

PROPERTY INFORMATION

- | | | | | | |
|----|---|---|--|---|-----------------------------------|
| 1. | Building construction: | Frame
Masonry | Non-Combustible
Masonry Non-Combustible | Modified fire resistive
Fire resistive | |
| 2. | Fire hydrant: | feet | Fire department: | miles | Volunteer Fire Department: Yes No |
| 3. | Roof construction: | List all property on the roof (HVAC, etc.): | | | |
| 4. | Number of stories: | | | | |
| 5. | Year built: | If built prior to 1971, has it been inspected for lead paint and abated if necessary? | | | Yes No |
| | | If no, what is the plan for inspection and abatement (if necessary)? | | | |
| 6. | Year of building updates: | Roofing: | Plumbing: | Wiring: | HVAC: |
| 7. | Any renovations planned? (describe) | | | | |
| 8. | Is your facility a historical landmark? | | | | Yes No |

LIFE SAFETY

- | | | | |
|----|--|------------------------------------|----|
| 1. | 100% sprinklered? | Yes | No |
| | Any Omega sprinkler heads? | Yes | No |
| | Date last serviced? | Date of last sprinkler flow tests? | |
| | Number of currently tagged and operational fire extinguishers: | | |
| 2. | Central station fire alarm? | Yes | No |
| | Central station burglar alarm? | Yes | No |
| | Surveillance cameras? | Yes | No |
| 3. | Cooking facilities on premises? | Yes | No |
| | If yes, automatic extinguishing system over deep fat fryers, grills & stoves? | Yes | No |
| | How often are hood / ducts cleaned? | | |
| | By whom? Insured Sub-contractor | | |
| | If by sub-contractor, how often are they serviced? | Date last serviced? | |
| 4. | Do you have Automated External Defibrillator(s) (AED)? | Yes | No |
| | If yes, are staff members trained to use it? | Yes | No |
| 5. | How many means of egress? | | |
| | Are doors locked during performances? | Yes | No |
| | Are all exits clearly marked? | Yes | No |
| | Are all doors equipped with panic hardware? | Yes | No |
| 6. | Do you have backup emergency lighting and / or emergency generators in the event of a power failure? | Yes | No |

- | | | | |
|----|---|------------|----------|
| 7. | Do you have any emergency evacuation plan? (If yes, attach a copy)
Evacuation procedures and floor plans posted? | Yes
Yes | No
No |
| 8. | Are parking lots well lit?
Patrolled by security? | Yes
Yes | No
No |

GENERAL LIABILITY

- | | | | |
|----|--|---|------------|
| 1. | Annual number of attendees (all events):
Annual payroll: \$ | Total seating capacity:
Number of employees: | |
| | Sales / Receipts: | | |
| | a. Food / Restaurant: \$ | | |
| | b. Liquor: \$ | | |
| | c. Gift Shop: \$ | Describe: | |
| | d. Parking: \$ | | |
| | e. Other: \$ | Describe: | |
| 2. | Please specify who has responsibility for the following event day operations: | Owner | Insured |
| | | Sub | Other-N/A |
| | a. Premises defects | | |
| | b. Facility maintenance | | |
| | c. Stage / lighting | | |
| | d. Food concessions | | |
| | e. Liquor | | |
| | f. Gift shop | | |
| | g. Parking | | |
| | h. Security | | |
| | i. First aid | | |
| | j. Fireworks / Pyrotechnics | | |
| | k. Inflatables / Amusement devices | | |
| | Explain all Other-N/A answers below: | | |
| 3. | Regarding contracts and Certificates of insurance with sub-contractors and tenants. | Insured | Sub/Tenant |
| | | Mutual | Neither |
| | a. Is the Indemnification / Hold Harmless wording in favor of? | | |
| | b. Is the additional Insured status in favor of? | | |
| | c. Minimum insurance limits of \$1,000,000? | | |
| | d. Is a certificate of insurance required? | | |
| 4. | If temporary seating, what is the type:
Inspected prior to each performance? | Yes | No |
| 5. | Any self-promoted or co-promoted events? (if yes, provide a schedule) | Yes | No |
| 6. | Do you provide catering services?
If yes, any off-premises catering? | Yes
Yes | No
No |
| 7. | Do you rent any portion of the building to full-time tenants?
If yes, square foot area of rented space: | Yes | No |

8. Coverage Limits Requested:

		Limit:		
Each occurrence / Each claim	\$			
General aggregate	\$			
Products/Completed Operations aggregate	\$			
Personal / Advertising Injury	\$			
Damage to Premises Rented to You	\$			
Liquor liability	\$			
Stop Gap	\$			
States:				
Employee Benefits Liability:	\$			
Number of Employees:				
Employed benefits administrator			Yes	No
Current carrier:		Limit: \$		
Retroactive date:				
Other: (Specify)	\$			
Other: (Specify)	\$			
Deductible: \$				
Self-Insured Retention: \$		Self Funded Retention: \$		

ABUSE & MOLESTATION

1.	Any childcare services provided?	Yes	No
2.	Does your current insurance program include Abuse and Molestation coverage?	Yes	No
3.	Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made?	Yes	No
4.	Do you verify employment references for employees and volunteers?	Yes	No
5.	Do you conduct personal interviews?	Yes	No
6.	Are formal written procedures in place for hiring? (If yes, attach a copy)	Yes	No
7.	Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy)	Yes	No
8.	Do you have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy)	Yes	No
9.	Have any incidents resulted in an allegation of sexual abuse?	Yes	No
	If so, was the case settled?	Yes	No
	Was the case taken to trial?	Yes	No
	Amount paid for damages to the victim: \$		
	Does your state allow criminal background checks?	Yes	No
	If yes, do you run criminal background checks prior to hire for:		
	Employees?	Yes	No
	Volunteers?	Yes	No

SECURITY

(Complete only if security is the responsibility of the insured)

Part I:

1. Who is primarily responsible (via contract) for liability coverage for security personnel?

Insured?	Yes	No
Municipality?	Yes	No
Sub-contractor?	Yes	No

2. Employed or sub-contracted security personnel? Employed Sub-contracted
 "Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that has separate insurance coverage and provided a certificate naming the Insured as Additional Insured with limits equal to or greater than the Insured.

3. Number and payroll of employed security personnel:

Unarmed: #	Payroll: \$	
Armed (not including off duty police officers): #		Payroll: \$
Off duty police officers: #	Payroll: \$	

4. Sub-contracted security – cost of sub-contract: \$

5. Total maximum hours per day permitted at this and all other places of employment:
 Total maximum hours per week:

6. What are the staffing guidelines per number of patrons?
 Are the guidelines determined by:

Ordinance?	Yes	No
Statute?	Yes	No
Industry standard?	Yes	No
Other: (describe)		

7. Is there a procedure to immediately report all incidents to the facility manager?
 If yes, describe: Yes No

8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe: Yes No

9. Please explain all no answers:

10. Does the procedure include contacting previous employers over the previous five (5) years? Yes No

11. Does the Applicant contact at least three (3) personal references? Yes No

12. Is completion of a minimum twenty (20) hours initial training program required before deployment? Yes No

13 Who conducts the training and what are the trainer's qualifications:

14. Is a minimum of ten (10) hours on-site training required? Yes No
15. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee? Yes No
16. Is each security person given a personal copy of the training / safety manual? Yes No
If yes, has each security person given management a written acknowledgment of the policies and contents? Yes No

NOTE: PLEASE INCLUDE A COPY OF THE MANUAL AND A SAMPLE OF THE WRITTEN ACKNOWLEDGEMENT

ARMED SECURITY EMPLOYEES:

1. Are the security personnel in uniform? Yes No
If yes, describe the uniform:
2. Are the security personnel identified by anything other than a uniform? Yes No
If yes, describe the identification and include an example or photograph.
3. Are psychological screen profiles used? Yes No
If yes, specify type:
4. Are criminal background checks completed? Yes No
If yes, what agency is utilized?
5. Please indicate any equipment carried or routinely available to security personnel:
Flashlight Type: Size: Construction:
Handcuffs First Aid Kit (including blood borne pathogen kit)
Nightstick Is night stick police regulation or other?
Taser / Phaser Chemicals (Mace, pepper gas)
Other:
Firearm – Caliber: .357 .38 .9mm Other:
Make: Colt S&W Ruger
Cover Holster - Type:
6. Is the ammunition: Standard Other:
7. Is firearm and ammunition approved and inspected by management or security company? Yes No
8. Describe capabilities of each guard for constant communications with each other, the supervisor, and management:
9. Are dogs used in your security operations? Yes No
If yes, provide the type of dogs(s), number, and describe duties.

- | | | | |
|-----|---|-------------------|----------------|
| 12. | Number of servers used?
Are they professional servers?
Explain: | Yes | No |
| | Are they volunteer servers?
Explain: | Yes | No |
| 13. | Do the servers receive any type of alcohol awareness training?
If yes, explain: | Yes | No |
| 14. | Median age of liquor customers:
21-25 25-30 30-40 40 and over | | |
| 15. | Are minors allowed to enter the location where alcohol is being served?
If yes, how is underage consumption of alcohol prevented? | Yes | No |
| 16. | Explain how ID's are checked: | | |
| 17. | Are uniformed police officers present at the site of alcohol sales?
Are undercover police officers present?
Are private security officers present?
Average number of officers present at site: | Yes
Yes
Yes | No
No
No |
| 18. | Are rules and regulations clearly displayed for patrons viewing?
Explain: | Yes | No |
| 19. | Is there a limit placed on the quantity of alcoholic beverages purchased
at one time?
Explain: | Yes | No |
| 20. | Is the parking area patrolled to prevent intoxicated drivers from leaving
the premises?
Explain: | Yes | No |
| 21. | Is there any type of designated driver program?
Explain: | Yes | No |
| 22. | Limit of liquor liability coverage requested: \$ | | |

PYROTECHNICS

(Complete if coverage is requested for Pyrotechnics Coverage (not including flashboxes))

1. Limit of liability requested: \$1,000,000 Other: \$
2. Description of events:
3. Location of events:
4. Dates of events:
5. Who is the authority having jurisdiction over the use of pyrotechnics at your facility?
 Local fire department State fire marshal Other: (please list)

What permit process must be followed prior to use of pyrotechnics at your facility?

6. Have you staged pyrotechnic displays before? Yes No
 If yes, list any claims / losses that have occurred and the amount of loss:

<u>Description</u>	<u>Date of Occurrence</u>	<u>Amount of Loss</u>
a)		\$
b)		\$
c)		\$
7. Who will be the pyrotechnics operator? Named Insured Contractor

Complete this section if the Pyrotechnics Operator is the Named Insured.

- a) List names of people shooting and describe their experience.
Please note: This coverage will exclude bodily injury liability to the fireworks shooter.
 Name: Experience:

- b) Where are the pyrotechnics stored when not in use?

Does it meet federal / state storage regulation? Yes No

What quantity of pyrotechnic material is stored on site? (number of shows, pounds etc.)

Describe the type of show and amount of pyrotechnics used in recurring events:

Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

Does the Applicant secure proper pyrotechnic permits for each event? Yes No

Are the shooters listed above licensed for pyrotechnics? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor.

a) Name:

b) Is there an agreement with the contractor? Yes No
If yes, provide a copy of the agreement.

c) Will liability coverage be provided by the pyrotechnics contractor? Yes No
If yes, indicate limits of coverage provided:
\$1,000,000 Greater than \$1,000,000 Other:

Please attach a copy of certificate of insurance including any additional insured listing.

d) Do you confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No

e) Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

f) Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No
If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists the Applicant as an additional insured?

If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted? Yes No

g) Are events with pyrotechnics held: Indoor Outdoor

h) What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

- | | | | |
|---------------------|--------------------|---------------------------------|-------------------|
| Aerial Shells | Airbursts | Black Powder | Comets |
| Concussion effects | Concussion mortars | Saxon | Flares |
| Flash Pots | Flashpower | Gerbs | Integrals Mortars |
| Mines | Mortars | Rockets | Electric matches |
| Wheels | Salutes | Waterfall, Falls, Park Curtains | |
| Other, please list: | | | |

OUTDOOR PYROTECHNICS

(only complete if outdoor pyrotechnic displays are staged)

1. Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) Yes No

- | | | | |
|----|---|-----|----|
| 2. | Is there fencing to keep spectators away from restricted areas during the fireworks shooting?
If yes, distance of spectator fencing from launch site:
Distance of spectator parking area from launch site:
Distance of closest building or structure from launch site: | Yes | No |
| 3. | Will there be firefighting equipment on site during the event?
If no firefighting equipment on site, give distance to nearest fire station: | Yes | No |
| 4. | Will you have an ambulance on site?
If no, what is the estimated response time of an ambulance?
If no, what is the distance to nearest medical facility? | Yes | No |

INDOOR PYROTECHNICS
(Only complete if indoor pyrotechnic displays are staged)

- | | | | |
|----|---|-----|----|
| 1. | Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? | Yes | No |
| 2. | Is the facility sprinklered? | Yes | No |
| 3. | What other form of fire fighting equipment is available at the facility? | | |
| 4. | Does the facility have an emergency evacuation plan?
If yes, how often is the staff drilled on emergency evacuation? | Yes | No |
| 5. | Number of accessible (not locked) emergency exits at the facility: | | |
| 6. | What steps are taken to inform patrons of the locations of all emergency exits? | | |
| 7. | Maximum capacity of the facility: | | |
| 8. | Has the fire marshal approved the use of pyrotechnics at the facility?
If yes, as of what date: | Yes | No |

HIRED & NON-OWNED AUTO

- | | | | |
|----|---|-----|----|
| 1. | Does the Applicant have any owned automobiles? | Yes | No |
| | NOTE: If Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested. | | |
| 2. | Does the Applicant allow employees to use their own personal vehicles for business purposes?
If yes, how many employees use their own personal vehicles?
If yes, how often? Daily Weekly Monthly Other: | Yes | No |
| 3. | Do you obtain Motor Vehicle Reports?
If yes, how often? Annually Every other year Other: | Yes | No |

4. Do you confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?
If yes, what minimum limits are required? Yes No
5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$
6. Limits of coverage required:
\$100,000 \$300,000 \$500,000 \$1,000,000 Other: \$
7. Is hired auto physical damage required? Yes No
If yes, what is the maximum value of hired vehicle you would like insured? \$
NOTE: Physical Damage deductibles provided \$100 comprehensive / \$1,000 collision.

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. 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 |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. 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 |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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)

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

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The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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.

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FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)