

## Errors and Omissions, Media and Privacy (EMP)

Our product provides broad coverage for evolving exposures faced by businesses with up to \$500 million in annual revenue.

### Highlights Applicable to All Coverage Parts

- Limits available up to \$5,000,000
- Worldwide coverage territory
- Vicarious liability included
- Full severability for innocent parties
- Softened hammer clause of 75/25 in favor of insured
- Single deductible applies to interrelated acts
- Duty to defend policy with 100 percent allocation

### Professional and Technology Errors and Omissions (Coverage Part A)

Covers claims arising from the insured's professional services for a broad range of companies including miscellaneous professionals and technology firms. This includes coverage for:

- Unintentional breach of contract
- Independent contractors coverage
- Broad coverage for use of the Internet and technology in delivery of professional services, for most miscellaneous professionals and technology firms
- Technology products coverage available for qualifying accounts included

### Media Liability (Coverage Part B)

Covers claims alleging personal and intellectual property injury including libel, slander, copyright and trademark infringement. This includes coverage for:

- Negligence in content
- Broadly-defined "covered content" or option to customize schedule of "covered media activity"
- Full limits of intellectual property
- Media liabilities assumed under contract

### Network Security and Privacy (Coverage Part C)

Covers claims against insureds arising from a failure of network security, breach of private data, violation of a privacy law or disclosure of third party corporate information. This includes coverage for:

- Regulatory actions arising from violation of HIPAA, EU General Data Protection Regulation (GDPR) or any other privacy law, including claims expense, fines, penalties and consumer redress funds
- Social engineering
- Third party trade secrets
- Payment Card Industry (PCI) fines and penalties
- Full prior acts available for first time buyers

### Privacy Breach Expense (Coverage Part D)

Covers expenses arising from a privacy breach, including forensics, notification (including call center services), credit monitoring, public relations, computer system restoration and hardware replacement (bricking), as well as expenses arising from a cyber extortion threat (ransomware). This includes coverage for:

- Breach of Personally Identifiable Information (PII) in any form (including both digital and paper files)
- PII stored by the insured's third party vendors
- Privacy breach caused by a rogue employee
- Breach of employees' private data
- Voluntary notifications and voluntary shutdown coverage
- No "failure to maintain safeguards" clause
- Privacy breach expense in addition to limits of liability available
- Cybercrime, including social engineering leading to theft of money or goods, invoice manipulation, and cryptojacking (utility fraud) coverage
- Reputation damage
- Business interruption coverage, including full limits of dependent business interruption and system failure
- Enhanced criminal reward fund coverage
- Full prior acts available for first time buyers

## Additional Advantages:

- Unsurpassed service with a sense of urgency and care
- Same day or next business morning claims acknowledgement
- Policyholders have access to many free and discounted services through our Business Resource Center that will assist in growing and protecting their business
- Carriers are members of the Berkshire Hathaway Company

## For Errors and Omissions, Media and Privacy coverage parts, eligible classes include, but are not limited to:

### Technology Services:

Application service providers/Software as a service (Saas)  
Business intelligence  
Cloud service providers  
Data or records storage  
Graphic designers  
Hardware evaluation  
IT consulting  
IT staffing  
Manage service providers/Help desk services  
Mobile application development  
Network architecture  
Project management  
Search engine optimization  
Social media consultants  
Software development  
Systems or network evaluations  
Telecom consultants  
Training specialists  
Training and education  
Web design  
Web hosting  
Wireless installation/configuration

### Non-Technology Services:

Accountant (up to \$5 million in revenue)  
Advertising agencies  
Audio/Visual consultant  
Call centers  
Coaching services  
Compliance consultants  
Document storage/Destruction services  
Educational consultants  
Forensic investigators  
Fulfillment services  
Human resource consultants  
Insurance risk managers  
Interpreters/Translators  
Lobbyists  
Management consultants  
Marketing consultants  
Public relations consultants  
Referral services  
Staffing firms (temporary and permanent)  
Statistical consultants

## Most Common Ineligible Risk Characteristics: (Located in AL, LA, MS or WV)

### Non-technology professionals or specialists involved in the following operations:

Adoption agencies	Clinical research agencies	Hospitals	Nursing homes
Adult content providers	Collection agencies	Hotels/Motels	Payment card processors
Allied health professionals	Construction managers	Insurance agencies/Brokers	Property managers
Ambulance services	Contractors	Janitorial services	Real estate
Ambulatory surgery centers	Environmental consultants	Manufacturers	Retail/E-commerce
Architects/Engineers	Financial advisors	Medical laboratories	Third-party administrators
Attorneys/Law firms	Financial institutions including banks, investment bankers, and stockbrokers	Medical professionals	Title/Escrow agents
Auto repair	Government agencies	Mortgage brokers	
Bars/Taverns/Restaurants		Municipalities	
Claims adjusters		Nonprofits	

## Email submissions to [professional@devonparkspecialty.com](mailto:professional@devonparkspecialty.com)

*This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your agent. A sample policy is available from your agent. Your actual policy conditions may be amended by endorsement or affected by state laws.*

## Errors and Omissions, Media and Privacy (EMP)

This product is designed for risks with annual revenue between \$15 million and \$500 million.

**For Errors and Omissions, Media and Privacy coverage parts, eligible classes include, but are not limited to:**

### Technology Services:

- Application service providers/Software as a service (Saas)
- Business intelligence
- Cloud service providers
- Data or records storage
- Graphic designers
- Hardware evaluation
- IT consulting
- IT staffing
- Manage service providers/Help desk services
- Mobile application development
- Network architecture
- Project management
- Search engine optimization
- Social media consultants
- Software development
- Systems or network evaluations
- Telecom consultants
- Training specialists
- Training and education
- Web design
- Web hosting
- Wireless installation/configuration

### Non-Technology Services:

- Advertising agencies
- Audio/Visual consultant
- Call centers
- Coaching services
- Compliance consultants
- Document storage/Destruction services
- Educational consultants
- Forensic investigators
- Fulfillment services
- Human resource consultants
- Insurance risk managers
- Interpreters/Translators
- Lobbyists
- Management consultants
- Marketing consultants
- Public relations consultants
- Referral services
- Staffing firms (temporary and permanent)
- Statistical consultants

## Most Common Ineligible Risk Characteristics:

Located in AL, LA, MS or WV

### Technology professionals or specialists involved in the following operations:

911 or other emergency response and/or dispatch	Loan fulfillment
Aircraft, air-ground equipment, military defense and/or weaponry of any kind, including classified information	Lottery/Sweepstakes/Gaming or other games of chance
Energy, power plant, utility or pollution monitoring, supply or distribution	Mechanical, electrical, chemical, civil or architectural design or engineering
Equity trading	Medical, dental or health care diagnosis, monitoring or treatment
Financial transactions	Pharmaceutical formulation, production or prescription, including clinical data
Firmware or embedded software	Physical security system installation or monitoring (burglar/fire alarms and camera systems)
Fund transfers	Point of sale systems
Global Positioning Systems (GPS), Geographic Information Systems (GIS), navigation systems development, maintenance or support	Robotics or process control of industrial equipment including HVAC systems

### Non-technology professionals or specialists involved in the following operations:

Accountants	Clinical research agencies	Government agencies	Nursing homes
Adoption agencies	Collection agencies	Hospitals	Payment card processors
Adult content providers	Construction managers	Hotels/Motels	Payroll processors
Allied health professionals	Contractors	Insurance agencies/Brokers	Property managers
Ambulance services	Environmental consultants	Janitorial services	Real estate
Ambulatory surgery centers	Financial advisors	Manufacturers	Retail/E-commerce
Architects/Engineers	Financial institutions including banks, investment bankers, and stockbrokers	Medical laboratories	Third-party administrators
Attorneys/Law firms	Franchisors	Medical professionals	Title/Escrow agents
Auto repair	Freight forwarders	Mortgage brokers	Trustees
Bars/Taverns/Restaurants		Municipalities	
Claims adjusters		Nonprofits	

Email submissions to [professional@devonparkspecialty.com](mailto:professional@devonparkspecialty.com)

*This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your agent. A sample policy is available from your agent. Your actual policy conditions may be amended by endorsement or affected by state laws.*

## Errors and Omissions, Media, Privacy Application - All States

*This is an application for a Claims Made policy. Please read your policy carefully.*

### INSURANCE OVERVIEW

1. Coverage requested – Please indicate which coverage part(s) are desired and indicate the desired limits. Complete the “Basic Information” section, the “Loss Information” section and any other sections for which coverage is desired.

Coverage Part	Is Coverage Desired?	Limit
A. Professional and Technology Errors and Omissions Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
B. Media Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
C. Network Security and Privacy Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
D. Data Breach Expense Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

2. Is similar insurance currently in force?  Yes  No

Carrier	Limit(s)	Deductible(s)	Premium	Policy Period	Retroactive Date(s):
_____	_____	_____	_____	_____	_____

### BASIC INFORMATION

3. Applicant's name: \_\_\_\_\_  
 Location address: \_\_\_\_\_  Same as mailing address  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Name of primary contact: \_\_\_\_\_ Email address of primary contact: \_\_\_\_\_

4. Description of Operations:

5. Does the applicant provide services not disclosed above or does the applicant anticipate offering any new services in the next 12 months?  Yes  No

If "Yes," please provide details: \_\_\_\_\_

6. List 12-month gross revenue below:

	Last Year:	Current Year (based on 12 months):	Forecast for Next Year:
Domestic	\$ _____	\$ _____	\$ _____
Foreign	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

7. a. Number of principals, partners, officers and employees directly engaged in providing services to clients: \_\_\_\_\_

b. Number of independent subcontractors: \_\_\_\_\_

If the applicant uses independent contractors, please answer 7i and 7ii:

i. Do the independent contractors provide the same services as the applicant?  Yes  No

If "No," please describe services: \_\_\_\_\_

ii. Does the applicant desire to provide coverage for independent contractors as insureds under the policy?  Yes  No

If "No," are all independent contractors required to carry errors and omissions insurance?  Yes  No

8. Describe the three largest jobs or projects over the past three years:

Name of Client	Services Provided	Gross Billings

9. Please provide a breakdown of the applicant's annual revenue by market segment. Please note that the total must equal 100 percent

Market Segment	Percentage (%) of Applicant's Annual Revenue	Market Segment	Percentage (%) of Applicant's Annual Revenue
Aerospace	_____ %	Government (US Federal)	_____ %
Alcohol/Tobacco/Firearms	_____ %	Government (other)	_____ %
Communications	_____ %	Manufacturing/Industrial	_____ %
Construction/Mining/ Agriculture	_____ %	Medical/Health Care Services	_____ %
Education	_____ %	Pharmaceuticals	_____ %
Energy	_____ %	Retail/Wholesale	_____ %
Financial Institutions	_____ %	Transportation	_____ %
Gaming/Gambling	_____ %	Other (please specify): _____	_____ %

10. Date established: \_\_\_\_\_

11. Does the applicant have any subsidiaries?  Yes  No

If "Yes," please answer 11a and 11b

a. Name(s) of any subsidiaries: \_\_\_\_\_

b. Are all subsidiaries' revenue and services disclosed on this application?  Yes  No

12. a. Is the applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No

b. Is any director, officer or partner either affiliated, employed by or associated with any other firm, corporation or company?  Yes  No

If "Yes," to either 12a or 12b, please provide name(s) and relationship(s): \_\_\_\_\_

13. a. Does the applicant derive any revenue from clients for which the applicant is more than a 15 percent shareholder?  Yes  No

b. Does the applicant derive any revenue from clients for which any director, officer, employee, partner or independent contractor of the applicant serves as an officer or on the board of directors?  Yes  No

If "Yes," to either 13a or 13b, please provide name(s) and relationship(s): \_\_\_\_\_

**A. PROFESSIONAL AND TECHNOLOGY ERRORS AND OMISSIONS LIABILITY**

14. Is the applicant a licensed professional?  Yes  No

If "Yes," advise type of licensed professional: \_\_\_\_\_

15. Does the applicant request any additional insureds for professional liability?  Yes  No

If "Yes," please provide name, address and relationship to applicant: \_\_\_\_\_

16. How often do you use written contracts:  Always  Sometimes  Never

a. With indemnification clause in favor of you (applicant)?  Always  Sometimes  Never

b. With limitation of damages clauses in favor of you (applicant)?  Always  Sometimes  Never

c. With a clearly defined scope of services to be performed?  Always  Sometimes  Never

d. With a formal change order process with sign-off by both parties?  Always  Sometimes  Never

**B. MEDIA LIABILITY**

17. Please describe any media activities engaged in by the applicant (including but not limited to publishing, broadcasting, marketing, advertising or otherwise producing or distributing media content):

18. Does the applicant retain a law firm or use in-house counsel to review material for copyright/trademark infringement or personal injury issues?  N/A  Yes  No

If "Yes," please list the name of the firm used (if applicable) and describe review procedures: \_\_\_\_\_

19. Does the applicant obtain written releases with respect to creative material or talent from employees, models, freelancers, photographers, writers, composers, artists, illustrators, musicians and/or actors?  N/A  Yes  No

20. Are all media materials or advertisements signed off on by clients prior to use?  N/A  Yes  No

21. Does the applicant have a procedure in place for responding to allegations that content created, displayed or published by the applicant is libelous, infringing or in violation of a third party's privacy rights?  Yes  No

**C & D. NETWORK SECURITY AND PRIVACY LIABILITY/DATA BREACH EXPENSE**

22. Does the applicant collect, store or transmit Personally Identifiable Information\* in electronic or non-electronic form?  Yes  No

*\* Personally Identifiable Information means information concerning an individual that is considered non-public information including but not limited to health, financial or medical information including electronic medical records, social security numbers, financial or bank account information, driver license numbers, credit card numbers and user names and passwords in combination.*

If "Yes," please provide the type(s) and amount of information you process or store. If you do not know the exact amounts, please provide estimates:

Type(s) of Personally Identifiable Information Collected, Transmitted or Stored	Number of Records Collected or Transmitted Per Year	Maximum Number of Records Stored at Any One Time
Social security number or individual taxpayer identification number		
Financial account record (e.g. bank accounts)		
Payment card data (e.g. credit or debit cards)		
Driver's license number, passport number or other state or federal identification number		
Protected health information (e.g. medical records)		
Username/Email address, in combination with password or security question		
Other – Please provide details: _____		
_____		

**Information/Network Security Risk Management**

23. Does the applicant utilize the following controls:

- a. Anti-virus software on all internet accessible devices?  Yes  No
- b. Firewalls?  Yes  No
- c. Intrusion detection software?  Yes  No
- d. Passwords that are non-trivial and contain at least six characters?  Yes  No
- e. Default passwords changed on all third party hardware and software products?  Yes  No

24. Does the applicant proactively address system vulnerabilities, including regular updates to anti-virus software and critical security patches?  Yes  No

25. Has the applicant had a vulnerability assessment, penetration test or other network security assessment performed in the last 12 months?  Yes  No

If "Yes," please attach a copy.

26. Does the applicant have a data retention and destruction plan in place that includes both electronic and physical data?  Yes  No

### Information/Network Security Policy

27. Does the applicant have a written physical and network security policy in place?  Yes  No
28. Do all employees receive training on the privacy policy at least annually?  Yes  No
29. Does the applicant have a designated individual responsible for the management of, and compliance with, the applicant's security policies?  Yes  No
- If "Yes," what is the name and title of this individual? \_\_\_\_\_

### Breach Response/Disaster Recovery/Business Continuity Planning

30. Does the applicant have a written data breach response plan in place?  Yes  No
31. Does the applicant back up all valuable/sensitive data on a daily basis?  Yes  No
- If not daily, how often? \_\_\_\_\_
32. Does the applicant have a disaster recovery and business continuity plan in place that is designed to avoid business interruption due to IT systems failure?  Yes  No
- If "Yes":
- a. Is this plan regularly tested and updated?  Yes  No
- b. How long does it take the applicant to fully restore their systems? \_\_\_\_\_

### Encryption

33. Does the applicant encrypt:
- a. Data "at rest" within computer databases or on back-up storage devices?  Yes  No
- b. Data "in transit" via email or other electronic means of communication?  Yes  No
- c. Data stored on mobile devices including laptops, flash drives and mobile phones?  Yes  No

### Physical Security

34. Does the applicant have physical security in place to restrict access to computer systems or paper records that contain sensitive information?  Yes  No

### Employee Controls

35. Does the applicant conduct background checks on all employees?  Yes  No
36. Does the applicant restrict employee access to Personally Identifiable Information on a business "need-to-know" basis?  Yes  No
37. Does the applicant have a user revocation process including termination of all passwords and recovery of all data assets when an employee leaves the organization?  Yes  No
38. Does the applicant provide cyber security training, including social engineering training (e.g. phishing), for employees?  Yes  No

### Cyber Crime

39. What is the applicant's average number of wire transfers per month? \_\_\_\_\_
40. What is the applicant's average value of wire transfers? \_\_\_\_\_
41. Does the applicant require dual authorization for wire transfers?  Yes  No
42. Does the applicant have additional procedures in place to verify the authenticity of wire transfer requests?  Yes  No
- Please provide details: \_\_\_\_\_

### Third Party Service Providers

43. Does the applicant outsource any part of their network, computer system, data storage (including paper records), point of sale system or information security functions?  Yes  No
- If "Yes," please provide details including the functions outsourced and the names of the vendors used: \_\_\_\_\_
- \_\_\_\_\_
44. Does the applicant require third party providers to have minimum security measures for the use, storage and disclosure of Personally Identifiable Information shared between them and the applicant?  Yes  No



## Privacy

45. Does the applicant rent, sell or otherwise share any Personally Identifiable Information with third parties?  Yes  No

## Regulatory Compliance

46. If the applicant provides services that are involved in credit card or other payment card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)?  N/A  Yes  No

If "No," please explain: \_\_\_\_\_

47. If the applicant provides services that involve medical records or patient data of any kind, is the applicant compliant with the Health Information Portability and Accountability Act (HIPAA)?  N/A  Yes  No

If "No," please explain: \_\_\_\_\_

48. Is the applicant subject to any other regulations that pertain to the protection of private or personal information?  Yes  No

If "Yes," please list the name of the applicable regulation(s) and confirm the applicant is fully compliant with such regulation(s):  
\_\_\_\_\_

## LOSS INFORMATION

*(Attach a statement of details for all "Yes" answers to the following questions)*

49. Has any prospective insured ever had their license revoked or suspended, been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession?  Yes  No

50. Have you initiated litigation against any of your clients in the past five years?  Yes  No

51. During the past five years, has any claim been made or suit brought against the applicant, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors?  Yes  No

52. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention or incident which may result in a claim being made against the applicant, its predecessor(s) in business or any of its present or former partners, owners, officers, directors, employees or independent contractors?  Yes  No

53. Has any policy or application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? (Not applicable in Missouri)  Yes  No

54. Has any regulatory, governmental or administrative action(s) been brought against the applicant involving actual or alleged privacy violations, including but not limited to the use or disclosure of Personally Identifiable Information?  Yes  No

55. Is the applicant aware of any data breach or security breach (including a ransomware incident) that has or may result in unauthorized use or disclosure of personally identifiable information or other private information held by the applicant or held by a client of the applicant?  Yes  No

56. Has the applicant received or are they aware of any complaint, notice or claim involving a data breach resulting in the unauthorized use or disclosure of Personally Identifiable Information held by the applicant or Personally Identifiable Information held by a client of the applicant?  Yes  No

57. Has the applicant experienced a loss of funds or goods resulting from social engineering fraud, telecommunications fraud, or wire transfer fraud in the past five years?  Yes  No

58. In the last five years, has there been an unplanned outage of the applicant's network or computer systems lasting more than eight hours?  Yes  No

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Fraud Statement:** 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.

**Florida Fraud Statement:** 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.

**Kansas Fraud Statement:** 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 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 commits a fraudulent insurance act.

**Maine Fraud Statement:** 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

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Oklahoma Fraud Statement:** 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.

**Oregon Fraud Statement:** Notice to Oregon applicants: 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 may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**STATE NOTICES**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

(President, Owner, Partner, Chairperson of the Board, Managing Member, Executive Director or Executive Officer)

Date: \_\_\_\_\_