



# Beazley MediaTech

# Application

**NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.**

**PLEASE READ THIS POLICY CAREFULLY.**

Please fully answer all questions and submit all requested information.

### GENERAL INFORMATION:

|  |               |            |
|--|---------------|------------|
| Full Name:   |               |            |
| Mailing Address:   | State of Inc: |            |
| City:  | State & Zip:  |            |
| # of Employees:  | Date Est:     |            |
| Website URL's:   |               |            |
| Authorized Officer <sup>1</sup> :  | Email:        | Telephone: |
| Breach Response Contact <sup>2</sup> :   | Email:        | Telephone: |
| Business Description:  |               |            |
| Does the Applicant provide data processing, storage or hosting services to third parties? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |            |

### REVENUE INFORMATION:

\*For all other Applicants, please provide Gross Revenue information

|                 | Past Twelve Months: | Previous Year | Next Year (Estimate) |
|-----------------|---------------------|---------------|----------------------|
| US Revenue:     | USD                 | USD           | USD                  |
| Non-US Revenue: | USD                 | USD           | USD                  |
| Total:          | USD                 | USD           | USD                  |

**Please attach a copy of your most recently audited annual financial statement.**

What percentage of the Applicant's revenues is business to business? \_\_\_\_%  
Direct to consumer? \_\_\_\_%

<sup>1</sup> This is the officer of the Applicant that is authorized make statements to the Underwriters on the Applicant's behalf and to receive notices from the Insurer or its authorized representative(s).

<sup>2</sup> This is the employee of the Applicant that is designated to work with the insurer in response to a data breach event.

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Are significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes within the past twelve (12) months?

Yes  No

If 'Yes', please explain: \_\_\_\_\_

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Has the Applicant within the past twelve (12) months completed or agreed to, or does it contemplate entering into within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed?

Yes  No

If 'Yes', please explain: \_\_\_\_\_

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## PRODUCT & SERVICE ENGAGEMENTS

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Please indicate how much revenue the Applicant expects this year from any of the following, as well as any relevant details surrounding such products or services:

**Packaged software development & licensing:** USD \_\_\_\_\_

\_\_\_\_\_

**Custom software development:** USD \_\_\_\_\_

\_\_\_\_\_

**Software maintenance and support:** USD \_\_\_\_\_

\_\_\_\_\_

**Computer and software systems implementation/installation/integration:** USD \_\_\_\_\_

\_\_\_\_\_

**IT consulting, including consulting on hardware/software design/purchase:** USD \_\_\_\_\_

\_\_\_\_\_

**Data and transaction processing:** USD \_\_\_\_\_

\_\_\_\_\_

**IT and business process outsourcing:** USD \_\_\_\_\_

\_\_\_\_\_

**Media content and data sales, subscriptions and licenses:** USD \_\_\_\_\_

\_\_\_\_\_

**Revenues from ISP and email services:** USD \_\_\_\_\_

\_\_\_\_\_

**Website hosting and collocation services:** USD \_\_\_\_\_

\_\_\_\_\_

Advertising and referral revenues: USD \_\_\_\_\_

\_\_\_\_\_

Telecommunication services: USD \_\_\_\_\_

\_\_\_\_\_

Technology product sales and maintenance (other than software): USD \_\_\_\_\_

\_\_\_\_\_

Application services provider: USD \_\_\_\_\_

\_\_\_\_\_

Other services or products (provide details): USD \_\_\_\_\_

\_\_\_\_\_

Does the Applicant have any engagements that represent more than five percent of its annual revenues?

Yes  No

If yes, please provide details:

\_\_\_\_\_

Please indicate the Applicant's average size engagement in terms of total revenue:

USD \_\_\_\_\_

Please indicate the Applicant's four largest engagements for the past 2 years:

Client: \_\_\_\_\_

Product/Service: \_\_\_\_\_

Revenues: USD

## CONTRACTUAL CONTROLS

Does the Applicant have written contracts with all clients for all service/product engagements?

Yes  No

If no, what percentage of the time are written contracts used?

\_\_\_\_%

Does the Applicant's contracts with clients for service/product engagements include provisions with respect to:

Scope of work?

Yes  No

Dispute resolution?

Yes  No

Damages Caps?  
 Disclaimers or Implied Warranties?  
 Guarantees?  
 Full Disclaimer of Consequential Damages?

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

If all of the Applicant's written contracts do not include a Full Disclaimer of Consequential Damages, please explain circumstances when such disclaimer would not be provided:

\_\_\_\_\_

**PRIVACY**

Please identify the types of personal information of individuals that you collect, process or store (check all that apply) along with an estimate of the number of records held for each type of information:

**Type of Information:**

**Number of Records (Estimated):**

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security Numbers        | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Consumer Financial Information | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Payment Card Information       | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Protected Health Information   | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Biometric Information          | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Other (please describe): _____ |  |

Has the Applicant designated a Chief Privacy Officer?

Yes  No

If 'No' please indicate what position(s) (if any) are responsible for privacy issues:

\_\_\_\_\_

Does the Applicant require third parties with which it shares personally identifiable or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party?

Yes  No

**PAYMENT CARDS**

Does the Applicant accept payment cards for goods sold or services rendered?

Yes  No

If 'Yes': How many payment card transactions does the Applicant transact per year?

\_\_\_\_\_

Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)?

Yes  No  N/A

Is payment card data encrypted at the point of sale (e.g., payment card reader or e-commerce payment portal) through transmission to the payment processor?

Yes  No  N/A

If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion:

\_\_\_\_\_

**COMPUTER & NETWORK SECURITY**

Has the Applicant designated a Chief Information Security Officer as respects computer systems and data security?

Yes  No

If 'No', please indicate what position is responsible for computer and data security:

\_\_\_\_\_

Does the Applicant publish and distribute written policies and procedures regarding computer and information security to its employees?  Yes  No

Does the Applicant conduct computer and information security training for every employee that has access to computer systems or sensitive data?  Yes  No

Does the Applicant enforce a process for the timely installation of software updates/patches?  Yes  No

If 'Yes', are critical updates/patches installed within thirty (30) days of release?  Yes  No

Does the Applicant restrict user rights on computer systems such that individuals (including third party service providers) have access only to those areas of the network or information that is necessary for them to perform their duties?  Yes  No

Where does the Applicant have a firewall? (check all that apply):

At network perimeter  Internally within the network to protect sensitive resources

Which of the following procedures does the Applicant employ to test computer security controls?

**Testing:**

- Internal Vulnerability Scanning
- External Vulnerability Scanning against internet-facing IP addresses
- Penetration Testing

**Frequency of Testing:**

- Continuously  Monthly  Quarterly
- Continuously  Monthly  Quarterly
- Quarterly  Bi-annual  Annually

Other (please describe): \_\_\_\_\_

Does the Applicant have network intrusion detection systems that provide actionable alerts if an unauthorized computer system intrusion occurs?  Yes  No

If 'Yes', please describe: \_\_\_\_\_

Does the Applicant store data in any of the following environments, and is such stored data encrypted? (check all that apply)

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Laptops                             | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> Portable Media                      | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> Back-up Tapes                       | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |
| <input type="checkbox"/> "at rest" within computer databases | <input type="checkbox"/> Encrypted | <input type="checkbox"/> Not Encrypted |

Does the Applicant outsource any of the following? (Check all that apply and please identify the vendor(s))

- Data Center Hosting: \_\_\_\_\_
- Managed Security: \_\_\_\_\_
- Alert Log Monitoring: \_\_\_\_\_

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**BUSINESS CONTINUITY**

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Does the Applicant have:

- A disaster recovery plan?  Yes  No - Date last tested: \_\_\_\_\_
- A business continuity plan?  Yes  No - Date last tested: \_\_\_\_\_
- An incident response plan for network intrusions and virus incidents?  Yes  No - Date last tested: \_\_\_\_\_

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If the Applicant has a business continuity plan, does the plan contain recovery time objectives for the amount of time within which business processes and continuity must be restored?  Yes  No

If 'Yes', what are the current stated and tested recovery time objectives? \_\_\_\_\_

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Does the Applicant have centralized log collection and management that allows for review of all access and activity on the network?  Yes  No

For how long are logs maintained? \_\_\_\_\_

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What is Applicant's process for backing up data? (check all that apply):

Full back up  Incremental  Differential  Mirror  Other: \_\_\_\_\_

How often is Applicant's data backed up? \_\_\_\_\_

Where are data backups stored? (check all that apply):

Secure offsite  Secondary Data Center  Other: \_\_\_\_\_

If necessary, how quickly can backed up data be accessed and restored? \_\_\_\_\_

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## MEDIA LIABILITY

Please describe the media activities of the Applicant or by others on behalf of the Applicant:

- |   |   |
|---|---|
| <input type="checkbox"/> Television                     | <input type="checkbox"/> Internet Advertising     |
| <input type="checkbox"/> Radio                          | <input type="checkbox"/> Social Media             |
| <input type="checkbox"/> Print                          | <input type="checkbox"/> Marketing Materials      |
| <input type="checkbox"/> Applicant's Website(s)         | <input type="checkbox"/> Audio or Video Streaming |
| <input type="checkbox"/> Other (please describe: _____) |   |

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Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content), for intellectual property and privacy compliance prior to any publication, broadcast, distribution or use?  Yes  No  N/A

Are such reviews conducted by, or under the supervision, of a qualified attorney?  Yes  No  N/A

Does the Applicant allow user generated content to be displayed on its website(s)?  Yes  No  N/A

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## eCRIME

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Are all employees that are responsible for disbursing or transmitting funds provided anti-fraud training, including detection of social engineering, phishing, business email compromise, and other scams on at least an annual basis?  Yes  No

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Before processing fund transfer requests from internal sources, does the Applicant confirm the instructions via a method other than the original means of the instruction?  Yes  No

Do the Applicant's procedures require review of all requests by a supervisor or next-level approver before processing fund transfer instructions?  Yes  No

When a vendor/supplier requests any change to its account details (including routing numbers, account numbers, telephone numbers and contact information) and prior to making any changes:  Yes  No

Does the Applicant first confirm all requested changes requested by the vendor/supplier with a person other than the requestor prior to making any changes?  Yes  No

Does the Applicant confirm requested changes via a method other than the original means of request?  Yes  No

Do the Applicant's processes and procedures require review of all requests by a supervisor or next-level approver?  Yes  No

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Please identify your telecommunications carrier:

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Have you established strong alphanumeric passwords for administrative controls of your telecommunications system?  Yes  No

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Have you configured your telecommunications system to disable (check all that apply)?

Remote system administration and Internet Protocol (IP) access  Dialing via remote system access (DISA)

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### **PRIOR CLAIMS AND CIRCUMSTANCES**

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Does the Applicant or other proposed insured (including any director, officer or employee) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?  Yes  No

If yes, please provide details: \_\_\_\_\_

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During the past five (5) years has the Applicant:

Received any claims or complaints with respect to privacy, breach of information or network security, or, unauthorized disclosure of information?  Yes  No

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Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?  Yes  No

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Received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Applicant?  Yes  No

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Notified consumers or any other third party of a data breach incident involving the Applicant?  Yes  No

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Experienced an actual or attempted extortion demand with respect to its computer systems?  Yes  No

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Experienced an unexpected outage of a computer network, application or system lasting greater than four (4) hours?  Yes  No

If 'Yes' to any of the above, please provide details regarding such incident(s) or event(s):

\_\_\_\_\_

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDEWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT 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 OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

**FRAUD WARNING DISCLOSURE**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND 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 AGENCIES.

**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 KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE

PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND 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 CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

**NOTICE TO MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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

**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.

### **SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Signed\*: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Signature\*: \_\_\_\_\_

Agent's Printed Name: \_\_\_\_\_

Florida Agent's License Number: \_\_\_\_\_