

ASSUREtrust Contractual Obligation Insurance Application (sm)

This is an application for a CLAIMS-MADE Policy

We realize additional space may be needed to address certain questions, so please attach any necessary documentation that might help us to better analyze and price your insurance coverage.

Please provide the following:

- Please attach sample contracts (SLA's) in place with customers, partners, etc.
- Policies and Procedures
- Promotional brochures
- Executive Bios
- Audited Financial Statement
- Supplemental Security Questionnaire (including Network Topology)
- Hiring Practices and Employee Security Clearance Procedures
- Extended Warranty Statement or Guarantee

GENERAL INFORMATION

Name of Applicant/Company: _____

Address: _____

Contact Name (with Address): _____

Phone/Fax/E-Mail: _____

Website URL: _____

Year Applicant Established? _____ Number of acquisitions in the past 3 years: _____

Names of Subsidiaries/Associated Companies to be insured by this Policy: _____

Briefly describe your business _____

List the countries where you have offices: _____

Describe your promise to the customer(including amount to be covered by insurance and amount to be retained by you): _____

Describe your Products/Software/Services that represent the business activities and target markets of your company and the percentage of overall revenue from each. _____

Please provide total revenues for the last three years and projected revenues for the coming year:

	Year	Domestic Revenues*	Foreign Revenues*
Projected: (1)	_____	\$ _____	_____
(2)	_____	\$ _____	_____
(3)	_____	\$ _____	_____
(4)	_____	\$ _____	_____

- Revenues means actual sums billed to customers for products and services rendered. For Foreign Revenues, indicate currency

Please break down the following:

Number of customers your Promise/Warranty to would apply to in:

Current Calendar Year- _____
 Following Calendar Year- _____
 2nd Following Year- _____

How would a failure or malfunction of your product/software/services affect your customer's operations? _____

Describe any quality initiatives you follow (such as ISO 9000, etc.).

What percentage of your contracts do either your legal department or outside attorneys review? _____ %

Who drafted your Extended Warranty Statement? _____

OTHER NETWORK COMPUTER ACTIVITY - IF APPLICABLE

Complete the following:

(A) USAGE

_____ Number of employees
 _____ Number of employee users with E-Mail
 _____ Number of employees with Internet browser access
 _____ Volume of data represented by external messages (include attachments)/Mon. (megabytes/gigabytes)

(B) PUBLIC WEBSITE

_____ Number of Websites
 _____ Number of Web Pages Published

Do you have a written IT Security Policy? Yes (if yes, please attach) No

Do you have an employee "acceptable use" policy for your computer network and the Internet? Yes (if yes, please attach)
 No

Do you have a fulltime Network Security Manager?

Do you contract with any of the following: Intrusion Detection Services Managed Scanning Services
 Managing VPN Services

Do you host your own website(s) and computer networks, or is hosting and maintenance outsourced in whole or part? If yes, please identify the portions of the network and/or the Web site(s) which are outsourced, and the entity to which they are outsourced. _____

If you employ any outside services to audit or assess the security of your network, please describe and attach any report, results etc.).

Please attach any business/disaster recovery or back up plans or resources in place.

PRIOR HISTORY INFORMATION

Current Insurance

Insurance Coverage	Insurance Company	Limits	Premium
Products Liability	_____	_____	_____
Errors & Omissions	_____	_____	_____
Media Liability	_____	_____	_____

Prior Year(s) Insurance

Insurance Coverage	Insurance Company	Limits	Premium
Products Liability	_____	_____	_____
Errors & Omissions	_____	_____	_____
Media Liability	_____	_____	_____

Claims Experience for the past 5 years for warranty coverage, product liability, errors and omissions and media liability policies:

Date of Loss	Description	Cost to Settle
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What measures have been taken to prevent similar losses in the future? _____

CLAIMS, SUITS or ACTIONS

1. On a separate sheet, list and briefly describe claims made against you or any of your subsidiaries or suits in which you or your subsidiaries have been named for any wrongful act relating to your Technology Services (**Technology Services include the use of the Internet to send and receive e-mail and gain access to other Internet resources such as World Wide Web sites; e-Business Activities; creation of Multimedia Content, including the Multimedia Content of electronic publications, software, World Wide Web sites, Intranets or Extranets for itself or others; provision of Internet access services for others, and the insureds installation, hosting or maintenance of a World Wide Web sites, Intranets, Extranets or other computer network resources for itself or others (except for development of Multimedia Content); your generation, installation, management, and maintenance of any Public Key Infrastructure (PKI) or other Digital Certificate system for itself or others, including acting as a Certification Authority, Registration Authority or validation authority; performance of technology consulting for others, including network computer security services, systems integration, and data & key recovery; development, maintenance and operation of any electronic information databases for itself or others, and development of software for others (except for development of Multimedia Content), including making shared software available over the internet).**

2. Does any principal, partner, director, or officer of the Applicant Corporation or its subsidiaries have any knowledge or Information of any act, error, omission, or other circumstance which he/she believes either will give rise or could give rise to a lawsuit being filed or a claim being made against the applicant involving the proposed insurance? Yes No
If Yes, please attach complete details.

New York Fraud Clause: (The New York Insurance Commissioner has required that the following language be included on all applications for insurance in the State of New York). 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.

Colorado Fraud Warning – 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 or agent of an insurance company who unwillingly 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 aware of payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Kentucky Fraud Warning - 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.

Minnesota Fraud Warning: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Ohio Fraud Warning – 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 false or deceptive statement is guilty of insurance fraud.

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

Signing this form and tendering premium does not bind the applicant or the Company to complete the insurance. This application must be signed to be considered for quotation. The undersigned certifies that every attempt has been made to provide information in response to the questions in this application which is true, correct, and complete to the best of their knowledge and belief. It is understood that this application shall be the basis of information to determine coverage acceptance and pricing.

Applicant's Signature _____
(Officer or Director)

Print or Type Name and Title _____ Date: _____

WARRANTY: The applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the applicant's business.

The applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the applicant agrees that in he event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by claims expenses and in such event, the Company shall not be liable for claims expenses or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability. The applicant hereby further acknowledges that he/she is aware that claims expenses that are incurred shall be applied against the deductible amount. The applicant understands and accepts that the policy applied for provides coverage on a 'claims-made' basis for only those claims that are first made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.