

Renewal Underwriting Application

QUESTIONNAIRE INSTRUCTIONS

Whenever used in this questionnaire, the terms you, your(s) and applicant shall mean the named insured and all subsidiaries, unless otherwise stated.

YOUR BUSINESS

1. Name of applicant: _____
Address of applicant: _____
2. Please provide your anticipated total annual revenues for the next 12 months. \$ _____
What percentage of your total annual revenues is from foreign sales? _____ %
What percentage of your total annual revenues is derived from internet sales? _____ %
3. Check if any of the following have occurred in the past 12 months or may occur in the next 12 months:
☐ Merger ☐ Acquisition ☐ Newly formed owned entity
☐ Sale or divestiture of an entity ☐ Name change (no M&A) ☐ New products or services
 If so, describe in detail: _____
4. Have you discontinued or ceased providing support for any products or services in the last 12 months? ☐ Yes ☐ No
If yes, please explain: _____
5. Do you anticipate any significant changes in the nature of your business over the next 12 months? ☐ Yes ☐ No
If yes, please explain: _____
6. If your product or services include any of the following, please provide a percentage of projected revenue for each product or service:

Accounting services/content	%	Medical or health advice/content/services	%
Aerospace, weapons, guidance or navigation systems	%	Medical diagnostics or patient care	%
Architectural or engineering advice/content/services	%	Nutritional advice/content/services	%
Cryptocurrency	%	Physical security	%
Emergency or fire response	%	Privacy compliance (PCI, GDPR, HIPAA, etc.)	%
Funds transfer, trade execution or other securities transactions	%	Pollution or environmental monitoring, testing or remediation	%
File sharing/swapping	%	Process control, process automation, CAM or robotics	%
Gaming, sweepstakes, contests, lotteries or other games of chance	%	Security assessment, encryption, authentication, penetration/vulnerability testing	%
Insurance advice/content/services	%	Social media/social network	%
Legal advice/content/services	%	Any other non-Technology related product or service	%

REQUESTED INSURANCE PROGRAM

1. Do you want to change your current insurance program?:

☐ N/A ☐ Yes ☐ No

If yes, please provide the following information regarding your requested insurance program:

TECHNOLOGY LIABILITY COVERAGE		
COVERAGE	REQUESTED PROGRAM	
	LIMIT	RETENTION
Errors and omissions liability	\$	\$
Cyber and privacy security liability	\$	\$
Personal injury liability	\$	\$
Media and content liability	\$	\$

FIRST-PARTY CYBER COVERAGE		
COVERAGE	REQUESTED PROGRAM	
	LIMIT	RETENTION
Security breach notification and remediation	\$	\$
Data and systems restoration	\$	\$
Cyber extortion	\$	\$
Business income loss and extra expense	\$	_____ hrs waiting period
Contingent business income loss and extra expense	\$	_____ hrs waiting period
Funds transfer fraud	\$	\$
Computer fraud	\$	\$
Telecommunications fraud	\$	\$
Public relations	\$	\$
Cyber breach or extortion reward	\$	\$

HISTORY

1. In the past 12 months:

- Are you aware of any actual or alleged facts or circumstances that could reasonably be expected to give rise to a claim under this policy?
☐ Yes ☐ No
- Have you had a contract dispute alleging non-performance of your products or services?
☐ Yes ☐ No
- Have any customers withheld payment due to a contract dispute?
☐ Yes ☐ No
- Have you sued a customer for failure to pay for products or services rendered?
☐ Yes ☐ No
- Have you notified consumers or a third party of a security breach incident?
☐ Yes ☐ No
- Have you experienced an actual or attempted extortion demand with respect to your computer system, an unscheduled network outage lasting over four hours, or has your system or website been used in any type of security incident or attack (viruses, denial of service attacks, etc.)?
☐ Yes ☐ No

ERRORS AND OMISSIONS LIABILITY

(Please attach a copy of your standard customer contract, purchase order or licensing agreement.)

1. What percentage of revenue is applicable to the following end user(s) of your products or services?

Individual _____%	U.S. Federal Government, agency or military _____%
Commercial entity _____%	If you generate revenue from the U.S. federal government, agency or military, please answer the following: Your work as a prime contractor _____% Your work as a subcontractor to a prime contractor _____% Do you primarily use Federal Acquisition Regulation (FAR) contracts or insure that FAR flow-down provisions are included within contracts you sign? <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. local or state government or agency _____%	

2. In the past 12 months, have you made any changes to your quality control/quality assurance program? ☐ Yes ☐ No

If Yes, please explain: _____

3. In the past 12 months, have you made any changes to your customer management program? ☐ Yes ☐ No

If Yes, please explain: _____

4. How long would it take for you to notify all your customers of an issue with your product or service?

5. In the past 12 months, have you had to recall any of your products? ☐ N/A ☐ Yes ☐ No

If Yes, please explain: _____

6. If you perform services that require you to modify information security protection in order to perform your services, do you have a formal procedure to ensure all applicable information security protections are operational upon completion of your services? ☐ Yes ☐ No

If Yes, does this procedure include testing to verify security protections are operational? ☐ Yes ☐ No

Do you have a formal process that requires your customer to verify protections are operational? ☐ Yes ☐ No

7. If you are an equipment or component manufacturer what percentage of your products do you test?

Percentage of all products _____% Percentage of batch/lot _____%

If you use or sell products provided by third party vendors, what are your testing procedures for third party supplied products?

Does your customer test all products prior to final acceptance? ☐ Yes ☐ No

If No, what percentage of your products does your customer test prior to acceptance? _____%

Do you negotiate an acceptable product failure rate with customers? ☐ Yes ☐ No

If Yes, what is considered an acceptable failure rate for your products? _____

8. In the past 12 months, have you changed your warranty or guarantee of standards of performance for your products or services (delivery and/or completion timeframes, availability, durability, quality, volume of transactions)? ☐ Yes ☐ No

If Yes, please explain: _____

CONTRACTS

1. Describe your five largest contracts, licensing agreements, or projects.

CLIENT NAME	PRODUCT/SERVICE PROVIDED	ANNUAL REVENUE DERIVED FROM PROJECT OR JOB	LENGTH OF CONTRACT (IN MONTHS)	ACTUAL/EXPECTED COMPLETION DATE

2. In the past 12 months, have you made any changes to your customer contracts or contracting procedures? ☐ Yes ☐ No

If Yes, please explain: _____

3. Please provide the following:

- a. Size of average customer contract: \$ _____ Length of average customer contract (# of months): _____
b. Size of largest customer contract: \$ _____ Length of largest customer contract (# of months): _____

SUBCONTRACTORS

1. In the past 12 months, has your use of subcontractors changed? ☐ Yes ☐ No

If Yes, please explain changes: _____

CYBER AND PRIVACY SECURITY/FIRST-PARTY CYBER

(Please complete this section if you are applying for cyber and privacy security liability or first-party cyber coverage.)

1. Indicate the type and number of unique records collected/maintained by you or others on your behalf (Check all that apply):

TYPE OF INFORMATION	NUMBER OF RECORDS				
<input type="checkbox"/> Biometric information	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Financial account numbers	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Other personally identifying information (i.e., social security numbers, passport numbers)	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Protected health information	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Credit card numbers	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M
<input type="checkbox"/> Other information not described above (i.e., Name, address, telephone number, etc.)	<input type="checkbox"/> <50,000	<input type="checkbox"/> 50k–500k	<input type="checkbox"/> 500k–1M	<input type="checkbox"/> 1M– 3M	<input type="checkbox"/> >3M

2. If you were to suffer a security incident or attack (virus, denial of service attack, etc.), how would you categorize the downstream result to your customers? ☐ No impact ☐ Minimal impact ☐ Moderate impact ☐ Significant impact
3. If user information is collected on your website, do users have the option to opt-in or opt-out of allowing the collection or use of their information? ☐ Yes ☐ No
4. In the last 12 months, have you made any changes to your:
- a. Network and information security policies? ☐ Yes ☐ No
- b. Disaster recovery plan? ☐ Yes ☐ No
- c. Facilities security measures? ☐ Yes ☐ No

5. Are security requirements and responsibilities for sensitive and confidential information addressed in your contract or agreements with vendors, partners, subcontractors, independent contractors and other third parties? ☐ Yes ☐ No
6. When employees/contractors access critical systems, is multi-factor authentication utilized? ☐ Yes ☐ No
7. Do you use vendors for any of the following?
 - a. Customer service ☐ Yes ☐ No
 - b. Web hosting/data center operations ☐ Yes ☐ No
 - c. Data processing ☐ Yes ☐ No
 - d. Network security ☐ Yes ☐ No
 - e. Other—please describe: _____
8. Do you have a formal process for reviewing your vendors' information security procedures? ☐ N/A ☐ Yes ☐ No
9. Do you use a standard contract or agreement with all vendors? ☐ N/A ☐ Yes ☐ No
If yes, are hold harmless and indemnification provisions in your favor? ☐ N/A ☐ Yes ☐ No
10. Are your vendors required to carry errors and omissions insurance? ☐ N/A ☐ Yes ☐ No

PERSONAL INJURY LIABILITY

(Please complete this section if you are applying for personal injury liability coverage.)

1. Do you sell or share personal and/or confidential information gathered from customers or others? ☐ Yes ☐ No
(This includes information gathered from your website or by other means.)
If Yes, do you notify and obtain the consent of customers or others prior to disseminating this information? ☐ Yes ☐ No
2. Do you have a chat room, bulletin board or social media site? ☐ Yes ☐ No
If yes, please provide the following information:
 - a. Who are the primary users of the chat room, bulletin board or social media site (i.e., employees, vendors, customers, etc.)? _____
 - b. Do you monitor the chat room, bulletin board or social media site? ☐ Yes ☐ No
 - c. How quickly do you remove content and posts when you are notified they are unacceptable or infringing? _____

MEDIA AND CONTENT LIABILITY

(Please complete this section if you are applying for media and content liability coverage.)

1. In the past 12 months, have you made any changes to your intellectual property clearance procedures? ☐ Yes ☐ No
2. In the past 12 months:
 - a. Have you enforced or threatened to enforce your Intellectual Property Rights against a 3rd party? ☐ Yes ☐ No
 - b. Has any third party notified you that you are infringing upon their Intellectual Property Rights? ☐ Yes ☐ No
 If you answer Yes to either of these questions, please provide details. _____

PAYMENT CARD EXPENSE COVERAGE

(Please complete this section if you are applying for payment card expense coverage.)

1. Do you outsource all payment processing to a PCI-DSS validated merchant or other entity? ☐ Yes ☐ No
2. What are your estimated number of transactions in a 12-month period? _____
3. Have you been PCI certified in the past 12 months? ☐ Yes ☐ No

SOCIAL ENGINEERING COVERAGE

(Please complete this section if you are applying for social engineering coverage.)

1. Do you provide social engineering training at least annually to employees having wire transfer or accounts payable authority that educates them on how to detect and identify social engineering scams where a fraudulent email or phone call from a purported:
 - a. Vendor or client is received, requesting their vendor or client bank account information be changed? ☐ Yes ☐ No
 - b. Owner or employee of yours is received, requesting a wire transfer be made on their behalf? ☐ Yes ☐ No
2. Do you have written and documented procedures in place which are provided to your employees and which require employees to authenticate all requested changes to vendor/supplier information (such as bank account, routing number, contact information) with a phone call to an authorized representative of the vendor/supplier, at a phone number provided at the time of contracting? ☐ Yes ☐ No

BUSINESS INCOME LOSS AND EXTRA EXPENSE—SYSTEMS FAILURE

(Please complete this section if you are applying for business income loss and extra expense — systems failure coverage.)

1. Do you have a policy to manage the maintenance of your computer system (i.e., computer or computer network, including hardware, software, telephone system, firmware, and data)? ☐ Yes ☐ No
If yes, please explain. _____
Describe the maintenance schedule of your computer system? _____
2. Have you suffered an unplanned (non-malicious) outage in the past 12 months? ☐ Yes ☐ No
If yes, please explain. _____

CONTINGENT BUSINESS INCOME LOSS AND EXTRA EXPENSE—SYSTEMS FAILURE

(Please complete this section if you are applying for contingent business income loss and extra expense—systems failure coverage.)

1. Do you have any single source providers of raw materials, products or services which are critical to your business? ☐ Yes ☐ No
If yes, please explain. _____
Do you have a contract in place with the provider guaranteeing on time service and back up facilities? ☐ Yes ☐ No
2. Have you identified back-up contract providers for such critical products or services? ☐ Yes ☐ No
If yes, please list your providers. _____
3. How long would it take your back-up contract providers to be up and running to provide to you with your critical products or services? _____

DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance policy provided by us. Any material submitted with the Application shall be maintained on file (either electronically or paper) with us. **Not applicable in NC**

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant Organization between the date of this Application and the policy inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
- Any policy issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then coverage may be denied or canceled with respect to that person or persons if such information was material to issuance of the policy. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the policy inception date that such information contained in the Application(s) were untrue, inaccurate or incomplete, then coverage may be denied or canceled with respect to that person or persons and the Applicant Organization if such information was material to issuance of the policy;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this "Application" does not bind the undersigned to purchase insurance.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Dated _____ Signature/Title _____

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Produced By: Agent _____ Agency: _____

Agent Signature: _____

Address (Street, City): _____

State: _____ Zip Code: _____

FRAUD WARNINGS

Please read the fraud warning statement applicable to your state. If your state is not shown below, refer to the GENERAL FRAUD WARNING STATEMENT.

GENERAL FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARKANSAS, LOUISIANA, AND WEST VIRGINIA APPLICANTS: Any person who knowingly represents 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud an 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 MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or 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 MAINE, VIRGINIA, TENNESSEE & 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 MICHIGAN AND MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO MISSOURI & ARIZONA APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

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 NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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 & IDAHO APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: 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.