 IN THE THIRD DEGREE.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

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

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO 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.

NOTICE TO NEW YORK 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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO 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.

NOTICE TO 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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 THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO 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 THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.

NOTICE TO VERMONT 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 THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

The undersigned authorized officer of the **Applicant** hereby acknowledges that he/she is aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the **Insurer** shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the **Applicant** hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Date _____

Title _____ Organization: _____
(Must be signed by an authorized officer) (Organization's seal)

Attest _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Producer _____
License Number _____

Address
