

NOTICE: ALL THIRD PARTY LIABILITY COVERAGES FOR WHICH APPLICATION IS MADE, PROVIDE CLAIMS-MADE COVERAGE (UNLESS THE POLICY IS ENDORSED OTHERWISE) AND THE LIMITS OF INSURANCE UNDER ANY ISSUED POLICY SHALL INCLUDE BOTH THE INDEMNITY PAYMENTS FOR CLAIMS AND PAYMENT OF **CLAIMANT COSTS** AND **CLAIM ADJUSTMENT EXPENSES** AS DEFINED IN THE POLICY. THE APPLICABLE LIMITS OF INSURANCE AVAILABLE WILL BE REDUCED BY AND MAY BE EXHAUSTED BY THE COST OF LEGAL DEFENCE. ANY DEDUCTIBLE OR RETENTION SHALL APPLY TO **CLAIMANT COSTS** AND **CLAIM ADJUSTMENT EXPENSES** AS WELL AS INDEMNITY.

**All questions in this application must be answered truthfully and completely for all persons or organizations applying for insurance under this application.**

**Application Information**

1. Please attach sample contracts; including your standard product or services, non-disclosure agreements
2. Most recent Financials (if not available on the Internet)

**I. Name, Address and Contact Information:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Web Site: \_\_\_\_\_
4. Name and contact information of Primary Contact (Executive Officer authorized to receive notices and information regarding the proposed policy):  
 Name: \_\_\_\_\_ e-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**II. Insurance Information:**

1. Coverage Part	Coverage Desired	Limit
A Errors Or Omissions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
B Destructive Programming	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
C Extended Cyber Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Consumer Redress Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
D Intellectual Property Infringement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disclosure of Confidential Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Reputation Disparagement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**First Party Coverages Requested**

**Basket Limit** Coverage includes: Privacy Notification Expenses, Forensics Expenses, Remediation Expenses & Regulatory Costs (Limits in addition to scheduled limits)  \$100,000  \$250,000

**Additional First Party Coverages** Limit of Insurance Requested

Privacy Remediation Expenses Aggregate Limit		
Notification Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Forensic Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Remediation Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regulatory Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cyber Threat	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cyber-Reward	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Confidential Breach Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Fines and Penalties	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business Interruption and Extra Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

2. Deductible and Coverage Date Requested:  
 Deductible:     \$25,000     \$50,000     \$100,000     \$250,000     Other: \$\_\_\_\_\_
- Proposed Effective Date: \_\_\_\_\_ Proposed Retroactive Date: \_\_\_\_\_
- Current insurer \_\_\_\_\_ Current premium: \_\_\_\_\_
3. Policy Period Requested:  
 From \_\_\_\_\_ To \_\_\_\_\_  
 both days at 12:01 a.m. at the principal address of the Parent Organization.

**III. General Risk Information:**

1. Provide your legal structure:  
 Publicly Traded     Privately Held     Subsidiary of Publicly Traded/Private Held Company
2. Year established: \_\_\_\_\_
3. Description of business operations: \_\_\_\_\_
4. During the past two years have you completed 3 or more acquisitions?     Yes     No  
 If yes, please answer the following:  
 Do you have a formal due diligence process?     Yes     No  
 Does that process include the following:  
     Review of prior and pending litigation     Yes     No  
     Evaluation of outstanding contracts or agreements     Yes     No  
     Consideration of existing maintenance agreements     Yes     No
5. Have you sold any companies during the past 3 years?     Yes     No  
 If yes, please describe: \_\_\_\_\_

6. Complete the following information:

	Prior Fiscal Year	Current Fiscal Year Annualized Projection	Projected (Next) Fiscal Year
i. Number of Employees			
ii. Gross Revenue	\$	\$	\$
iii. Gross Payroll	\$	\$	\$

- (a) Provide percentage splits of revenues between:

Canada:    %                      US:    %                      Foreign:    %

7. Do you currently purchase specific professional liability or media liability insurance?     Yes     No  
 If yes, please complete table below:

Insurance Carrier	Coverage Provided	Limit of Insurance	Deductible	Effective Date	Retroactive Date
----------------------	----------------------	-----------------------	------------	----------------	------------------

8. Does Applicant maintain general liability insurance for the purchase of bodily injury, property damage, personal injury and advertising injury coverage, including products-completed operations insurance?     Yes     No  
 If "Yes", indicate whether:  
 (a) Professional liability exposures are excluded     Yes     No  
 (b) Security Breach; access or disclosure of personal information are excluded     Yes     No

**IV. Coverage Specific Risk Information:**

**A. Operational Analysis, Policies And Procedures (applicable To All Applicants)**

1. Do you collect, store or process personally identifiable or other confidential information (see listed in (b) below)?  Yes  No  
 If "Yes":
  - (a) How many records are held, including but not limited to prospective, current and former customers, business partners and employees? \_\_\_\_\_
  - (b) Check all forms of personally identifiable or confidential information that you collect, store or process:
 

<input type="checkbox"/> Credit Card Information	<input type="checkbox"/> Financial Information	<input type="checkbox"/> Personal Information
<input type="checkbox"/> Customer Information	<input type="checkbox"/> Healthcare Information	<input type="checkbox"/> Trade Secrets
<input type="checkbox"/> Other:		
  
2. Have you implemented a written information security policy?  Yes  No  
 If "Yes":
  - (a) Is this security policy applicable to all business units?  Yes  No
  - (b) Do you test the security required by the security policy at least annually?  Yes  No
  - (c) Do you regularly identify and assess new threats and vulnerabilities and adjust the security accordingly?  Yes  No
  - (d) Does your information security policy include policies for the use and storage of personally identifiable or other confidential information on mobile devices?  Yes  No
  - (e) Does your information security policy identify the threats and vulnerabilities and adjust accordingly pertaining to your Industrial Control Systems?  Yes  No  Not applicable
  
3. Do your information security policies include the following (check all that apply):
 

<input type="checkbox"/> Fire walls to filter all traffic	<input type="checkbox"/> Regularly scheduled patch management process	<input type="checkbox"/> Use of Penetration and Vulnerability Scans
<input type="checkbox"/> Authentication and Access Lists	<input type="checkbox"/> Encryption used on data at rest and in transit	<input type="checkbox"/> Annual employee and authorized user training
<input type="checkbox"/> Enterprise use of Anti-virus program	<input type="checkbox"/> Access revocation following termination or departure	<input type="checkbox"/> Use of Intrusion Detection
  
4. Do you have a Business Continuity and Disaster Recovery Plan?  Yes  No  
 If "Yes":
  - (a) Is the Plan reviewed, tested and updated at least bi-annually?  Yes  No
  - (b) Have any problems identified in review or testing been rectified?  Yes  No
  - (c) How long would it take to restore operations after a computer attack or other Loss/corruption of data?
 

<input type="checkbox"/> No Interruption	<input type="checkbox"/> < 48 hours	<input type="checkbox"/> Between 48 and 96 Hours	<input type="checkbox"/> > 96 hours
--	-------------------------------------	--	-------------------------------------
  
5. Do you have a written incident response plan that addresses network security incidents or privacy threats?  Yes  No
  
6. How frequently do you back up electronic data?
 

<input type="checkbox"/> Daily with multi-generations retained	<input type="checkbox"/> Daily	<input type="checkbox"/> Less than daily
--	--------------------------------	--
  
7. Do you employ a designated security officer or equivalent (CSO/CISO)?  Yes  No  
 If "No", who within the organization has been designated to manage and implement information security policies, procedures and processes

---

8. Do you currently use, or have plans in the next year to use, the services of a cloud service or other outsourced service provider?  Yes  No  
 If "Yes", complete the following:
  - (a) What impact would an interruption or cessation of such services have on **Applicant's** ability to meet customer contractual obligations?
 

<input type="checkbox"/> None	<input type="checkbox"/> Slight	<input type="checkbox"/> Significant
-------------------------------	---------------------------------	--------------------------------------

- (b) Does **Applicant's** disaster recovery or business continuity plan specifically address restoration and recovery of business operations provided by a cloud service provider?  Yes  No
- 9. Do you have formalized process when privileged access (e.g. administrator level) is granted?  Yes  No  
 If "Yes":
  - (a) Privileged Access is granted on need only (least privileged) basis  Yes  No
  - (b) Subject to continuous technological, operational and security review; audit and process improvement.  Yes  No

**B. Technology Products And Services Coverage (Complete if requesting Coverage A.)**

**Products, Services and Industries Served**

- 1. Are your products sold or services offered directly to consumers?  Yes  No
- 2. Do you presently offer 10 or more distinctive products or services?  Yes  No
- 3. Have you discontinued any products or services in the past three years?  
 If "Yes", do you continue to provide service or maintenance?  Yes  No
- 4. Do you have any products or services entering new markets or territories within the next year that are substantially different in scope or end use than current products or services?  Yes  No
- 5. **Technology Customers** - Complete the table below and answer the questions that immediately follow.

Types of Products & Services	Industries Served	Projected (Next) Fiscal Year
Hardware Assembly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hardware Component Manufacturing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prepackaged Software/Value Added Resellers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Data Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consulting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Custom Software/System Integration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network Hardware Manufacturing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network Transport	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Network Services, including System Integration	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(a) Indicate the projected next fiscal year revenue derived from:

Type	Projected (Next) Fiscal Year
Software as a Service (SaaS)	\$
Infrastructure as a Service (IaaS)	\$
Platform as a Services (PaaS)	\$
<b>Total</b>	<b>\$</b>

(b) Check if you offer any of the following products or services:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Auction, File-Sharing or Social-Networking Web Site   | <input type="checkbox"/> Credit Card or Payment-Processing Services       | <input type="checkbox"/> Consumer profiling or surveillance products or services | <input type="checkbox"/> Data or Content Retrieval or Aggregation |
| <input type="checkbox"/> Services to intelligence agencies or departments  | <input type="checkbox"/> Direct to consumer information security software | <input type="checkbox"/> Business Processing Outsourcing                         | <input type="checkbox"/> Health Information Exchange (HIE's)      |
| <input type="checkbox"/> Enterprise Retail Merchant Services   | <input type="checkbox"/> Mobile Application Developer                     | <input type="checkbox"/> Mobile Phones   | <input type="checkbox"/> Security Consulting                      |
| <input type="checkbox"/> Used or incorporated into any automobile, aircraft, watercraft or transportation product or equipment |   |  |   |

6. Are licensed professionals (e.g. architects, attorneys or physicians) required to fulfill your contractual obligations?  Yes  No

If "Yes":

(a) Describe the services provided by such Professionals

\_\_\_\_\_

(b) Do you currently purchase stand-alone professional liability insurance?  Yes  No

Carrier: \_\_\_\_\_

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

7. In delivery of your products or provisioning of your services, are you dependent upon third parties to provide raw materials, components or final products?  Yes  No

If one or more, do any represent 25% or more of your gross revenues?  Yes  No

If "Yes"; describe 3rd party suppliers who represent 25% or greater in revenue

\_\_\_\_\_

8. What would be the largest financial and business impact on customers from a failure of any of your products or services?

- No disruption                       Minor or delayed                       Major or immediate

If other than "No disruption", describe impact on confidentiality, integrity and availability of data:

\_\_\_\_\_

9. Do you engage subcontractors or other third parties to provide development, implementation, maintenance or support services?  Yes  No

(a) What percentage of services are subcontracted? \_\_\_\_\_%

(b) Do you require subcontractors to carry their own E&O insurance?  Yes  No

(c) Do you contractually require indemnification from subcontractors?  Yes  No

(d) Describe services subcontracted to others:

\_\_\_\_\_

10. Do you have a process to evaluate current and prospective customers, subcontractors and suppliers?  Yes  No

If "Yes":

(a) Does this process include evaluating financial condition?  Yes  No

(b) Does this process include evaluating ability to fulfill their commercial and contractual obligations?  Yes  No

11. Do you derive revenue from performing fee based services to on customer specifications?  Yes  No

If "Yes": indicate the percentage below:

less than 50%  between 50% and 90%  greater than 90%

**C. Customer Contract & Project Management**

1. Do you use a written agreement (e.g., contract, engagement letter, sales agreement, purchase order) with clients?  
 Always  Sometimes  Never
  
2. Do you have stated minimum contract standards, including any non-disclosure and confidentiality agreements?  Yes  No
  
3. Do your global contracts or agreements comply with stated minimum standards?  Yes  No
  
4. Do your contracts and agreements include limitation of liability provisions that extend to actual or alleged breach or potential breach of personal information?  Yes  No
  
5. Do you contractually assume the obligations to notify affected persons or organizations following an actual data breach?  Yes  No
  
6. Do you have a process to ensure that your data and information security policies comply with system and data access agreements from entities that provide you products or services (e.g. financial institutions, cloud service providers or benefit administrator)?  Yes  No
  
7. Indicate whether such contracts or agreements include:
  - (a) Your right to verify that recipient of your data is complying with the data security and integrity obligations set forth the contract or agreement  Yes  No
  - (b) The recipient's rights to verify that you are complying with the data security and integrity obligations set forth in the contract or agreement  Yes  No
  - (c) Contractual cures and remedies exits in cases of non-compliance  Yes  No

If "Yes":

  - (a) Does legal counsel or senior management review all such contracts, purchase orders or agreements prior to execution?  Yes  No
  - (b) What % of the time, do you accept customers' customized contracts, purchase orders or agreements? \_\_\_\_\_%
  
8. Indicate whether your contract and project management procedures include the following:
  - (a) A written proposal or request for information in order to determine customer performance expectations  Yes  No
  - (b) A written contract of specifications of products and services you will provide, signed by the customer  Yes  No
  - (c) A document outlining the responsibilities of all parties  Yes  No
  - (d) A document outlining the scope of the project or services  Yes  No
  - (e) Interim changes documented with customer sign-off  Yes  No
  - (f) Performance milestones acknowledged and accepted with customer sign-off when achieved  Yes  No
  - (g) Physical and electronic measures to safeguard customer content, information or material received pursuant to the terms and conditions of all non-disclosure and confidentiality agreements  Yes  No
  - (h) Formal patch issuance program for your customers  Yes  No
  
9. What is the average value of your performance-based contracts, purchase orders or agreements?  
 \_\_\_\_\_
  
10. What is the average duration, in months, of your performance-based contracts, purchase orders or agreements?  
 \_\_\_\_\_

11. Provide the following information for the five largest contracts, purchase orders or agreements excluding ongoing service and maintenance revenue:

Customer	Annual Revenue	Contract Amount	Contract Duration	Product or Service
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

12. Do you require contractual indemnifications and appropriate insurance (E & O, Professional Indemnity or Cyber) when granting computer access to a third party?  Yes  No

**D. Quality Control**

- Indicate whether your quality control procedures include the following:
  - (a) Written and formalized quality-control program  Yes  No
  - (b) Alpha testing  Yes  No
  - (c) Beta testing  Yes  No
  - (d) Formal customer-acceptance procedure  Yes  No
  - (e) Systems-development methodology in writing  Yes  No
  - (f) Formal product-recall plan  Yes  No
  - (g) Formal policy for documenting and responding to customer complaints or requests for changes or fixes  Yes  No
  - (h) Use of tools (e.g, static analyzers) or other forensic methodologies to assist in identifying code vulnerabilities  Yes  No
- Indicate whether your products or services comply with any of the following accepted industry standards:
  - IEEE  ANSI  CE Mark  UL/CSA  ASTM
  - Other(s): \_\_\_\_\_
- Do all developers receive training on best practices and techniques for writing secure applications?  Yes  No  
 N/A (does not develop software or firmware)  
 If "Yes"; indicate whether:
  - (a) Developers receive training Secure Development Lifecycle (SDL), including best practices for writing secure applications  Yes  No
  - (b) Developers use threat modeling to access the risks and vulnerabilities  Yes  No
- Do you have a formalized process to ensure that all products or services are continually evaluated throughout their life cycle for known and latent (security) vulnerabilities?  Yes  No  
 If "Yes":
  - (a) Prior to release and throughout the product lifecycle do you have a methodology to communicate vulnerabilities and remedies; e.g. interim patches?  Yes  No
- Do you have a document-retention policy addressing all business functions?  Yes  No

**E. Training, Support & Dispute Resolution**

- Does legal counsel review all external product, sales and marketing material prior to publication and use?  Yes  No
- Do you conduct formal sales and marketing training for employees and third party vendors engaged in the sale, service or distribution of your products and services?  Yes  No

3. Indicate whether you:
- (a) Provide at least two forms of customer or product support  Yes  No
  - (b) Offer customer support 24 hours a day  Yes  No
  - (c) Maintain written logs for customer complaints of problems or downtime  Yes  No  
 If “Yes”, how long are they retained? (number of whole or partial months)
- 
- (d) Has an formal escalation procedure for unresolved issues greater than 30 days in duration  Yes  No
4. Do you have any contracts currently past due?  Yes  No
5. Have you experienced any contract disputes within the past five years?  Yes  No
- If “Yes”, have any customers withheld payment or requested a refund as a result of a contract dispute within the past three years?  Yes  No

**F. Intellectual Property, Disclosure of Confidential Information and Reputation Disparagement**  
*(Complete if requesting Coverage D.)*

1. Do your intellectual property management policies include the following:
- (a) Copyright and trademark searches conducted by qualified legal counsel or a professional search firm, which include looking for your domain name and product/service designs, names or logos.  Yes  No
  - (b) Acquisition of all rights, licenses, releases and consent for all content, products or services used or created by or for you.  Yes  No
  - (c) Procedures to prevent the unauthorized disclosure or use of content, Information or material received in writing from the disclosing party pursuant to the terms and conditions of a Non-disclosure Agreement or Confidentiality Agreement.  Yes  No
  - (d) Legal review of all new products, services, and content prior to release or dissemination.  Yes  No
  - (e) Hold-harmless and indemnification clauses in your vendor or supplier written contracts or agreements, which inure to your benefit for a third-party supplied intellectual property (IP).  Yes  No
  - (f) Hold-harmless and indemnification provided to third parties are limited to their use of the **Applicant’s** licensed software, content or other protected materials in accordance with a written contract or agreement.  Yes  No
  - (g) Agreements with new employees and “work-for-hire” contractors, which that include signed statements prohibiting the use of a previous employer’s or customer’s intellectual property, know-how or trade secrets.  Yes  No
  - (h) Annual audit to ensure that intellectual property–management policies are followed.  Yes  No
  - (i) Legal review of your domain name or product/service designs, names or logos with respect to intellectual property laws (including trademark or service mark).  Yes  No
2. When advertising or promoting your products or services, do you use music, animation or likenesses of famous individuals in your advertisements?  Yes  No  
 If “Yes”, have you secured the proper licenses or permission for use?  Yes  No
3. Do you use sweepstakes or games of chance in the promotion of your products or services?  Yes  No  
 If “Yes”, are you in compliance with the laws and regulations pertaining to them in all jurisdictions?  Yes  No
4. Are any products sold or distributed by or for you or any services you offer sold or advertised:
- (a) as being compatible with, alike or a clone of another company’s product or service?  Yes  No
  - (b) as superior to or comparable to the products or services of others?  Yes  No



- If yes to either a) or b), is legal review performed prior to the sale or dissemination of such products or services?  Yes  No
5. Are you an Internet service provider, application service provider or other similar technology service provider, or do you own and/or operate an interactive Web site including features such as a bulletin board, chat room or newsgroup?  Yes  No  
 If "Yes", do you have a formalized notice and take-down procedure?  Yes  No
6. Do you have a formal Intellectual Property due-diligence process?  Yes  No  
 If "Yes", does that process include the following:
- Identification of all IP assets involved with the sale  Yes  No
  - Certification of ownership title of all IP assets  Yes  No
  - Analysis of all legal opinions relating to IP assets  Yes  No
  - Review of any employment contracts pertaining to ownership of IP assets  Yes  No
  - An audit of the IP clearance procedures  Yes  No
7. Have you sold any companies during the past three years?  Yes  No  
 If "Yes", do you have written contracts relating to any of the IP assets retained?  Yes  No
8. What percentage of your revenue is derived from products or services that are:
- Less than one year old \_\_\_\_\_%
  - Between one and two years old \_\_\_\_\_%
  - Between two and five years old \_\_\_\_\_%
  - Over five years old \_\_\_\_\_%
  - Upgrades of existing products \_\_\_\_\_%
9. Do you have a written process regarding securing the ownership or use rights of all applicable intellectual property, including source and object code?  Yes  No
- Does this include determining rights and duties pertaining to open source code?  Yes  No
  - With respect to securing such rights pertaining to source or object code, do you use a third party (e.g. software IP assessment firm)?  Yes  No
- If Yes, please provide the name of the third-party firm:  
 \_\_\_\_\_
10. Do you receive hold-harmless or indemnification agreements from all third parties who supply source or object code?  Yes  No
- Does this policy include securing hold-harmless and indemnification agreements from third-party suppliers of source or object code?  Yes  No
11. Do you have written policies or procedures in place for auditing compliance with software licenses?  Yes  No

**V. Incident And Loss History:**

1. **Attach** a complete description of the claims, suits and circumstances, including whether you reported such claims, suits or circumstances to an insurance carrier or sought indemnification from a third party.  Yes  No
2. In the past five (5) years, have any of **your** products been recalled (voluntary or mandated) from use?  Yes  No  
 If "Yes", attach a complete description of the recall, including whether you reported the recall to any insurance carrier.
3. In the past five (5) years, have there been any administrative, civil or criminal investigations of **you** by any governmental or regulatory authority?  Yes  No
4. Have you been cited within the past three years for a regulatory violation?  Yes  No

**VI: Applicant Acknowledgement**

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY.**

INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS APPLICATION (OR OTHERWISE TO ANY OF THE MEMBER INSURERS OF THE CHUBB GROUP ("CHUBB") IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. ALL SUCH NOTICES MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS.

For the purposes of this application, the above-signed officer of all person(s) and entity(ies) proposed for this insurance declares and acknowledges by clicking where indicated below that he/she has reviewed this application and the statements contained therein with his/her Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their equivalents and 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. Chubb is authorized to make any inquiry in connection with this application.

Signing this application shall not constitute a binder or obligate Chubb to complete this insurance, but it is agreed this application shall be the basis upon which a policy may be issued.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify Chubb, and Chubb may modify or withdraw any quotation.

You understand that the limit of liability under any policy to be issued in response hereto shall include both indemnity payments for claims and payment of claim and defence expenses, as defined in the policy.

**PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF CHUBB AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR INSURANCE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND INSURANCE. NO INSURANCE SHALL BE PROVIDED UNLESS CHUBB ACCEPTS THE APPLICATION AND BINDS THE INSURANCE.**

By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.

<b>Authorized Signature of Applicant</b>	<b>Date</b>
<b>Print Name</b>	<b>Title</b>
<b>Authorized Broker (Signature)</b>	
<b>Authorized Broker (Print Name)</b>	

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY.**

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN PRISON.

This application is protected by copyright laws and should not be reproduced or redistributed without the express written consent of Chubb & Son, A Division of Federal Insurance Company. All rights reserved.