

ANIMAL TRACKS APPLICATION (HORSE AND DOG TRACKS)

Pages 1-3 must be completed for all submissions

If you provide Security, please complete pages 4-5

For Liquor Liability coverage, please complete pages 6-7

For Pyrotechnics exposure, please complete pages 7-9

For Hired and Non-Owned Auto coverage, please complete page 10

Submission Requirements

1. Complete ACORD Property, Auto, and Umbrella Liability if coverages are requested
2. Currently valued insurance company loss runs for the current policy period plus three prior years
3. Lease agreement between the Applicant and venue owner (if applicable)
4. Standard contract for the lease of the Applicant's facility to others
5. Contracts with and certificates of insurance from the sub-contractors listed in Question 2 of the General Liability section
6. Copies of stall agreements
7. Complete annual event schedule
8. Photos
9. Financials
10. Emergency evacuation plan

General Information

1. Applicant Name:
2. Name of facility:
3. Mailing address:

Physical address:

4. Contact person: Telephone:
Web site address: www. E-mail address:
5. Business type: Corporation Partnership Individual
Non-Profit Governmental entity Other:
6. Year business was established? Number of years under present management:
FEIN:
7. List all Named Insureds and their interests:
Note: All First Named Insureds require common / majority ownership of the Named Insured.
 - a.
 - b.
 - c.
 - d.If not, provide explanation:
 - a.
 - b.
 - c.
 - d.

General Liability

1. Annual number of attendees: Live Racing: Simulcast:
2. Racing dates:

Live racing:	From:	To:	Total race days:
Simulcast:	From:	To:	Total race days:
3. If there are casino operations, please describe:

Annual casino employee payroll: \$	Number of employees:		
4. Does the Applicant own any off-track betting facilities:		Yes	No
Location(s):			
Annual number of attendees:			
5. Sales / Receipts:

a. Food / Restaurant:	\$		
b. Liquor:	\$		
c. Gift Shop:	\$		
d. Parking:	\$		
e. Other:	\$	Describe:	
6. Does the Applicant hold non-racing events (concerts, festivals, etc.)? Yes No
If yes, please submit schedule of events.
7. Please specify who has responsibility for the following event day operations:

	<u>Owner</u>	<u>Insured</u>	<u>Sub- contractor</u>	<u>Other (describe)</u>
Facility maintenance				
Food concessions				
Liquor				
Gift shop				
Parking				
Security (complete page 6 if insured)				
First Aid				
Fireworks / Pyrotechnics				
Inflatables / Amusement devices				
Off-premises catering/events				
Explain all "Other" answers below:				
8. Regarding contracts and certificates of insurance with sub-contractors:

	Insured	Sub- contractors	Mutual	Neither
a. Who Is the Indemnification / Hold Harmless wording in favor of?				
b. Who Is the additional insured status in favor of?				
c. Minimum insurance limits of \$1,000,000?				
d. Is a certificate of insurance required?				

9. Coverage limits requested:
- Each Occurrence / Each Claim \$
 - General Aggregate \$
 - Products / Completed Operations Aggregate \$
 - Personal / Advertising Injury \$
 - Property Damage to Animals \$
 - Liquor Liability \$
 - Stop Gap \$
- States: Payroll by State:
 Employee Benefits Liability: \$ No. of Employees: Yes No
 Employee benefits administrator? Limit: \$
 Current carrier: Retroactive date:
10. Does current coverage contain a Self-Insured, Self-Funded Retention or deductible? Yes No
 Self-Insured Retention: \$
 Self-Funded Retention: \$
 Deductible: \$
11. Does the Applicant provide dormitory or other accommodations to track employees? Yes No
 If yes, please provide copy of dorm agreement.
 a. No. of dorms: Construction: Year Built:
 b. Does the Applicant allow hotplates or cooking in dorms? Yes No
12. Animal Legal Liability:
 a. Dog Tracks
 No. of kennels: No. of dogs kenneled:
 Construction of kennels:
 b. Horse Tracks
 No. of stall buildings: Total No. of stalls: Year built:
 Construction of stall buildings:
13. Participant Accident coverage:
 a. Are jockeys covered by Workers Compensation? Yes No
 b. Is Accident Medical coverage provided for jockeys? Yes No
 If yes, please provide the following:
 Carrier: Limit provided: \$
 c. Is Workers Compensation or Accident Medical coverage provided for other individuals working with horses (harness drivers, hotwalkers, groomsmen, etc.)? Yes No
 If yes, provide the following:
 Carrier: Limit provided: \$

Life Safety

1. Is there a risk manager on premises? Yes No
2. Are grandstands/clubhouse sprinklered? Yes No % sprinklered
 Are stalls sprinklered? Yes No
3. Central station fire alarm? Yes No
 Central station burglar alarm? Yes No
 Surveillance cameras? Yes No
4. Cooking facilities on premises? Yes No
 If yes, is there an automatic extinguishing system over deep fat fryers, grills and 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?
5. Does the Applicant have Automated External Defibrillator(s)(AED)? Yes No
 If yes, are staff members trained to use AED(s)? Yes No

13. Does the supervisor make personal contact with each security person at least once during each shift? Yes No
 If yes, describe:
14. Is each security person given a personal copy of the training / safety manual? Yes No
 o
- a. 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.**

Please explain all no answers:

Part 2. 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: S ize: C onstruction:
 Handcuffs First Aid Kit (including blood borne pathogen kit)
 Nightstick Is nightstick 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(specify):
7. Are 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 of dogs, and describe duties.

Liquor

- | | | |
|---|-----|----|
| <p>1. Is liquor license in Applicant's name?
If no, what is the name on the license and their relationship to the Applicant:</p> <p style="margin-left: 40px;">Liquor license number:
Class of license:</p> | Yes | No |
| <p>2. Is the liquor service sub-contracted to a third party?
If yes, provide limits of liability maintained by the sub-contractor: \$
Is the Applicant listed as Additional Insured under sub-contractor's liquor liability coverage?
Is contingent liquor liability coverage requested by the Applicant?</p> | Yes | No |
| <p>3. Has applicant's liquor license ever been revoked or suspended?
If yes, explain:</p> | Yes | No |
| <p>4. Has Applicant incurred claims for liquor liability during the last three (3) years?
(Detailed loss runs required.)</p> | Yes | No |
| <p>5. Has any insurer cancelled or non-renewed coverage during the last three (3) years?
If yes, explain:</p> | Yes | No |
| <p>6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator?
If yes, explain:</p> | Yes | No |
| <p>7. Type of beverages sold:
Annual gross sales:
 Liquor Sales: \$
 Food Sales: \$
 Other: \$</p> | | |
| <p>8. Are patrons allowed to carry alcoholic beverages onto the premises?
If yes, what type?</p> | Yes | No |
| <p>9. Does the Applicant exercise the right to search and seizure contraband items?
If yes, how do you notify the public of this?</p> | Yes | No |
| <p>10. Does the Applicant maintain security personnel at entry check points?
If yes, what type?</p> | Yes | No |
| <p>11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the insured site?</p> | Yes | No |
| <p>12. Number of servers used? Are they professional servers?</p> | Yes | No |
| <p>13. Do the servers receive any type of alcohol awareness training?
If yes, describe:</p> | Yes | No |
| <p>14. Explain how ID's are checked:</p> | | |

- | | | |
|--|-----|----|
| 15. Are uniformed police officers present at the site of alcohol sales? | Yes | No |
| 16. Are rules and regulations clearly displayed for patrons viewing?
Explain: | Yes | No |
| 17. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?
If no, explain: | Yes | No |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?
If no, explain: | Yes | No |
| 19. Is there any type of designated driver program? | Yes | No |

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:

Are the shooters listed above licensed for pyrotechnics?	Yes	No
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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? (pounds, number of shows, 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

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, please 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) Does the Applicant 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) Does the Applicant 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 you 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	Electric Matches	Flares
Flash Pots	Flashpowder	Gerbs	Integrals Mortars
Mines	Mortars	Rockets	Saxons
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 the Applicant have an ambulance on site?
If no, what is the estimated response time of an ambulance?
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 firefighting 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 the 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 your business purposes? Yes No
 If yes, how many employees use their personal vehicles?
 If yes, how often? Daily Weekly Monthly Other:

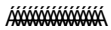
3. Does the Applicant obtain Motor Vehicle Reports? Yes No
 If yes, how often? Annually Every other year Other:

4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No
 If yes, what minimum limits are required?

5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$

6. 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: \$100 comprehensive / \$1,000 collision provided.

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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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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)