

Professional Liability, DataBreachSM Network and Information Security And Media Injury Liability And General Liability Application

All questions MUST be completed in full.
If space is insufficient to answer any question fully, attach a separate sheet.

Full Name Of Applicant: _____ Title: _____
Business Name: _____
Phone #: _____ Fax #: _____ Email: _____
Mailing Address: _____ City: _____
County: _____ State: _____ Zip Code: _____ Website: _____
Contact Person & Phone Number: _____
Year Established: _____
 Individual Partnership Corporation For Profit Not for Profit Other _____

1. GENERAL INFORMATION

- a. How many individual offices and locations does the applicant have? _____
- b. Indicate number of employees including principals and independent contractors:
Full-time ____ Part-time ____ Seasonal/Temporary ____ Independent Contractors ____ Total
- c. Is the applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? Yes No
If yes, are any services provided to such organization(s)? Yes No
If yes, to either of the above, provide details. _____
- d. During the last year has the applicant been involved in, or are they presently considering or contemplating:
 - (1) Any merger, consolidation or acquisition? Yes No
If yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization. _____
 - (2) A change in the nature of business operations? Yes No
If yes, provide details. _____
- e. During the last year, has the name of the applicant been changed? Yes No
If yes, provide details. _____
- f. Applicant's annual gross revenues:
 - (1) Estimated annual gross revenues for the coming year: \$_____
 - (2) For the past 12 months: \$_____
 - (3) Percentage of annual gross revenues for the current year:
 - (a) Domestic: ____%
 - (b) Foreign: ____% Identify countries: _____

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2. ADDITIONAL INFORMATION

- a. If you are a new applicant with this Company, attach:
- (1) A list of owners, partners and officers and percentage of ownership of each of the applicants named in Full Name Of Applicant above.
 - (2) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$1,000,000 or less.)
 - (3) Professional qualifications (i.e. resume or C.V.) of each of the owners, partners, officers and key employees of the applicants named in Full Name Of Applicant above.
 - (4) Professional societies and organizations to which the applicant and its owners, partners, officers and key employees belong.
 - (5) Advertisements, brochures, and descriptive literature on the applicant's business.
 - (6) Sample contract for services between the applicant and its clients.
 - (7) A list of and description of affiliations with any organization owned by any owner, partner or officer of any applicant.
- b. If you are applying for renewal with this company, attach:
- (1) A list of owners, partners and officers and percentage of ownership of each of the applicants named in Full Name Of Applicant above.
 - (2) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$1,000,000 or less.)
 - (3) Any changes in any items provided last year pursuant to Items 2.a.(3) through 2.a.(7) above.

3. PROFESSIONAL ACTIVITIES AND SPECIALTY

- a. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity:

Professional Services	Percent Of Gross Revenues
	%
	%
	%

- b. Describe projected and past gross revenues:
- (1) Estimated annual gross revenues for the coming year: \$_____
 - (2) Percentage of annual gross revenues for the coming year:
 - (a) Domestic: _____%
 - (b) Foreign: _____%
 - (3) Annual gross revenues for the last 3 years:
 - (a) Last 12 Months: Year: _____ \$_____
 - (b) 1st Prior Year: Year: _____ \$_____
 - (c) 2nd Prior Year: Year: _____ \$_____

- c. Describe applicant's three largest jobs in the last 3 years:

Client Name	Professional Services	Gross Revenues

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d. Is the applicant engaged in any business or profession other than as described in Item 3.a. above? Yes No

If yes, explain. _____

e. Were more than 50% of the applicant's gross revenues for any of the last 3 years derived from any one contract? Yes No

If yes, specify client, professional services and duration of contract. _____

f. Does the applicant utilize the services of independent contractors? Yes No

If yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each. _____

g. Describe the applicant's operations:

(1) Does the applicant, any of its subsidiaries, or any of its affiliates build, service, repair, install, manufacture or fabricate anything? Yes No

(2) Does the applicant, any of its subsidiaries, or any of its affiliates sell any product other than computer software? Yes No

If yes, to either (1) or (2) describe. _____

h. Is any principal, partner, owner, officer, director, employee, manager or managing member of the applicant a certified public accountant, an attorney or lawyer, an architect or engineer, or a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? Yes No

If yes, advise of the name of the individuals, their positions with the applicant and the nature of services they perform for clients of the applicant. _____

4. PROFESSIONAL SERVICES, CLAIMS AND HISTORY

a. During the last 5 years, have there been any claims or proceedings arising out of professional services against the applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, predecessors, subsidiaries, affiliates, or against any other person or organization proposed for this insurance? Yes No

If yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

b. Is the applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? Yes No

If yes, provide details. _____

c. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last 5 years? (Not applicable in Missouri) Yes No

If yes, attach a copy of such insurer's notice. (Not applicable in Missouri)

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- d. Has the applicant or any of its principals, partners, owners, officers, directors, managers or managing members or employees, its predecessors, subsidiaries, affiliates, or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices? Yes No

If yes, provide details on a separate sheet.

5. DATABREACH

If an outside service provider is used to manage the applicant's IT System, please consult with outside service provider when completing these questions:

- a. Does the applicant have annually reviewed written information security policies and procedures? Yes No
- b. Does the applicant have a process to delete systems access after employee termination? Yes No
- c. Is access to equipment, such as servers, workstations and storage media including paper records, containing sensitive information physically protected? Yes No
- d. Does the applicant have a security patch management process implemented? Yes No
- e. Does the applicant have anti-virus, anti-spyware and anti-malware software installed? Yes No
- f. Does the applicant implement firewalls and other security appliances between the Internet and sensitive data? Yes No
- g. Does the applicant have written security policies and procedures for mobile devices, including personal devices, if they are connected to the applicant's network? Yes No
- h. Is a vulnerability scan or penetration test performed on all internet-facing applications and systems before they go into production and at least quarterly thereafter? Yes No
- i. Are alternative facilities available in the event of a shutdown/failure of the applicant's network? Yes No
- j. Does the applicant have written procedures for routine backups and maintain proof of backups? Yes No
- k. Are key data and software code stored:
- (1) On redundant storage device? Yes No
- (2) At secured offsite storage? Yes No
- l. Does the applicant mine, buy, trade or hold any cryptocurrency? Yes No

If yes:

(1) What is the current total value in United States Dollars? _____

(2) Where does the applicant store its cryptocurrency?

Cold Storage or Offline Vault

Online Exchanges

(3) What controls are in place to ensure the secure generation, custody and storage of the private keys?

- m. Are policies and procedures in place to confirm compliance with the Telephone Consumer Protection Act of 1991 and any other regulations, laws or statutes relating to communication and marketing efforts made to any third party, including clients and customers? Yes No
- n. Does the applicant have a written policy regarding the setting up of electronic funds transfer? Yes No
- o. Are all fund transfers subject to dual authentication? Yes No

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6. MEDIA AND COPYRIGHT

- a. With regard to the applicant's software or products, does the applicant:
- (1) Have an intellectual property review process? NA Yes No
- (2) Have a policy or employee training program in place to prevent IP infringement? NA Yes No
- b. With regard to the applicant's website, portal and social media accounts, does the applicant conduct prior review of all content for copyright infringement, trademark infringement, libel or slander, violation or rights of privacy or publicity? Yes No
- c. Does the applicant have a takedown procedure to comply with DMCA safe harbor provisions if hosting content posted by third parties on their servers or web site? Yes No
- d. Does the applicant obtain written approval for all materials from clients? Yes No
- e. Does the applicant develop, organize, implement or monitor games of chance, sweepstakes or other contests? Yes No
- f. When creating content for clients, does the applicant obtain written releases for use of materials from the following:
- (1) Employees? Yes No
- (2) Free-lance writers, photographers, artist, musicians? Yes No
- (3) Models? Yes No
- (4) Other individuals appearing in content created by the applicant? Yes No
- No content created for clients.
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7. GENERAL LIABILITY

- a. Does the applicant work at any of the following locations: construction sites, mining facilities, power plants, chemical processing facilities, oil wells or other drilling sites, or cell towers? Yes No
- b. Does the applicant or any of its subsidiaries or affiliates fabricate, manufacture or sell any product, including hardware? Yes No
- (1) If yes, please describe: _____
- (2) Total revenue from product sales: \$ _____
- c. Does the applicant or any of its subsidiaries or affiliates build, service, maintain, repair or install anything? Yes No
- If yes, please describe: _____
- d. Does the applicant subcontract any construction, service, maintenance or repair work? Yes No
- (1) If yes, please describe: _____
- (2) Are certificates of insurance required? Yes No

8. OTHER INSURANCE AND LOSS HISTORY

a. List current and prior Professional Liability Insurance for each of the last 3 years:

Insurer	Limits Of Liability	Deductible	Premium	Inception-Expiration Dates (MM/DD/YYYY)	Retroactive/Prior Acts Date (MM/DD/YYYY)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

b. Does the applicant carry Data Privacy or Data Security Insurance? Yes No

If yes, provide: Insurer: _____ Limits Of Liability: \$ _____

c. Does the applicant carry General Liability Insurance? Yes No

(1) If yes, provide: Insurer: _____ Limits Of Liability: \$ _____

Effective Date: _____

(2) Does coverage include Products/Completed Operations Hazard liability? Yes No

d. Is the applicant aware of any claim, suit, or notice of incident against the applicant, their predecessors in business, any of the present or past partners, officers, employees or any other individual who would fall under coverage proposed, or has any claim, suit, or notice been made against the applicant or any staff member? Yes No

If yes, please provide full details of each incident: _____

e. Is the applicant aware of any facts, circumstances, incidents or situations which may result in any claim, suit, or notice of incident against the applicant, their predecessors in business, any of the present or past partners, officers, employees or any individual who would fall under coverage proposed, or has any claim, suit, or notice been made against the applicant or any staff member? Yes No

If yes, please provide full details of each incident: _____

f. Please list below any other items the applicant believes could be important for the Company to consider prior to making a coverage determination.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

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Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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

Applicable in CO

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

Applicable in FL and OK

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

Applicable in KS

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

Applicable in KY, NY, OH and PA

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

Applicable in ME, TN, VA and WA

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

Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

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

Applicable in OR

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

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO PROVIDE OR THE APPLICANT TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL PROMPTLY NOTIFY THE COMPANY, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD;
- (II) UNLESS AMENDED BY ENDORSEMENT, THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY CLAIM EXPENSES AND, IN SUCH EVENT, THE COMPANY WILL NOT BE LIABLE FOR CLAIM EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COSTS EXCEED THE LIMITS OF LIABILITY IN THE POLICY; AND
- (III) UNLESS AMENDED BY ENDORSEMENT, CLAIM EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE.

WARRANTY

The undersigned warrant to the Company that they understand and accept the notice stated above and that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. The undersigned authorize the release of claim information from any prior insurer to the Company or affiliates thereof.

This application is signed by undersigned authorized agent of the applicant(s) on behalf of the applicant(s) and its, owners, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of applicant

Title

Signature of applicant

Date

(Florida only) Agent license number: _____

AGENT - Yergey Insurance Services, LLC

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