



**FUEL DEALER SUPPLEMENTAL APPLICATION**

Applicant:

Address:

Owner and/or Manager responsible for daily operations:

Website:

FEIN:

US DOT #:

Date established:

Proposed policy effective date:

Business type:

Sole Proprietor

C-Corporation

S-Corporation

Partnership

Current Carrier	Line of Coverage	Current Premiums

Business Operations (check all that apply)

Auto Service & Repair

Convenience Stores

HVAC Installation or Repair

Bulk Oil Sales

Fuel Distributor/Dealer

LP Bulk Storage

Bulk Storage (gas, diesel)

Home Heating Fuel

Propane Distributor

Common Carrier

Other:

- Any other entities, subsidiaries, joint ventures or partnerships associated with applicant? Yes No
- What is the name and title of individual responsible for safety program?  
How many years of experience in this role?  
Contact information:

**SECTION I – FUEL DEALER GENERAL INFORMATION**

- How many years has current management been in place?
- Has there been a merger or acquisition with another business entity within the past 3 years? Yes No
- Does the Applicant have formal hiring practices to include:
  - Documented interviews? Yes No
  - Formal background checks? Yes No
  - Reference checks? Yes No
- Does the Applicant business include any of the following:
  - Any fuel brought in by or delivered to boats or barges? Yes No
  - Any hauling, storage, and/or disposal of waste oil, pool water, or asphalt? Yes No
  - Any sale of racing fuel? Yes No If Yes: %
  - Any direct fueling of aircraft? Yes No
  - Any direct fueling of watercraft? Yes No
  - Any direct fueling of locomotives? Yes No
  - Any operations involving anhydrous ammonia? Yes No
  - Any operations related to converting vehicles to propane power for Applicant's use or other's? Yes No
  - Any repair of vehicles for others that include frame alterations of any kind? Yes No
  - Does the Applicant have any operations in foreign countries? Yes No
  - Any HVAC installation service or repair? Yes No
 

If yes:

    - Do HVAC service/repair receipts exceed 20% of applicant's total annual sales? Yes No
    - Do HVAC new installations exceed 10% of total HVAC receipts? Yes No
    - Any HVAC installations involving rooftop crane operations? Yes No
  - Does Applicant have any wet hosing operations? Yes No
 

If yes, what % is it of Applicant's overall operations? %
- Does the Applicant hire subcontractors to perform any work? Yes No
 

If yes:

  - Are certificates of insurance and minimum limits of \$1M required? Yes No
  - Are written agreements/contracts in place with subcontractors? Yes No

## SECTION II - AUTO

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have a formal driving policy in place with MVR standards?   | Yes | No |
| <b>*COPY OF FORMAL DRIVING POLICY MUST BE SUBMITTED WITH SUPPLEMENTAL*</b>  |     |    |
| If yes:   |     |    |
| a. Is driving policy communicated in writing to all employees?  | Yes | No |
| b. Is a signed acknowledgement form kept on file?   | Yes | No |
| c. Do driving standards include the following:  | Yes | No |
| • No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter?                         |     |    |
| • No more than 2 moving violations within past 3 years?   |     |    |
| • No youthful transport truck drivers (under age 25)?   |     |    |
| • No more than 1 at fault accident within past 3 years?   |     |    |
| 2. How often does the Applicant check MVR reports?  |     |    |
| 3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company –specific documented driver training?         | Yes | No |
| 4. Has the Applicant incurred any instances of bulk transport vehicle theft or other unauthorized use of their bulk transport vehicles?               | Yes | No |
| 5. How many drivers does the Applicant currently have?  |     |    |
| 6. How many drivers under age 25?   |     |    |
| 7. Any drivers with less than 2 years experience?   | Yes | No |
| 8. Describe ongoing training provided to drivers of large trucks and transports:  |     |    |
| 9. Any personal use of company owned vehicles?  | Yes | No |
| If yes, on a separate paper please provide list of employees and family members who have access to company owned vehicles for personal use.           |     |    |
| 10. Any use of speed regulators on heavy trucks?  | Yes | No |
| 11. Does the Applicant have GPS tracking capability on heavy trucks and transports?   | Yes | No |
| 12. Does the Applicant haul any products other than fuel (gasoline, diesel, kerosene, bio diesel, ethanol, etc.), bulk oil, or propane?               | Yes | No |
| 13. Does the Applicant's operations include "slip seating" beyond two shifts or operate between the hours of 1:00 A.M. and 5:00 A.M.?                 | Yes | No |
| 14. What is the farthest distance traveled by any one delivery unit?  |     |    |
| 15. What is the average distance traveled by any one delivery unit?   |     |    |
| 16. Daily driving hours are limited to no more than _____ hours per delivery vehicle.   |     |    |
| 17. Does the Applicant <b>act as</b> a common or contract carrier and haul fuel for others (the fuel isn't owned by them) utilizing their own trucks? | Yes | No |
| If yes, what is the % of hauling for others? _____ %  |     |    |
| 18. Does the Applicant <b>use</b> common carriers (3 <sup>rd</sup> parties hauling for our Applicant utilizing the 3 <sup>rd</sup> parties trucks)?   | Yes | No |
| a. If yes, what % of total delivery is performed by common carrier? _____ %   |     |    |
| b. Does the Applicant verify that common carrier has liability limits equal to those they carry?  | Yes | No |
| c. Is the Applicant listed as additional insured on common carrier's policy?  | Yes | No |
| 19. How are the Applicant's bulk delivery drivers paid: _____ Hourly _____ Per Trip _____ Salary  |     |    |
| 20. What is the Applicant's annual Driver turnover percentage? _____ %<br>(# of new drivers in the past 12 months divided by the total # of drivers)  |     |    |

## SECTION III – BULK PLANT PHYSICAL AND OPERATIONAL CHARACTERISTICS

- |   |     |    |
|---|-----|----|
| 1. Are all bulk plants protected by perimeter fencing?  | Yes | No |
| 2. Outdoor lighting after business hours?   | Yes | No |
| 3. Premises monitored by video surveillance?  | Yes | No |
| 4. Does loading rack have spill containment system in place?  | Yes | No |
| 5. Static bonding cable used?   | Yes | No |
| 6. Are all above ground storage tanks protected by spill containment dikes?                             | Yes | No |
| 7. Are all warehouses protected by fire alarm? _____ Yes _____ No _____ Sprinkler System?               | Yes | No |
| 8. Smoking restricted to designated area away from warehouses, loading racks?                           | Yes | No |
| 9. Does the Applicant permit any third parties to pull product from any of its bulk storage facilities? | Yes | No |
| 10. Any location with any one tank greater than 50,000 storage capacity?                                | Yes | No |
| 11. Any location with any one LP storage tank greater than 30,000 storage capacity?                     | Yes | No |
| 12. Any location with more than 180,000 total LP storage capacity?                                      | Yes | No |
| 13. Any location where fuel is received or shipped via railcar?   | Yes | No |

**SECTION IV – PROPANE GAS (LIQUEFIED PETROLEUM GAS) OPERATIONS**

Complete this section only if LPG operations apply.

**\*COPY OF CONSUMER INSTALLATION FORM MUST BE SUBMITTED WITH SUPPLEMENTAL\***

- |   |            |          |
|---|------------|----------|
| 1. Does every employee (including office staff) that is engaged in the sale, transport, or delivery of propane gas and/or related appurtenances complete the principles and practices module of the certified employee training program (CETP) or an equivalent program administered by a third party vendor? If not CETP, name of alternative program and vendor | Yes        | No       |
| 2. Does the Applicant maintain an individual customer file for all propane clients served (electronic and/or hardcopy)?   | Yes        | No       |
| 3. Does the Applicant have a documented system leak check and specific appliances on the system on at least 50% of their customer base?   | Yes        | No       |
| 4. Does the Applicant’s propane customer record keeping form document the leak check, appliances on the system, venting of the appliances, and the presence of any unused gas piping outlets?   | Yes        | No       |
| 5. Does the Applicant provide and document the provision of every new propane customer receiving consumer product safety information, including a scratch and sniff sample (duty to warn)? The duty to warn information is also provided at least annually to all regular customers.  | Yes        | No       |
| 6. Does the applicant provide formal training in handling propane emergencies to all individuals, including after-hours answering services, who could receive a phone call from a customer reporting a gas leak or other emergency?   | Yes        | No       |
| 7. Is a documented leak check performed in all of the following situations:   |            |          |
| a. Immediately after filling an “out of gas” customer? NOTE: The use of valve locks or line plug(s) are acceptable alternatives until a pressure test can be performed.   | Yes        | No       |
| b. After any service work is performed where the system has been depressurized?   | Yes        | No       |
| c. Immediately after new gas piping is installed?   | Yes        | No       |
| d. As part of the dealer’s investigation of a suspected gas leak?   | Yes        | No       |
| e. When the dealer performs a consumer installation inspection for a prospective customer, new customer, or a change in tenants at rental occupancy?  | Yes        | No       |
| 8. Does the Applicant keep a record (including serial number) of all owned propane storage tanks?   | Yes        | No       |
| 9. Does the Applicant have a documented regulator replacement program (at manufacturer’s recommended service intervals)?  | Yes        | No       |
| 10. Does the Applicant have a written record of all training provided to customers who perform liquid transfer of propane gas?  | Yes        | No       |
| 11. Does the Applicant fill any cylinders directly from the bobtail?<br>Type and Number of cylinders filled: #  | Yes        | No       |
| 12. Does the Applicant engage in the sale of non-odorized LP gas?   | Yes        | No       |
| 13. Does the Applicant agree to decline purchase of a customer list/base whereby at least 50% of the installations assumed do not have a documented leak check and appliances on the system?  | Yes        | No       |
| 14. Does the Applicant service any multi-customer installations?<br>If yes, do any installations have 10 or more customers served by the system?  | Yes<br>Yes | No<br>No |
| 15. Does the Applicant have more than 20% of the customer base comprised of customers that are in rented occupancies?   | Yes        | No       |
| 16. Does the Applicant engage in any motor fuel conversions?  | Yes        | No       |
| 17. Does the Applicant provide recertification of any tanks?<br>If yes, number of tanks per year: #   | Yes        | No       |
| 18. Does the applicant refurbish/repair any tanks?<br>If yes, please describe extent of operation:  | Yes        | No       |
| 19. Does the Applicant use a 3 <sup>rd</sup> party vendor or subcontractor to refurbish any tanks, including tanks owned by the Applicant?<br>If yes:   | Yes        | No       |
| a. Are certificates of insurance and minimum limits of \$1 million required?  | Yes        | No       |
| b. Is the Applicant named as additional insured on certificate of insurance?  | Yes        | No       |
| 20. Does the Applicant fill 20 lb. cylinders?<br>If yes, how many are filled annually?<br>Annual gallons?   | Yes        | No       |

**SECTION V – HOME HEATING OIL DELIVERY**

**Complete this section only if Home Heating Oil Delivery operations apply.**

- |   |     |    |
|---|-----|----|
| 1. Has the Applicant incurred any at-fault spill claims in the past 5 years?  | Yes | No |
| 2. Does the Applicant inspect indoor / basement tanks before filling for the first time?  | Yes | No |
| 3. Number of customers with indoor / basement tanks: #  |     |    |
| 4. Does the Applicant tag the point of fill with a unique identifying mark for all indoor oil storage tanks?                                  | Yes | No |
| 5. Does the Applicant fill any indoor storage tanks that are not equipped with a fill pipe and vent pipe terminating outside of the building? | Yes | No |
| 6. What percent of the Applicant's home heating oil customer base are: Will call: % vs. Automatics: %   |     |    |
| 7. What percent of the Applicant's home heating oil customer base are Full service accounts? %  |     |    |
| 8. Do written contracts contain Hold Harmless clauses due to the condition of the tank?   | Yes | No |
| 9. Does the Applicant have an oil mis-delivery prevention program? (If yes, please send a copy)   | Yes | No |
| 10. Does the Applicant have a strict "no whistle, no fill" policy?  | Yes | No |

**SECTION VI – CONVENIENCE STORE PHYSICAL AND OPERATIONAL CHARACTERISTICS**

**Complete this section only if Convenience Store Operations apply.**

- |  |     |                        |
|--|-----|------------------------|
| 1. How many convenience stores does the Applicant operate?   |     |                        |
| a. How many are open 24 hours?   |     |                        |
| b. How many owned or operated convenient stores where customer restrooms are located outside of building?  |     |                        |
| 2. Any convenience store with on-site alcohol consumption?   | Yes | No                     |
| 3. Any firearm sales?  | Yes | No                     |
| 4. Any sales of hard liquor?   | Yes | No                     |
| 5. Any video gaming?   | Yes | No                     |
| 6. Any "payday loan" operations?   | Yes | No                     |
| 7. Any tanning bed operations operated by the Applicant?   | Yes | No                     |
| If yes, # of beds: #   |     | Amount of receipts: \$ |
| 8. Any locations (or portion of a location) of Applicant's premises is leased to 3rd party?  | Yes | No                     |
| If yes:  |     |                        |
| a. Is there a written contract?  | Yes | No                     |
| b. Is Applicant listed as additional insured on lessee's policy?   | Yes | No                     |
| c. Is Certificate of Insurance furnished to insured showing Fire Legal Liability coverage?   | Yes | No                     |
| 9. Do ALL convenience stores with commercial cooking operations (flat grills and/or deep fat frying) meet ALL of the following criteria:   |     | N/A                    |
| a. Exhaust hood is equipped with metal baffle-type filters.  | Yes | No                     |
| b. The inside of the exhaust hood and ductwork is cleaned at regular service intervals by a professional cleaning service.   | Yes | No                     |
| c. The grilling and deep fat frying equipment are protected by an automatic WET CHEMICAL extinguishing system?   | Yes | No                     |
| d. The automatic WET CHEMICAL extinguishing systems are maintained at regular service intervals by a qualified third party contactor?  | Yes | No                     |
| 10. Are ALL stores that permit unattended self-service motor fueling by members of the general public (excluding commercial accounts) equipped with the following as required by NFPA 30A: |     | N/A                    |
| a. Emergency shutoff switch provided and located where it is accessible to customers?  | Yes | No                     |
| b. Fire extinguisher with a minimum 40 B:C rating accessible during unattended hours of operation?   | Yes | No                     |
| c. Operating instructions for the dispensers posted in the dispensing area?  | Yes | No                     |
| d. Fire extinguisher with a minimum 40 B:C rating accessible during unattended hours of operation?   | Yes | No                     |
| e. A telephone provided on the premises that is accessible to customers during the unattended hours of operation?  | Yes | No                     |
| 11. Do ALL convenience stores that fill LP gas cylinders meet the following:   |     | N/A                    |
| a. Only employees that have been formally trained (documented) by a qualified individual are permitted to fill LP gas (propane) cylinders?   | Yes | No                     |
| b. The dispensing equipment must be protected from tampering by means of a 6' fence enclosure with a lock OR a tank valve lock AND a locked dispensing cabinet?                            | Yes | No                     |
| c. At least one maintained and accessible fire extinguisher?   | Yes | No                     |
| 12. Describe C-Store security measures:  |     |                        |
| Burglar alarm:   |     |                        |
| Video Surveillance:  |     |                        |
| Security guard service:  |     |                        |

13. Drop safe used? Yes No
14. Any locations with bullet-proof protective glass for attendant safety? Yes No
15. How many C-Store employees are there? Annual turnover %: %  
 How many C-Store managers? Annual turnover %: %
16. Any bonus or incentive for C-Store managers based on safety/loss results? Yes No  
 If yes, please explain:
17. Any formal training for C-Store employees? (check all that apply)  
 Alcoholic Beverage Sales Prevention of Slips, Trips, Falls  
 Anti-Discrimination / Harassment Safe Robbery Response Protocol
18. Does employee acknowledge training session with signature? Yes No  
 \*Please provide sample forms used for documentation.
19. Any prior safety concerns recognized and addressed by management? Yes No  
 If yes, please explain:
20. Does the Applicant own or operate a car wash? Yes No  
 If yes, how many?

**SECTION VII – LIQUOR LIABILITY**

**Complete this section only if Liquor Liability coverage is desired.**

1. Total number of locations selling alcohol:
2. In what states do you sell alcohol?
3. Total annual sales from beer and wine? \$
4. Total annual sales from hard liquor? \$
5. Are there liquor sales for onsite consumption? Yes No  
 If yes, please explain:
6. Limits desired: \$500,000 Aggregate \$500,000 Each Common Cause  
 \$1,000,000 Aggregate \$1,000,000 Each Common Cause
7. Within the past 5 years, has the insured been cited by the Liquor Control Commission or for violation of beverage laws? Yes No  
 If yes, please explain:
8. Within the past 5 years, has the Applicant had any insurance carrier cancel, non-renew or refuse coverage? Yes No  
 If yes, please explain:

**SECTION VIII – EMPLOYMENT PRACTICE LIABILITY** N/A

**(Complete this section only if EPLI, coverage is desired.)**

**THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.**

1. Employees

Total US based employees	Currently	One Year Ago
Total Full Time:		
Total Part Time:		

2. How many employees have been terminated in the past 12 months?  
 Voluntary: Involuntary: Laid Off:
3. Is any reduction of employees or change of status anticipated or being contemplated in the next year? Yes No  
 If yes, number estimated: Voluntary: Involuntary Laid Off:

4. Human Resource Policies and Procedures:  
Does the Applicant utilize:
- |  |     |    |
|--|-----|----|
| a. A standard employment application for all applicants? | Yes | No |
| b. An employment handbook?                               | Yes | No |
| c. An "At Will" provision in the employment application? | Yes | No |
| d. A written policy with respect to sexual harassment?   | Yes | No |
| e. A written policy with respect to discrimination?      | Yes | No |
| f. Written annual evaluations for employees?             | Yes | No |

5. Third Party Policies and Procedures:  
Does the Applicant:
- |   |     |    |
|---|-----|----|
| a. Have policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non-harassment statements? | Yes | No |
| b. Have policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties?          | Yes | No |

6. Current EPLI Coverage (if none, do not complete this section)

Employment Practices Coverage	Insurance Company	Limit of Liability	Deductible	Effective Date	Premium
Currently		\$	\$		\$
Prior Year		\$	\$		\$

Retroactive date on current policy:

**SECTION IX – CLAIM/WARRANTY SECTION**

- |   |     |    |
|---|-----|----|
| 1. With respect to the coverage addressed in this application, has any Underwriter refused, canceled, or non-renewed coverage? (Not applicable in Missouri)   | Yes | No |
| 2. With respect to the coverage addressed in this Application, has the Underwriter indicated any intent to not offer renewal terms to the Applicant? (Not applicable in Missouri)   | Yes | No |
| 3. Has the Applicant given written notice under the provisions of any prior policies providing similar insurance of claims, or of specific facts or circumstances which might give rise to a Claim being made against any person or entity applying for this insurance? | Yes | No |
| 4. No person applying for Employment Practice Liability (EPL) coverage is aware of any facts or circumstances that may give rise to a Claim under this coverage. None, or as noted below: (provide attachment if necessary)   |     |    |

**SECTION X – CYBER SECURITY LIABILITY**

**Complete this section only if Cyber Security Liability coverage is desired. \*Indication quote only\***

- |   |                        |                       |
|---|------------------------|-----------------------|
| 1. Gross Annual Sales: \$   |                        |                       |
| 2. Gross Annual Sales less Fuel Costs: \$   |                        |                       |
| 3. During the past three (3) years whether insured or not, has the Applicant sustained any <b>Losses</b> due to unauthorized access, unauthorized use, virus, denial of service attack, electronic media liability, data breach, data theft, fraud, electronic vandalism, sabotage or other similar electronic security events? | Yes                    | No                    |
| 4. During the past three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion of interference of rights of privacy or the inappropriate disclosure of <b>Personally Identifiable Information (PII)</b> ?   | Yes                    | No                    |
| 5. During the past three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations?   | Yes                    | No                    |
| 6. Is the Applicant in compliance with PCIDSS (Payment Card Industry Data Security Standard).   | Yes                    | No                    |
| 7. Does the Applicant's hiring process include the following for all employees and independent contractors (check all that apply):  |                        |                       |
| Drug Testing  | Educational background | Credit history checks |
| Criminal background checks  | Work history checks    | Other (specify):      |
| 8. Are all employees periodically instructed on their specific job responsibilities with respect to information security, such as the proper reporting of suspected security incidents?   | Yes                    | No                    |

**WINTER WEATHER FREEZE PROTECTION**

**The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.**

**These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY**

- |    |  |     |    |     |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?<br>This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.  | Yes | No | N/A |
|    | a. If not, select all freeze protection measures currently in place:<br>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br>PHLYSense<br>Other water detection/ notification/ alarm system<br>Backup electrical generator, ensuring building heat at all times<br>Insulation around water pipes in cold areas*<br>Heat tracing for water pipes in cold areas*<br>Antifreeze fire sprinkler system in cold areas*<br>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br>Other: |     |    |     |
|    | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.  |     |    |     |
| 2. | Fire Protection and Testing  |     |    |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?  | Yes | No | N/A |
|    | i. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe      Both   |     |    |     |
|    | ii. If yes, approximately what percentage (%) of the building is sprinklered?      %   |     |    |     |
|    | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?   | Yes | No | N/A |
|    | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines)   |     |    |     |
|    | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?   | Yes | No | N/A |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?   | Yes | No | N/A |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?   | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices  |     |    |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?  | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces  |     |    |     |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?   | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY:   |     |    |     |
|    | a. Is there a full-time caretaker/ maintenance personnel on the premise?   | Yes | No | N/A |
|    | If yes, select required duties of the caretaker:<br>Regular walkthroughs of the building<br>i. How often each day?<br>Trained in the location(s) of water shut off valve(s)<br>Inspects taps and leaves them dripping in freeze weather events<br>Shuts off or drains pipes during freezing temperatures<br>Monitors building temperatures ensuring heat is maintained at required levels<br>Responds to power outages<br>i. List of required procedures   |     |    |     |
|    | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?   | Yes | No | N/A |

## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
 Address of Applicant:  
 City: State: Zip:  
 Website: www:  
 Nature of Operations:

1. Annual sales or revenue: \$
  
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
  
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No



## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN DISTRICT OF COLUMBIA:** 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.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO:** 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.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** 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.

**APPLICABLE IN VERMONT:** 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.

**APPLICABLE IN NEW YORK:** 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 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)