



NOTICE

THE LIABILITY COVERAGE PARTS ARE WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

MANY OF THE PROFESSIONAL LIABILITY COVERAGE PARTS ARE WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. Complete and submit all requested information and attachments for those Coverage Parts you have checked below. Note: The Applicant must complete Part I, II, and III of this application. All information and all submitted materials shall be held in confidence.

The Applicant is applying for the following coverages and has completed Parts I, II, III and the following sections of this application: (Please check all coverage(s) for which a quote is being requested)

- A. Management Liability: Page 3
B. Directors & Officers Liability Page 4
C. Employment Practices Liability incl. Third Party Liability Page 5
D. Fiduciary Liability Page 6
E. Network Security/ Privacy Page 11
A. Professional Liability: Page 7
B. Miscellaneous Professional Liability Page 8
C. Media Liability Page 9
D. Technology Errors & Omissions Page 10
E. Network Security/ Privacy Page 11
A. Crime: Page 12,13
A. Crime Coverage

I. GENERAL INFORMATION (APPLICABLE TO ALL COVERAGES)

1. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Name of Subsidiaries that are applying for coverage:
Street Address (No P.O. Box):
City: State: Zip:
Telephone: Fax:
Website:

2. Proposed effective date of coverage being applied for:

3. Officer designated to receive correspondence and notices from the Insurer:
Name: Title:
Email:

4. a. Ownership structure: Privately Held Publicly Held
b. Business Type: Other:
c. Years in Business: # of Locations:
Nature of Applicants: Business: SIC Code:
Owned by Foreign Parent? Yes No

5. Billing Options: Agency Bill Direct Bill

6. Premium Payment Options: Annual Two Year Equal Annual Installments Three-Year Equal Annual Installments*

* only available for standalone Crime coverage for limits of \$1,000,000 or less

For Crime:
* If Applicant is a "Private", "Governmental", or "Not-for-Profit" entity then the Applicant may be eligible for this product and may complete this application. If Applicant is a "Public" entity (issues securities for sale to the Public) or a "Financial Institution" please contact: CNA Corporate Governance or CNA Financial Institution Fidelity at (877) 574-0541 for a Crime Coverage quote.



II. EXPIRING COVERAGE INFORMATION (APPLICABLE TO ALL COVERAGES)

1. Please complete the following for those coverages for which you currently have or previously had insurance:

| Coverage | Limit | Retention | Coverage Trigger Date* | Premium | Carrier | Expiration Date |
|------------|----------|-----------|------------------------|----------|---------|-----------------|
| D&O: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| EPL: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| Fiduciary: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |

| Coverage | Limit | Retention | Coverage Trigger Date* | Premium | Carrier | Expiration Date |
|---|----------|-----------|------------------------|----------|---------|-----------------|
| MPL: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| Media: <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| Technology & Telecommunications E&O: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| Network Security/ Privacy Injury | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| -Basic Privacy: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| -Laptop Extension: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| -Broad Privacy: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| -Privacy Regulatory Proceeding: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| -Privacy Event Expense: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |
| -Network Extortion Expense: | \$ _____ | \$ _____ | _____ | \$ _____ | _____ | _____ |

| Coverage | Limit | Retention | Premium | Carrier | Expiration Date |
|-----------------------------------|----------|-----------|----------|---------|-----------------|
| Employee Theft: | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| Forgery: | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| Theft of Money/ Securities | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| Theft of Other Property | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| Counterfeit Currency/Money Orders | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |
| Computer Fraud: | \$ _____ | \$ _____ | \$ _____ | _____ | _____ |

Other Optional Crime Coverages (Limits/Deductibles) _____

Comments or special coverages requested:

*Coverage Trigger Date means the "prior & pending date", the "prior acts date" or "retroactive date" shown on the current policy declaration page.

MANAGEMENT LIABILITY (TO BE COMPLETED IF PURCHASING ANY ML COVERAGE)

A. GENERAL INFORMATION

1. During the last 18 months, has the Applicant or any Subsidiary been involved in any:
- a. Merger, consolidation, acquisition, tender offer or divestment of stock? Yes No
 - b. Layoffs, staff reductions or facility closings? Yes No
 - c. Material changes in nature of operations? Yes No
 - d. Senior management changes? Yes No

If yes to any of the above, please provide details: _____
 (If additional space is needed, please attach separately)

2. During the next 12 months, does the Applicant or any Subsidiary:
- a. Plan on transacting any mergers or acquisitions, where such merger or acquisition would involve more than 50% of the total assets of the Applicant or a change in management control? Yes No
 - b. Anticipate any changes in the nature or size of the Applicant's business? Yes No
 - c. Expect any layoffs, staff reductions or facility closings? Yes No
- If Yes, will it affect more than 20% of employees? Yes No

FINANCIAL INFORMATION

1. As of the most recent fiscal year-end, please provide the following information for Applicant and Subsidiaries:
 Total Assets: \$ _____ Long Term Debt: \$ _____ Total Equity: \$ _____ Revenues: \$ _____ Net Income: \$ _____
2. Within the last 24 months, has the Applicant's and any Subsidiaries' outside auditors:
- a. Stated that there are any weaknesses in applicant's system of internal controls? Yes No
 - b. Rendered a "going concern" opinion? If yes, please provide the most recent audited financial statement. Yes No

CLAIMS INFORMATION

1. Has any claim or notice of potential claim been given to any carrier for any coverage for which Applicant is applying? Yes No
 If yes to any of the above, please provide details: _____
 (If additional space is needed, please attach separately)
2. Has the carrier under any of the coverages listed above indicated an intent not to offer renewal terms? (THIS QUESTION IS NOT APPLICABLE TO MISSOURI RESIDENTS) Yes No
3. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of or involved in any claim, written demand, notice, proceeding, litigation or investigation alleging:
- a. anti-trust, copyright or patent violation? Yes No
 - b. violations of any federal or state securities laws or regulations? Yes No
 - c. discriminatory practice violation or litigation? Yes No
 - d. violation of the Employee Retirement Income Security Act of 1974, amended, or any similar law? Yes No
 - e. deceptive trade practices or consumer fraud? Yes No
 - f. privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks for the Applicant's customers ability to rely on the Applicant's network? Yes No
 If "yes" attach details.
4. Within the last 3 years, has any Director or Officer been involved in any litigation concerning any business venture or entity? Yes No
5. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of disciplinary action by a regulatory agency or associations? Yes No



6. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of action where a license was revoked or suspended? Yes No
 If yes to any of the above, please provide details: _____
 (If additional space is needed, please attach separately)

NOTICE

Providing information about a claim or potential claim in response to any question in any Part of this Application does not create coverage for such claim or potential claim. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or to report any act, omission or circumstance which Applicant is aware of which may give rise to a claim, before expiration of the current policy may create a lack of coverage.

B. DIRECTORS & OFFICERS LIABILITY COVERAGE SECTION (To be completed only if Applicant is seeking D&O Liability Coverage)

1. If Applicant or Subsidiaries are privately held, please complete the following:
- a. Total number of common shares outstanding: _____
 - b. Total number of common shareholders: _____
 - c. Total number of common shares owned by Directors & Officers of the Applicant: _____
2. Within the last 18 months, has the Applicant or any Subsidiary transacted or attempted:
- a. A private debt or equity offering of securities? Yes No
 - b. A public debt or equity offering of securities? Yes No
- If yes to any of the above, please provide details: _____
 (If additional space is needed, please attach separately)
3. Within the next 12 months, does the Applicant or any Subsidiary anticipate:
- a. A private debt or equity offering of securities? Yes No
 - b. A public debt or equity offering of securities? Yes No
- If yes to any of the above, please provide details: _____
 (If additional space is needed, please attach separately)
4. Does any shareholder own (directly or beneficially) ten (10) percent or more of the common shares outstanding? If yes, please complete the chart below: Yes No

| Shareholder Name | Percentage of Ownership (%) | Director/Officer? | |
|------------------|-----------------------------|--------------------------|--------------------------|
| | | Yes | No |
| 1. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach the most recent audited financial statement for Applicants meeting any of the following conditions:
- Request for D&O policy limits over \$1,000,000



C. EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION (To be completed only if Applicant is seeking EPL Coverage)

1. Applicant and Subsidiary Employee Information:

a. What is the total number of:

Full-Time Employees: _____ Part-Time/Seasonal Employees: _____ Independent Contractors: _____ Volunteers: _____

b. How many of such employees, are highly compensated individuals (\$100,000 or more per year)? _____

c. Of the total, how many are in the following jurisdictions? California: _____ Outside of the U.S. : _____

d. What was the Applicant's and all Subsidiaries' total number of employees 1 year ago? _____

e. What is the Percentage of such employees that have turned over in the past year (%)? _____

f. How many of such employees have been terminated over the past 3 months? _____

2. During the last 3 years, has the Applicant or any Subsidiary been involved in any administrative proceeding before:

a. The Equal Employment Opportunity Commission? Yes No

b. The U.S. Department of Labor including the Office of Federal Contract Compliance Program (OFCCP)? Yes No

c. Any state or local government agency whose purpose is to address employment-related claims? Yes No

3. Do the Applicant and all Subsidiaries have written guidelines or procedures addressing:

a. Discrimination? Yes No

b. Employee grievances or complaints? Yes No

c. Sexual harassment? Yes No

d. Employment at will statement and employee contract disclaimer? Yes No

e. Employee terminations/hiring? Yes No

f. Accommodating disabled employees? Yes No

g. Progressive discipline Yes No

h. Orientation of all new employees? Yes No

i. Employment evaluations? Yes No

j. E-mail or other electronic communications? Yes No

4. Do the Applicant and all Subsidiaries have legal review and sign-off of the policies and procedures in a,b and c above by outside counsel specializing in employment practices law? Yes No

5. Do the Applicant and all Subsidiaries distribute written guidelines or procedures to all employees? Yes No

6. Have all management staff and officers of the Applicant or any Subsidiary attended training and education programs on sexual harassment and discrimination within the last 24 months? Yes No

7. Are all employee terminations reviewed with Human Resources and inside/outside counsel? Yes No

8. Do the Applicant and all Subsidiaries use outside counsel for employment advice? Yes No

9. Do the Applicant and all Subsidiaries have a full-time human resource manager? Yes No

Please attach the most recent audited financial statement for Applicants meeting any of the following conditions: - Requests for EPL policy limits over \$3,000,000

THIRD PARTY LIABILITY COVERAGE SECTION (To be completed only if Applicant is seeking Third Party Liability Coverage)

Please check if Applicant wants to exclude Third Party Coverage.

1. What percentage of the Applicant's or Subsidiaries' employees work at customer locations or perform a majority of their functions off-site? _____ %

2. Do the Applicant and Subsidiaries provide training to employees regarding discrimination and harassment of third parties? Yes No

3. Do the Applicant and Subsidiaries have written procedures for handling complaints of discrimination and harassment? Yes No

4. Has the Applicant or Subsidiaries ever received any complaints alleging discrimination or harassment from third parties? If yes, please provide details: (If additional space is needed, please attach separately) Yes No



D. FIDUCIARY LIABILITY COVERAGE SECTION (To be completed only if Applicant is seeking Fiduciary Liability Coverage)

(Single Employer Plans only; coverage cannot be provided for multi-employer, multiple employer and/or union ERISA plans)

1. Please indicate the type of plans for which insurance is requested?

| * Plan Type | Name of Plan(s) | Assets | Under funded by more than 20% (DB only) | # of Plan Participants |
|-------------|-----------------|--------|--|------------------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

*Plan Types: **DB** = Defined Benefit **DC** = Defined Contribution **P** = Pension
W = Welfare Benefit **E** = ESOP (Employee Stock Ownership Plan) **O** = Other

2. Do any plans not conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended or similar laws? Yes No

If yes please provide details: _____
(If additional space is needed, please attach separately)

3. Have any plans been terminated, suspended, merged, dissolved or converted to a cash balance plan within the last 24 months? Yes No

If yes please provide details: _____
(If additional space is needed, please attach separately)

4. Does the Applicant or any Subsidiary plan on terminating, suspending, merging or dissolving any plan within the next 12 months? Yes No

5. Are the plans reviewed annually and are plan participants educated annually regarding investment alternatives? Yes No

**Please attach the most recent audited financial statements for Applicants meeting any of the following conditions:
- Request for Fiduciary policy limits over \$3,000,000**

PROFESSIONAL LIABILITY (TO BE COMPLETED IF PURCHASING ANY PL COVERAGE)

A. GENERAL PL SECTION

1. Please provide the total gross revenues for the years indicated which are derived from the Applicant's & any Subsidiaries' professional services:

| Next Year | This Year | Last Year |
|-----------|-----------|-----------|
| \$ _____ | \$ _____ | \$ _____ |

2. Largest Clients:

| # | Applicant and Subsidiaries largest clients | Annual Revenues | Length of Contract |
|----|--|-----------------|--------------------|
| 1. | _____ | \$ _____ | _____ |
| 2. | _____ | \$ _____ | _____ |
| 3. | _____ | \$ _____ | _____ |

CLAIMS INFORMATION

1. After inquiry, has any technology liability, professional liability, media liability, or network security/privacy injury claims been made during the past three (3) years against the Applicant or any of its Subsidiaries? Yes No
**If "yes" attach a detailed summary including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount, whether the claim is open or closed and the amount paid by both the insured and insurance.*
2. After inquiry, does the Applicant, Subsidiaries, Predecessor Firms or any of their executive officers, risk manager or any employee who is responsible for the Applicant's insurance or claim reporting have knowledge, information of any circumstance, or any allegation of contentions of any incident that could give rise to a claim that would be covered by this policy? Yes No
**If "yes" attach a detailed summary including the name of the claimant, the date the claim occurred, the date it was reported, the demand amount and any other pertinent details.*
3. Has the Applicant or any Subsidiary received any complaints claims or been subject to litigation involving privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or the Applicant's and Subsidiaries' customers ability to rely on the Applicant's or Subsidiaries' network? Yes No
**If "yes" attach details.*
4. Within the last three (3) years, has the Applicant or any Subsidiaries been the subject of an investigation or action by any regulatory or administrative agency arising out of the Applicant's or Subsidiaries' business practices? Yes No
**If "yes" attach details.*
5. Within the past three (3) years, has the Applicant or any Subsidiaries sued any customers for non-payment of any contract or licensing fee? Yes No
6. Within the past three (3) years, have any customers withheld payment or requested a refund of fees because the Applicant's or Subsidiaries' products/services:
 - a. Did not meet customer's performance expectations? Yes No
 - b. Did not perform in compliance with the Applicant's or any subsidiaries' warranty or guarantee? Yes No

Comments:

B. MISCELLANEOUS PROFESSIONAL LIABILITY SECTION (To be completed only if Applicant is seeking MPL Coverage)

1a. Estimate the total percentage of revenue derived from the following Miscellaneous Professional Services: (Supplemental Application is required where (*) is denoted)

| | | | | | |
|---|-------|----------------------------------|-----|--|-----|
| Alternative Dispute Resolution: (%) | ___ | Credit Reporting Services: (%) | ___ | HR Consultant: (%) | ___ |
| * Answering Service: (%) | ___ | Customs House Brokerage: (%) | ___ | Litigation Support: (%) | ___ |
| Association Professional Liability: (%) | ___ | * Direct Mail Services: (%) | ___ | * Marketing Consultant/Research: (%) | ___ |
| Association Management: (%) | ___ | * Document Destruction: (%) | ___ | * Meeting Event/Planning services: (%) | ___ |
| * Billing Services: (%) | ___ | Document Storage: (%) | ___ | Notary: (%) | ___ |
| Bookkeeping Services: (%) | ___ | Drug Testing: (%) | ___ | * Payroll Processing: (%) | ___ |
| * Business Brokerage: (%) | ___ | Educational Testing: (%) | ___ | * Permanent Placement/Recruiting: (%) | ___ |
| Business Process Outsourcing: (%) | ___ | Employment Screening: (%) | ___ | Physician Management Services: (%) | ___ |
| * Call Center Services: (%) | ___ | * Equipment Lease Brokerage: (%) | ___ | Premium Financing: (%) | ___ |
| * Claims Adjusters: (%) | ___ | Executive Coaching: (%) | ___ | * Printing Services: (%) | ___ |
| * Collection Agent: (%) | ___ | Expert Witness: (%) | ___ | * Telemarketing Services: (%) | ___ |
| * Consulting Services: (%) | ___ | * Franchising Services: (%) | ___ | * Temporary Staffing: (%) | ___ |
| * Courier Services: (%) | ___ | * Freight Forwarders: (%) | ___ | Translation Services: (%) | ___ |
| * Court Reporting: (%) | ___ | Fulfillment Services: (%) | ___ | Travel Agent Services: (%) | ___ |
| * Credit Bureau: (%) | ___ | Hotel Management: (%) | ___ | * Trustees Services: (%) | ___ |
| Other (Please Specify): (%) | _____ | | | | ___ |

1b. Does the Applicant or any subsidiaries perform any services to entities which own you or for entities that you own, control or are affiliated with? Yes No

Contracted Work

2. Does the Applicant or any Subsidiary use subcontractors or independent contractors to provide professional services? Yes No
 If Yes, what is the percentage of revenues that comes from contracted services? _____ (%)

Contractual/Quality Control Procedures

3. Does the Applicant and all Subsidiaries use a written contract or engagement letter with all clients? Yes No
 a. Does anyone other than a principal have the authority to amend the standard contract? Yes No

If Yes, list the position of this individual: _____

4. Does each document include: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Disclaimer of Warranties | <input type="checkbox"/> Hold Harmless to the Applicant's Benefit |
| <input type="checkbox"/> Dispute Resolution | <input type="checkbox"/> Limitation of Liability |
| <input type="checkbox"/> Exclusions for Consequential Damages | <input type="checkbox"/> Performance Milestone |
| <input type="checkbox"/> Exclusive Remedies | <input type="checkbox"/> Statement of Work and Specifications |
| <input type="checkbox"/> Force Majeure | <input type="checkbox"/> Venue or Governing Law |

5. Does the Applicant and all Subsidiaries have customer acceptance procedures when a contract or service has been completed? Yes No

6. Does the Applicant and all Subsidiaries have client complaint resolution policies and procedures? Yes No

7. Does the Applicant and all Subsidiaries ever warrant, guarantee their services or enter into contracts that are contingent upon the client achieving cost reductions or improved operating results? Yes No

Please attach the following for the Applicant and their Subsidiaries:

- Resume or Biographies for the key principals if in business less than 3 years.
- Sample contract or engagement letter used with clients.
- * Supplemental Application (where required)

C. MEDIA PROFESSIONAL LIABILITY SECTION (To be completed only if Applicant is seeking MEDIA Coverage)

Multimedia Services:

To be completed only if Applicant and all Subsidiaries is seeking coverage for the following services:

1a. Please apply the percentage of revenue that is derived from the following services:

| | | | | | | | | | |
|---------------------------------|-------|-----------------------------------|-----|------------------------|-----|----------------------|-----|----------------------------|-----|
| Advertising Placement: (%) | ___ | Catalog/Direct Mail Services: (%) | ___ | Music Composition: (%) | ___ | Product Design: (%) | ___ | Public Relations: (%) | ___ |
| Branding: (%) | ___ | Literary Agent: (%) | ___ | Merchandising: (%) | ___ | Product Testing: (%) | ___ | Trademark Design: (%) | ___ |
| Contest/Promotion/ Coupons: (%) | ___ | Market Research: (%) | ___ | Package Design: (%) | ___ | Printing: (%) | ___ | Video/Film Production: (%) | ___ |
| Other, please specify: (%) | _____ | | | | | | | Website Design: (%) | ___ |

1b. What percent of your gross revenues can be considered pass thru costs? ___ %

1c. Does the Applicant or any Subsidiaries create any media content or perform any multimedia services to entities which own you or for entities that you own, control or are affiliated with? Yes No

Newspaper/Magazine/Book Publishers Liability:

To be completed only if Applicant and all Subsidiaries is seeking Newspaper/Magazine/Book Publishers Liability Coverage

2. List all the publications that the Applicant and all Subsidiaries wish to have coverage:

| Name of Publication | Location | Average Circulation | Frequency of Circulation |
|---------------------|----------|---------------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Broadcasters Liability Services:

To be completed only if Applicant and all Subsidiaries is seeking coverage for Broadcasters liability coverage

3. Please list all of the Radio/Television Stations that are owned or operated by the Applicant or Subsidiaries:

| Call Letters | Location | Format |
|--------------|----------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Contracted Work

4. Does the Applicant or any Subsidiary use subcontractors or any independent contractors such as freelance photographers, models, writers, composers, artists, musicians or website developers? Yes No

If yes, does the Applicant and all Subsidiaries obtain written releases with respect to the creative material or talent that they provide? Yes No

Contractual Procedures

5a. Does the Applicant and all Subsidiaries use a written contract or agreement with all clients? Yes No

a. Does anyone other than a principal have the authority to amend the standard contract? Yes No

If Yes, list the position of this individual: _____

5b. Indicate the percentage of standard contract usage vs. client's contract?

| | | | |
|---------------|-------|-------------|-------|
| Standard: (%) | _____ | Client: (%) | _____ |
|---------------|-------|-------------|-------|

5c. Does each document include: (select all that apply):

| | | |
|---|---|---|
| <input type="checkbox"/> Disclaimer of Warranties | <input type="checkbox"/> Hold Harmless to the Applicant's Benefit | <input type="checkbox"/> Statement of Work and Specifications |
| <input type="checkbox"/> Dispute Resolution | <input type="checkbox"/> Limitation of Liability | <input type="checkbox"/> Force Majeure |
| <input type="checkbox"/> Exclusions for Consequential Damages | <input type="checkbox"/> Performance Milestone | <input type="checkbox"/> Venue or Governing Law |
| | | <input type="checkbox"/> Exclusive Remedies |

Quality Control

6. Indicate which of the following quality control procedures are in place (select all that apply):

| | | |
|--|--|---|
| <input type="checkbox"/> Legal clearance procedures | <input type="checkbox"/> Letters-to-editor edited | <input type="checkbox"/> Fees paid to proper licensing agencies |
| <input type="checkbox"/> Media counsel used for content review | <input type="checkbox"/> Receive approval from the client prior to dissemination | <input type="checkbox"/> Uses delay devices |
| <input type="checkbox"/> Website content policy | <input type="checkbox"/> Employees familiar with libel law | <input type="checkbox"/> Correction/retraction procedures |
| <input type="checkbox"/> Conducts fact checking of content | <input type="checkbox"/> Educates employees on content claims | <input type="checkbox"/> Educates employees on content claims |

Please attach the following for the Applicant and their Subsidiaries:

- Resume or Biographies for the key principals if in business less than 3 years.
- Sample contract or agreement used with clients.
- Sample agreement or written releases used with Authors, Freelancers, Distributors, Advertisers, etc.

D. TECHNOLOGY & TELECOMMUNICATION: E & O SECTION (To be completed only if Applicant is seeking TECH E&O Coverage)

1a. Estimate the total percentage of revenue derived from the following Technology & Telecommunication Services:

| | | | | | |
|------------------------------------|-------|---|-------|---|-------|
| Application Services Provider: (%) | _____ | E-mail Service: (%) | _____ | Telecom Consulting Firms: (%) | _____ |
| Cellular Companies: (%) | _____ | Electronic Component MFG: (%) | _____ | Telecom Equipment MFG: (%) | _____ |
| Computer Programmers: (%) | _____ | IT Consulting/Staffing: (%) | _____ | Telephone Companies: (%) | _____ |
| Computer/Network Integration: (%) | _____ | Internet Services Provider: (%) | _____ | Video Conferencing Services: (%) | _____ |
| Computer Maintenance: (%) | _____ | Managed IT Services: (%) | _____ | Voice Over Internet Protocol Services (VOIP): (%) | _____ |
| Computer Hardware MFG: (%) | _____ | Reseller of Computer Hardware & Software: (%) | _____ | Wireless Communication Firms: (%) | _____ |
| Computer Training/Education: (%) | _____ | Security Consulting/Products: (%) | _____ | Website Developers: (%) | _____ |
| Data Centers: (%) | _____ | Software Developers: (%) | _____ | Website Hosting Services: (%) | _____ |
| Other (describe below): (%) | _____ | | | | _____ |

1b. Does the Applicant or any Subsidiaries perform any services to entities which own you or for entities that you own, control or are affiliated with? Yes No

2. Indicate the percentage of revenue derived from the following Industry types:

| | | | | | | | |
|---------------------------------|-------|----------------------------------|-------|-----------------------------|-------|---------------------------|-------|
| Aerospace & Defense: (%) | _____ | Electrical Equipment: (%) | _____ | Healthcare: (%) | _____ | Telecommunication: (%) | _____ |
| Chemical (%) | _____ | Energy Equipment & Services: (%) | _____ | Information Technology: (%) | _____ | Transportation: (%) | _____ |
| Construction & Engineering: (%) | _____ | Financial Services (%) | _____ | Manufacturing: (%) | _____ | Oil, Gas & Utilities: (%) | _____ |
| Consumer Services: (%) | _____ | Government: (%) | _____ | Media: (%) | _____ | Retail (%) | _____ |
| Other (describe below): (%) | _____ | | | | | | _____ |

Contracted Work

3. Does the Applicant or any Subsidiary use subcontractors or any independent contractors to provide any professional services? Yes No
 If Yes, what is the percentage of revenues that comes from contracted services? _____ (%)

Contractual Procedures

4. Does the Applicant and all Subsidiaries use a written contract, service agreement or invoice with all clients? Yes No
 a. Does anyone other than a principal have the authority to amend the standard contract? Yes No
 If Yes, list the position of this individual: _____

5. Does each document include: (Select all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Disclaimer of Warranties <input type="checkbox"/> Dispute Resolution <input type="checkbox"/> Exclusions for Consequential Damages <input type="checkbox"/> Exclusive Remedies <input type="checkbox"/> Force Majeure | <input type="checkbox"/> Hold Harmless to the Applicant's Benefit <input type="checkbox"/> Limitation of Liability <input type="checkbox"/> Performance Milestone <input type="checkbox"/> Statement of Work and Specifications <input type="checkbox"/> Venue or Governing Law |
|--|---|

Quality Control

6. Indicate which of the following quality control procedures are in place (select all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Alpha/Beta testing <input type="checkbox"/> Recall program <input type="checkbox"/> Prototype development <input type="checkbox"/> Vendor certification process <input type="checkbox"/> Formalized training for new hires <input type="checkbox"/> Customer support <input type="checkbox"/> Intellectual property/Review Safeguards | <input type="checkbox"/> Customer signature on each phase of project <input type="checkbox"/> Formal customer acceptance procedure <input type="checkbox"/> Total Quality Management <input type="checkbox"/> Written and formalized quality control program <input type="checkbox"/> Back-up or contingency plan <input type="checkbox"/> Complaint resolution procedures <input type="checkbox"/> Other (describe below) |
|--|--|

7. Indicate the procedures you have in place to protect your facilities, networks and servers. (select all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Encryption <input type="checkbox"/> Firewalls <input type="checkbox"/> Intrusion detection <input type="checkbox"/> Security protocols | <input type="checkbox"/> Virus protection <input type="checkbox"/> Physical security <input type="checkbox"/> Daily back-ups <input type="checkbox"/> Power generator |
|--|--|

Please attach the following for the Applicant and their Subsidiaries:
 - Resume or Biographies for the key principals if in business less than 3 years.
 - Sample contract, service agreement or invoice used with clients.



NOTE: Network Security & Privacy can only be purchased with another ML or PL line of coverage.

E. NETWORK SECURITY & PRIVACY SECTION (To be completed only if Applicant is seeking Network Security & Privacy Coverage)

1. Does the Applicant and all Subsidiaries maintain a comprehensive information-security program that is designed to protect the security, confidentiality and integrity of personal information? Yes No

Please select which categories the plan addresses:

- Administrative Safeguards, Technical Safeguards, Physical Safeguards, Incident Response Plans, Breach Notice Processes

2. Please indicate which type of third party sensitive information resides on the Applicant's network (select all that apply):

- Social Security numbers, Medical information, National ID numbers, Administrative sanctions, Driver's license numbers, Race, ethnicity, national origin, Credit Card numbers, Data concerning sexual orientation, Account numbers, Financial data (i.e. credit rating), Passwords, including PINs, Salary & compensation, Criminal arrests & convictions, Disability status, Judgements in civil cases, Third party intellectual property/Trade secrets

Other: _____

3. Does the Applicant or any Subsidiaries outsource any of their IT or data management activities? Yes No

If Yes, Please check all items that accurately describe these procedures:

- Vendor due diligence, Site audit of vendor's data center, Vendor is SAS70 compliant, Periodic audits of outsourced vendor

4. Does the Applicant and all Subsidiaries control access to information that resides on data storage devices such as servers, desktops, PCs, laptops and PDAs? Yes No

5. Has the Applicant and all Subsidiaries established a password usage policy? Yes No

6. Does the Applicant and all Subsidiaries:

- a. Control access to information that can be displayed, printed, and/or downloaded to external storage devices?
b. Monitor user accounts to identify and eliminate inactive users?
c. Ensure sufficient safeguards are in place over the transmission and storage of data?
d. Configure all servers, desktops, PCs, laptops and PDAs prior to use?
e. Have a virus protection program in place?
f. Have a firewall in place?
g. Install and configure anti-spyware software to provide protection of personally identifiable/sensitive information on all servers, desktops, PCs and laptops?
h. Implement security software updates and patches in a timely manner?
i. Implement, maintain and monitor an intrusion detection system?

7. If the Applicant and Subsidiaries process any type of Credit Card transactions, select all that apply:

- Credit card data for the duration of a transaction
Credit card data stored for future use (all but last 4 digits masked)
Credit card data stored for future use (un-masked card numbers or including track 2 data)

Comments:

Empty text box for comments



CRIME COVERAGE (TO BE COMPLETED IF PURCHASING ANY PL COVERAGE)

A. GENERAL CRIME SECTION (To be completed only if Applicant is seeking CRIME Coverage)

1. a. Description of Applicant's primary products or services:

[Empty text box for description of primary products or services]

b. Predominant SIC code: _____

REQUESTED COVERAGES

2.

| Required Coverage: | Per Loss Limit | Per Loss Deductible |
|---|----------------|---------------------|
| A. Employee Theft or O- Government Employee Dishonesty | \$ _____ | \$ _____ |
| Optional Coverages: | | |
| A1. Employee Theft of Client Property | \$ _____ | \$ _____ |
| B. Forgery or Alteration - including Personal Accounts Coverage | \$ _____ | \$ _____ |
| C. Theft, Disappearance & Destruction of Money and Securities | \$ _____ | \$ _____ |
| D. Robbery & Safe Burglary of Other Property | \$ _____ | \$ _____ |
| E. Counterfeit Money Orders and Currency of any Country | \$ _____ | \$ _____ |
| F. Computer and Funds Transfer Fraud | \$ _____ | \$ _____ |
| Proof of Loss Expense | \$ _____ | \$ _____ |
| K. Hotel Guests Safe Deposit Legal Liability | \$ _____ | \$ _____ |
| L. Hotel Guests Premises Legal Liability | \$ _____ | \$ _____ |

RATING INFORMATION

3. a. Applicant's Total Revenues: \$ _____

b. Total Domestic Employees: _____ Total Foreign Employees: _____

c. Foreign Countries: _____

d. For Optional Coverage A.1: _____ Total Employees on Client Premises: _____

- Will Applicant's employees be under Client supervision while on their premises? Yes No

If "No" please explain: _____

e. For Optional Coverages C or D: Note: "Retail locations" sell goods or provide NON PROFESSIONAL services and accept currency as an available or required payment option

Domestic Retail Locations: _____ Foreign Retail Locations: _____

INTERNAL CONTROLS - ALL LOCATIONS

4. a. Do Applicants have independent CPA prepared annual financial statements? Yes No

b. In the "Opinion Letter" at the beginning of your current annual financial statement has your CPA expressed doubt that you will be able to continue to operate as going concern due to any financial problems you have? Yes No



5. a. Is countersignature required on all checks signed by any employee of the Applicant?

- Yes, for all checks; Yes, for all checks exceeding: \$; No

If "No" provide name, position and equity interest in Applicant of any employee with sole check signing authority exceeding \$25,000:

b. Are all employees authorized to reconcile your bank accounts prohibited from signing checks, making deposits or making any withdrawals from any of your bank accounts? Yes No

If "No", provide name, position and equity interest in Applicant of any reconcilers who may deposit, withdraw or sign checks:

PHYSICAL SECURITY - ALL LOCATIONS - ONLY FOR BUYERS OF COVERAGES "C" OR "D"

6. a. Does Applicant have a high value of currency, precious or semi-precious metals or stones (such as gold, silver, platinum, diamonds), or other high value, easily concealed property (including but not limited to computer chips, electronics, valuable watches, coins or jewelry)? Yes No

b. If "Yes," the maximum value at any covered location is: Currency: Valuable Property: \$ \$

If the dollar amount of Currency above exceeds your requested Coverage C deductible or the dollar amount of Valuable Property above exceeds your requested coverage D deductible please answer the following:

- Is there a fence, wall or vault to create a restricted area for high value property/cash? Yes No
- Is there a fence separating parking areas from any restricted access areas? Yes No
- Are restricted access areas protected by motion detectors with a Central Station alarm and video surveillance cameras? Yes No

CLAIMS HISTORY

7. Check if no claims in the last three years

List all detail for claims, or any incident which could give rise to a claim under any of the Epac Crime coverages you have applied for on this Application, whether reimbursed by insurance or not:

Table with 4 columns: Claim Discovery Date, Claim Amount, Amount Recovered From Insurance, Claim Circumstances and Corrective Actions. Contains three rows for data entry.

(If additional space is needed, please attach sparatly)

Comments:

Large empty rectangular box for providing comments.

III. APPLICANT REPRESENTATION (To be completed by Applicant)

The Applicant Representation applies to all coverages that have been completed as part of this Application.

1. Special Representation applicable to the following Management Liability Coverages only (if to be part of this policy):

For the coverages checked below the Applicant has current coverages in place with either CNA or with any other carrier:

Coverage has been in place since:

- Directors & Officers Liability
- Employment Practices Liability
- Fiduciary Liability

| |
|--|
| |
| |
| |

The Applicant requests continuity for these coverages and this Applicant Representation does not apply to these coverages.

If no checkboxes are checked above then this Applicant Representation applies to any of these coverages for which the Application has been completed subject to the following:

Applicant Representation - None of the individuals to be insured under any coverage Part is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which they have reason to believe might result in a future claim, except as follows:

- Yes, there are exceptions to this Representation (please attach details)
- No, there are no exceptions to this Representation

2. Special Representation applicable to the Epac Extra Crime Coverage only (if to be made part of this policy):

The employees of the Applicant have all, to the best of the Applicant's knowledge, always performed their duties honestly. Applicant has no knowledge, except as stated herein of any information that any employees have committed dishonest acts either prior to or during their employment by the Applicant. Such knowledge by a Director or Officer that is signing for the Applicant, of their own personal dishonest acts which are unknown to any other directors and officers of the Applicant, is not imputable to the Applicant.

3. Representations applicable to all coverages to be made part of this policy - The Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company (the Company) to whom this Application is made, as soon as practicable, any material changes in all such information after signing the application and prior to issuance of the policy. The Applicant further acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes.

Further, the Applicant understands and acknowledges that:

- a. Completion of this application and any supplemental applications or forms does not bind the Company to issue a policy;
- b. If a policy is issued, the Company has relied upon, as representations, this application, any supplemental application and other statements furnished to the Company in conjunction with this application;
- c. All supplemental applications, statements, and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof;
- d. This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- e. If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. IN such event the company shall not be liable for damages and claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- f. If a policy is issued, claims expenses incurred shall be applied against the deductible or retention amount as provided in the policy;
- g. Applicant's failure to report to its current insurance company:
 - any claim made against it during the current policy term, or
 - any act, omission or circumstances which the Applicant is aware of that may give rise to a claim; before expiration of the current policy may create a lack of coverage.



FRAUD NOTICE - Where Applicable Under The Law of Your State

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

This application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or General Counsel

Signed: _____

Title: _____

Corporation: _____

Date: