



MUSEUMS & CULTURAL INSTITUTIONS SUPPLEMENT

SUBMISSION REQUIREMENTS

Please include the following with the submission:

- | | |
|---|---|
| • ACORD Application (for all lines of coverage to be written) | • Loss Runs (current year plus 3 years) |
| • Statement of Values (for blanket and/ or agreed value) | • Latest Annual Financial Statement |
| • Recent Appraisal for Historic Buildings and/ or Collections | • Schedule of Collections |

Applicant Name:

Street Address:

City:

State:

Zip:

Website Address:

Billing Contact Information:

Risk Management/ Inspection Contact:

Risk Management E-Mail:

Phone:

SECTION I – GENERAL INFORMATION

1. Type of museum:
2. Full description of operations:

3. Is the Museum a member of the Alliance of Museums (AAM)? Yes No
4. Average number of visitors annually:
5. Professional organization memberships:
6. Is the Applicant accredited? Yes No
If yes, by whom:
7. List hours of operations:
8. Does the Applicant have a formal safety program in place? Yes No
9. Does the Applicant have a written emergency evacuation plan in place? Yes No

SECTION II - PROPERTY

**In addition to completing the ACORD application,
please answer the below questions regarding specific exposures.**

1. Is this an historic building or is the building over 50 years old? Yes No
If yes to either, please provide the following information:

Provide detailed information regarding any renovations or updates to the building,
including dates of completion.

2. Electrical Updates

a. Type of Wiring:	BX Cable	Romex	Aluminum	Conduit	
	Circuit Breakers		Fuses	Both	

 - b. Has any re-wiring been done since the original construction? Yes No
If yes, date completed:
 - c. Any Knob and Tube wiring present? Yes No
 - d. If the property has Aluminum wiring, has it been retrofitted by a licensed electrician? Yes No
If yes, date updated:

3. Heating & Cooling
- What type of heating/ cooling system is used in the building?
 - Primary: Wall Furnace Electric Gas Heater
 Floor Furnace Forced Air Wood Stove
 - What type of fuel is used?
 - Secondary: Wood Stove Gas Heater Electric Space Heater
 Other:
 - Has the entire original heating/ cooling system or furnace been replaced? Yes No
If yes, date completed:
4. Plumbing
- Pipes are: Copper Galvanized Plastic Other:
 - Age of hot water system:
 - Has any re-plumbing been done since the original construction? Yes No
If yes, to what extent:

If yes, date completed:
5. Roofing
- Type of Roof: Tile Composition Wood/ Shake Comp Shingle
 Other:
 - Age of roof:
 - Has the entire roof been replaced? Yes No
If yes, date completed:
6. If built prior to 1980, has an asbestos and lead survey been conducted? Yes No
- If yes, date completed:
 - Has the asbestos or lead been removed? Yes No

7. Historic Buildings

	Loc & Bldg	Loc & Bldg	Loc & Bldg
Is this building listed on the National Historic Register?			
Are replacement building materials available locally?			
Will local ordinances allow the building to be rebuilt at the same location?			
Has the building been completely restored?			
If not, what percentage of the building has been restored?			
What is the anticipated completion date for the restoration?			
Is the building currently under construction?			
If yes, what percentage of the building is under construction?			
Is the building ADA compliant?			
Is the building also a private home, hotel or inn?			
If someone lives on the premises full time, do they have a separate homeowner's insurance policy?			

SECTION III - COLLECTIONS

	Location #1	Location #2	Location #3
OWNED COLLECTIONS			
Limit of Insurance	\$	\$	\$
Deductible	\$	\$	\$
Total Values	\$	\$	\$
Average Value Per Item	\$	\$	\$
Maximum Value Per Item (Values based off of fair market value)	\$	\$	\$
LOAN COLLECTIONS			
Limit of Insurance	\$	\$	\$
Deductible	\$	\$	\$
Total Values	\$	\$	\$
Average Value Per Item	\$	\$	\$
Maximum Value Per Item (Values as stated on loan agreement)	\$	\$	\$
TOTAL LIMIT OF INSURANCE			
(Owned + Loan) =	\$	\$	\$

1. Does the Applicant have a curator on staff? Yes No
2. Does the Applicant repair, restore, retouch or conserve collection/ fine arts? Yes No
If yes, please describe:

3. What is the percentage of the operations: %
4. Owned collection
 - a. Is the Applicant's permanent collections fully inventoried? Yes No
 - b. Are all records and documents stored electronically and an electronic copy stored off site? Yes No
 - c. Date values were last updated:
 - d. Percent of owned collection: Fragile: % Non-Fragile: %
 - e. Any precious metal/ gems part of the collection? Yes No
5. Are there temperature and humidity controls in the exhibition galleries and storage areas? Yes No
 - a. If temperature and humidity controlled, does the Applicant have back-up generators? Yes No
If yes, where are they located: (check all that apply)

Basement	Ground Floor	Roof	Elevated Off Ground
----------	--------------	------	---------------------
6. Are all collectibles, fine arts, rare books, manuscripts, etc. catalogued, photographed or video taped? Yes No
7. Are all important records & documents kept in fire-resistant safes with duplicates kept off-premises? Yes No
8. Are all film collections on cellulose nitrate film stored in fire resistive vaults? Yes No
9. Is there any below-grade/ basement exposure? Yes No
If yes, how much value is located below grade: \$
10. If below-grade/ basement exposure, how are items stored?
11. Are items stored at least 12 inches off the ground? Yes No
12. What is the maximum value per item located below-grade: \$
13. Does the Applicant have a written emergency response plan? Yes No
14. Loaned Collections
 - a. Are written loan agreements obtained for all collections loaned to the Applicant? Yes No
 - b. Do the agreements specify who is responsible for damage and insurance? Yes No
 - c. Is valuation agreed upon for a total loss? Yes No Partial Loss? Yes No
 - d. Is the condition of each collection documented upon receipt? Yes No
 - e. Does the Applicant make a photographic record of objects within all temporary collection? Yes No
 - f. Percent of collection on loan: Fragile: % Non-Fragile: %
15. Percent of current collection is: Owned: % On Loan: %

- | | | | | |
|-----|--------------------------------|---|-----|----|
| 16. | Collection on loan from others | | | |
| | a. | Who is responsible for the insurance while property is in transit: | | |
| | b. | Who is responsible for the insurance while at the insured's premises: | | |
| | c. | Are the packers trained in proper packing methods for valuable items? | Yes | No |
| 17. | Collections loaned to others | | | |
| | a. | Who is responsible for the insurance while property is in transit: | | |
| | b. | Who is responsible for the insurance while at the loaned premises: | | |
| | c. | Are the packers trained in proper packing methods for valuable items? | Yes | No |

SECTION IV – TRANSIT EXPOSURE

- | | | | | |
|-----|---|---------------------------|--------------------|--------|
| 1. | Limit of Insurance: \$ | | Deductible: \$ | |
| 2. | Type of shipping | Owned vehicles: % | Air: % | |
| | | Carriers: % | Registered Mail: % | |
| | | International Shipment: % | | |
| 3. | Does the Applicant ship internationally via ocean cargo? | | | Yes No |
| 4. | Name of carriers: | | | |
| 5. | Do the carriers specialize in shipping and packing of art works? | | | Yes No |
| 6. | What percentage of the value of the items is declared to carriers for hire: | | % | |
| 7. | Any overnight stay? | | | Yes No |
| 8. | Who is responsible for packing and unpacking: | | | |
| 9. | Are collections shipped outside the U.S.? | | | Yes No |
| 10. | Is there documentation of values agreement between the museum and the borrower? | | | Yes No |
| 11. | Are there condition reports on all incoming and outgoing shipments? | | | Yes No |

SECTION V - SECURITY

- | | | | | |
|-----|---|--|---|--------|
| 1. | Does the Applicant have a formal written protection plan? | | | Yes No |
| | Are all of the staff aware of the procedures? | | | Yes No |
| 2. | Does the Applicant have security guards? | | | Yes No |
| | If yes, are they: Museum Staff or Hired Contractors | | | |
| 3. | Are the guards armed? | | | Yes No |
| | If yes: Number of armed guards: Number of Unarmed guards: | | | |
| 4. | What percentage of the guards roam throughout the museum? | | % | |
| | What percentage of the guards are stationary? | | % | |
| 5. | Is there a central station alarm (both fire and burglar) | | | Yes No |
| | If yes, what is the name of the monitoring company? | | | |
| 6. | Does the central station alarm have line security? | | | Yes No |
| 7. | Are there security cameras? Yes No If yes, monitored 24/7? | | | Yes No |
| | How many hours does the Applicant save the camera recordings: | | | |
| 8. | Are exterior doors and windows equipped with sensors, break detecting and motion devices? | | | Yes No |
| 9. | Is there an intrusion detection system? | | | Yes No |
| 10. | Is there a motion detection system throughout the museum? | | | Yes No |
| 11. | Are high value paintings individually alarmed? | | | Yes No |
| 12. | Are systems capable of operating during a power failure? | | | Yes No |

SECTION VI – GENERAL LIABILITY

- | | | | |
|----|--|-----|----|
| 1. | Is the staff required to report all incidences to management that may result in a claim? | Yes | No |
| 2. | Are written records of all incidences kept by management? | Yes | No |
| 3. | Are all incidences reviewed? | Yes | No |
| 4. | Does the Applicant have volunteer workers? | Yes | No |
| | a. What is the average number of volunteers daily? | | |
| | b. Describe their duties: | | |

5. Please indicate if the Applicant has any of the following exposures:
- a. Theater? Yes No Type:
Number of annual admissions:
 - b. Aquarium? Yes No Dimensions:
Types of fish:
 - c. Children's camp? Yes No Dates of operations:
Number of children attending annually:
 - d. Concerts? Yes No Type(s):
Number annually: Frequency:
 - e. Lectures: Yes No Type(s):
Number annually: Frequency:
 - f. Reflecting pool, wishing wells, lakes, fountains, ponds? Yes No
Type(s):
Are signs posted warning visitors not to enter or touch the water? Yes No
 - g. Animals? Yes No Type(s):
Can the animals be handled by visitors? Yes No
6. Are all hands-on exhibits inspected daily to check for broken pieces or malfunctions? Yes No
7. Are there guided tours of the museum? Always Special groups only
8. Do school groups require chaperones to stay with the children at all times? Yes No
If no, please describe supervision:
9. Does the Applicant have a gift shop? Yes No
- a. Annual gross receipts: \$
 - b. Describe the items that are sold:
 - c. Is the shop operated by an independent contractor? Yes No
 - d. Are hold harmless agreements and certificates of insurance obtained from the contractor and all suppliers or licensees? Yes No
10. Does the Applicant have a restaurant or cafeteria? Yes No
- a. Annual gross receipts: \$

SECTION VII – SPECIAL EVENTS

1. Does the Applicant rent the premises to others for events such as wedding and parties? Yes No
- a. Type(s)
Number of events annually:
 - b. Is a member of the museum's staff present at all times? Yes No
2. Is liquor served? Yes No
- a. Is catering by an outside company provided to serve the liquor? Yes No
 - b. Are they trained in TIPS? Yes No
 - c. Are hold harmless agreements and certificates of insurance obtained from all lessees and suppliers? Yes No
3. Are any special events for fundraising or education purposes organized, promoted or sponsored by the Applicant? Yes No
- a. Please list the dates and types of events held:
 - b. Are they on the Applicant's premises? Yes No
 - c. Are hold harmless agreements and certificates of insurance obtained from other sponsors, promoters or organizers? Yes No
4. Does the Applicant plan any special exhibitions or events that would generate an unusually large number of visitors? Yes No
If yes, please describe:

SECTION VIII – ABUSE AND MOLESTATION

1. Does the Applicant’s employment process 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
2. Does the Applicant’s state permit the Applicant to do criminal background investigations? Yes No
If yes, does the Applicant routinely request and receive such background investigations? Yes No
3. Does the Applicant verify employment related references? Yes No
4. Does the Applicant conduct a personal interview? Yes No
5. Does the Applicant have written procedures for dealing with sexual abuse? Yes No
If yes, please attach a copy.
6. Has the Applicant’s organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please explain below. Yes No
 - a. Was a claim made against the organization? Yes No
 - b. Was the case settled? Yes No
 - c. Was the case taken to trial? Yes No
 - d. How much money was paid as damages to the victim?
8. Regarding coverage for abuse & molestation, does the Applicant's current insurance program:
 - Exclude Coverage
 - Limit Coverage (please indicate limit of liability) \$
 - Neither exclude nor limit coverage

Please write all comments regarding above answers below:

DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY
THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY.
PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If no, provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name/ Type of Business	Percent the Applicant Owns/ Controls	Date Created/ Acquired	For Profit/ Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit
	%		
	%		
	%		

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
- Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
- Any other criminal actions? Yes No
5. In the past 24 or next 12 months has the Applicant been, or anticipate being involved in any merger, acquisitions or consolidation with another entity? Yes No
If yes, please attach details.

EMPLOYMENT PRACTICE LIABILITY INFORMATION

1. Please provide the following employee count information:
 U.S. based employees:
 Total Full-Time: Total Part-Time:
 Volunteers: Temporary:
 Leased: Total Non U.S. based employees:
TOTAL SUM OF ABOVE:
2. Has a reduction in employees or change in of status occurred in the past 12 months or is anticipated in the next 12 months?
 Voluntary: Involuntary: Layoffs:
3. Does the Applicant have an employment handbook that includes an “At Will” statement? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advice? Yes No
6. Does the Applicant have a full time, dedicated human resource staff? Yes No
7. Total number of current employees with annual compensation greater than \$100,000:

CURRENT COVERAGE

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** Yes No
If yes, please provide details:
2. Has the Applicant given written notice under the provisions of any prior policies providing similar insurance or 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
If yes, complete a Claim Supplemental for each incident.

3. No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below.

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

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

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

AGENCY

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

PRODUCER LICENSE NUMBER

(If this is 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

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.

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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)