

TEAM (IF APPLICABLE)

N/A

1. Player Status: Are players Employed Independent Contractors
 If employed: By Team By League
2. Does the league require that all teams carry Workers Compensation for all players? Yes No
3. If not covered by Workers Compensation, are all players in the league covered by a separate Participant Accident policy? Yes No
4. Does the Applicant conduct any amateur leagues, teams, camps, clinics or tournaments? Yes No
If yes,
 - a. Does the Applicant carry separate Participant Accident Medical Coverage? Yes No
 If yes, what limit is in place: \$
 - b. Annual number of amateur camper days (number of camp and tournament participants X number of days they attend):
 - c. Annual number of amateur league and team participants (including jr. teams, academy teams, etc.):

GENERAL LIABILITY

1. Annual number of turnstile attendees (all events): Total seating capacity:
 Annual payroll: \$ Number of employees:

Sales / Receipts

- a. Food / Restaurant: \$ Describe:
- b. Liquor: \$
- c. Gift Shop: \$
- d. Parking: \$
- e. Other: \$ Describe:

2. Please specify who has responsibility for the following event day operations:

	Owner	Insured	Sub-Cont	Other (describe)
a. Facility maintenance				
b. Food concessions				
c. Liquor				
d. Gift Shop				
e. Parking				
f. Security (complete page 4 if Applicant)				
g. First Aid				
h. Fireworks / Pyrotechnics				
i. Inflatables / Amusement devices				
j. Off premises catering / events				

Explain all "Other" answers below:

3. Regarding contracts and certificates of insurance with sub-contractors and tenants:

- a. Indemnification / Hold harmless wording in favor of:
- b. Additional insured status in favor of:
- c. Minimum insurance limits of \$1,000,000?
- d. Is a certificate of insurance required?

Insured	Sub/Tenant	Mutual	Neither

4. If temporary seating, type:
 Inspected prior to each event? Yes No
5. Any self-promoted or co-promoted events? **If yes, attach a schedule.** Yes No
6. Are any other child care services provided? **If yes, provide details:** Yes No

Coverage limits requested	Limit
Each Occurrence / Each Claim	\$
General Aggregate	\$
Products / Completed Operations Aggregate	\$
Personal / Advertising Injury	\$
Damage to Premises Rented to the Applicant	\$

Liquor Liability	\$
Stop Gap	\$
States:	Payroll by State: \$
Employee Benefits Liability:	\$
Employed benefits administrator	Yes No
Current carrier:	Limit: \$
Retroactive date:	
Other: (specify)	\$
Other: (specify)	\$
Deductible: \$	
Self-Insured Retention: \$	Self-Funded Retention: \$

CONCUSSIONS - ATHLETICS

1. Does the Applicant have a written concussion awareness and management program in place, and, where applicable, is it compliant with current state legislation? Yes No
 If yes, does this include:
 - a. Understanding a concussion and the potential consequences of this injury? Yes No
 - b. Recognizing the signs and symptoms of a concussion or other closed head injury and how to respond? Yes No
 - c. Learning about steps for returning to activity after a concussion? Yes No
 - d. Focusing on prevention and preparedness to help keep participants safe? Yes No
- *A copy of written program is required upon binding.**
2. Does the insured require all coaches, instructors, and officials to complete the online Concussion Course offered by the Centers for Disease Control and Prevention? Yes No
3.
 - a. Does the insured communicate and distribute education materials to participants and / or parents / guardians of minors about the nature of risk of concussions, including but not limited to how to recognize concussion symptoms, in written or electronic form? Yes No
 - b. Does the insured require the participants and / or parents / guardians of minors to sign an acknowledgment that they have received and reviewed? Yes No
4. If a concussion is suspected, does the Applicant require the participant to leave the game or practice immediately? Yes No
5. Does the Applicant mandate that participants suspected of suffering a concussion can only return after at least 24 hours and with written clearance from a licensed physician before being allowed to return to play? Yes No
6. Does the Applicant utilize base line testing? Yes No
7. Does the Applicant currently utilize any concussion impact monitoring technology? Yes No
 If yes:
 - a. Describe:

 - b. Advise the name of the manufacturer:

 - c. Advise who monitors the data:

Coaches	Employees	Volunteers	3 rd Party
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LIFE SAFETY

1. Is there a risk manager on premises? Yes No
2. Sprinklered? Yes No
 Percent Sprinklered: %
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, automatic extinguishing system over deep fat fryers, grills & stoves? Yes No
 How often are hood / ducts cleaned?
 By whom? Insured Sub-contractor
 If by sub-contractor, how often are they serviced? Date last serviced?
5. Does the Applicant have Automated External Defibrillators (AEDs)? Yes No

	If yes, are staff members trained to use it?	Yes	No
6.	How many means of egress: Are all exits clearly marked? Are all doors equipped with panic hardware?	Yes Yes	No No
7.	Does the Applicant have backup emergency lighting and / or emergency generators in the event of a power failure?	Yes	No
8.	Does the Applicant have an emergency evacuation plan? (If yes, attach a copy) Evacuation procedures and floor plans posted?	Yes Yes	No No
9.	Are parking lots well lit? Patrolled by security?	Yes Yes	No No
10.	Date of last major construction on facility (structural):		
11.	Any structural or major maintenance projects planned during policy term? If yes, please describe and provide cost of renovations:	Yes	No

ABUSE OR MOLESTATION

N/A

A COPY OF THE APPLICANT'S SEXUAL ABUSE PREVENTION POLICY IS REQUIRED

1.	Does the Applicant have a written policy specifically defining and prohibiting grooming behaviors? If yes: a. Is this policy communicated and confirmed in writing to all employees, volunteers, and/ or independent contractors that have access to children? b. Does the policy prohibit contact with minor participants outside of the Applicant's operations (including social media)? Comments:	Yes Yes Yes	No No No
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2.	Does the Applicant conduct documented sexual abuse awareness training for all of the following that have access to children? a. Employees b. Volunteers c. Independent Contractors Comments:	 Yes Yes Yes	 No No No
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IF YES, PLEASE SUBMIT A WRITTEN COPY OF THE TRAINING DOCUMENT.

3.	Does the Applicant specifically train their hiring manager(s) with respect to detecting high risk behaviors/ responses in the hiring process?	Yes	No
4.	Does the Applicant perform criminal background checks for all: a. Employees b. Volunteers c. Independent Contractors Comments:	Yes Yes Yes	No No No

5.	In addition to criminal history question(s), does the Applicant's employment application(s) for employees, volunteers, and independent contractors contain question(s) to elicit high risk responses specific to child sexual abuse?	Yes	No
6.	Does the Applicant allow any one-on-one opportunity between employees, volunteers and/ or independent contractors and the children they serve? If yes, please describe:	Yes	No

7.	Does the Applicant have any operations where employees, volunteers and/ or independent contractors will be physically touching another person? If yes, please describe:	Yes	No
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- | | | |
|--|-----|----|
| 8. Does the Applicant have formal sexual abuse reporting procedures in place for all players, employees, volunteers and/ or independent contractors? | Yes | No |
| 9. Has the Applicant ever had an incident which results in an allegation of sexual abuse?
If yes, please describe: | Yes | No |

SECURITY

N/A

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

Part I:

- | | | |
|---|-------------|----------------|
| 1. Who is primarily responsible (via contract) for liability coverage for security personnel? | | |
| Insured? | Yes | No |
| Municipality? | Yes | No |
| Subcontractor? | Yes | No |
| 2. Employed or sub-contracted security personnel? | Employed | Sub-contracted |
| "Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that has separate insurance coverage and provided a certificate naming the Insured as Additional Insured with limits equal to or greater than the Insured. | | |
| 3. Number and payroll of employed security personnel: | | |
| Unarmed: # | Payroll: \$ | |
| Armed (not including off duty police officers): # | Payroll: \$ | |
| Off duty police officers: # | Payroll: \$ | |
| 4. Sub-contracted security – cost of sub-contract: \$ | | |
| 5. Total maximum hours per day permitted at this and all other places of employment: | | |
| Total maximum hours per week: | | |
| 6. What are the staffing guidelines per number of patrons? | | |
| Are the guidelines determined by: | | |
| Ordinance? | Yes | No |
| Statute? | Yes | No |
| Industry standard? | Yes | No |
| Other: (describe) | | |
| 7. Is there a procedure to immediately report all incidents to the facility manager? If yes, describe: | Yes | No |
| 8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe: | Yes | No |
| 9. Does the procedure include contacting previous employers over the previous five (5) years? | Yes | No |
| 10. Does the Applicant contact at least three (3) personal references? | Yes | No |
| 11. Is completion of a minimum twenty (20) hours initial training program required before deployment? | Yes | No |
| 12. Who conducts the training and what are the trainer's qualifications: | | |
| 13. Is a minimum of ten (10) hours on-site training required? | Yes | No |
| 14. Is a minimum of four (4)hours of annual refresher or continuing education training planned and conducted for each security employee? | Yes | No |
| 15. Is each security person given a personal copy of the training / safety manual? | Yes | No |
| If yes, has each security person given management a written acknowledgment of the policies and contents? | Yes | No |

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

Part II:

ARMED SECURITY EMPLOYEES:

1. Are the security personnel in uniform? **If yes, describe the uniform:** Yes No

2. Are the security personnel identified by anything other than a uniform? **If yes, describe the identification & include an example or photograph.** Yes No

3. Are psychological screen profiles used? **If yes, specify type:** Yes No
4. Are criminal background checks completed? **If yes, what agency is utilized?** Yes No
5. Please indicate any equipment carried or routinely available to security personnel:

Flashlight	Type:	Size:	Construction:
Handcuffs		First Aid Kit (including blood borne pathogen kit)	
Nightstick	Is night stick police regulation or other:		
Taser / Phaser	Chemicals (Mace, pepper gas)		
Other:			
Firearm – Caliber:	.357	.38	.9mm
Make:	Colt	S&W	Ruger
Other:			
Cover Holster -	Type:		
6. Is the ammunition: Standard Other?
7. Are firearm and ammunition approved and inspected by management or the 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 the Applicant's security operations? **If yes, provide the type of dogs(s), number, and describe duties.** Yes No

LIQUOR LIABILITY

1. Is liquor license in the Applicant's name? **If no, what is the name on the license and their relationship to the insured:** Yes No

2. Liquor license number: Class of license:
 2. Is the liquor service sub-contracted to a third party? **If yes, provide limits of liability maintained by the sub-contractor:** Yes No
 - Is the Applicant listed as Additional Insured under sub-contractors Liquor liability coverage? Yes No
 - Is contingent liquor liability coverage requested by Insured? Yes No
3. Has the Applicant's liquor license ever been revoked or suspended? **If yes, explain:** Yes No

4. Has the Applicant incurred claims for liquor liability during the last three (3) years? **If yes, explain:** Yes No

5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? **If yes, explain:** Yes No

6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? **If yes, explain:** Yes No

7. Type of beverages sold:

Annual gross sales	
Liquor Sales:	\$
Food Sales:	\$
Other:	\$

Explain:

- | | | | |
|-----|---|-------------------|----------------|
| 8. | Are patrons allowed to carry alcoholic beverages onto the premises?
If yes, what type? | Yes | No |
| 9. | Does the Applicant exercise the right to search and seizure contraband items?
If yes, how does the Applicant notify the public of this? | Yes | No |
| 10. | Does the Applicant maintain security personnel at entry check points? If yes, what type? | Yes | No |
| 11. | Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site? | | |
| 12. | Number of servers used:
Are they professional servers? If yes, explain: | Yes | No |
| | Are they volunteer servers? Explain: | Yes | No |
| 13. | Do the servers receive any type of alcohol awareness training? If yes, explain: | Yes | No |
| 14. | Median age of liquor customers:
21-25 25-30 30-40 40 and over | | |
| 15. | Are minors allowed to enter the location where alcohol is being served?
If yes, how is underage consumption of alcohol prevented? | Yes | No |
| 16. | Explain how ID's are checked: | | |
| 17. | Are uniformed police officers present at the site of alcohol sales?
Are undercover police officers present?
Are private security officers present?
Average number of officers present at site: | Yes
Yes
Yes | No
No
No |
| 18. | Are rules and regulations clearly displayed for patrons viewing? Explain: | Yes | No |
| 19. | Is there a limit placed on the quantity of alcoholic beverages purchased at one time?
Explain: | Yes | No |
| 20. | Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?
Explain: | Yes | No |
| 21. | Is there any type of designated driver program?
Explain: | Yes | No |
| 22. | Limit of liquor liability coverage requested: \$ | | |

PYROTECHNICS

N/A

(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 the Applicant's facility: | | |
| | Local Fire Department | State Fire Marshal | Other: (please list) |

6. What permit process must be followed prior to use of pyrotechnics at the Applicant's facility?

7. Has the Applicant staged pyrotechnic displays before? Yes No
If yes, list any claims / losses that have occurred and the amount of loss.

Description	Date of Occurrence	Amount of Loss
a.		\$
b.		\$
c.		\$

8. Who will be the pyrotechnics operator: Named Insured Contractor

Complete this section if the Pyrotechnics Operator is the Named Insured

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

Name	Experience

- b. Where are the pyrotechnics stored when not in use:
- c. Does it meet federal / state storage regulation? Yes No
- d. What quantity of pyrotechnic material is stored on site: (number of shows, pounds etc.)
- e. Describe the type of show and amount of pyrotechnics used in recurring events:
- f. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
- g. Does the Applicant secure proper pyrotechnic permits for each event? Yes No
- h. Are the shooters listed above licensed for pyrotechnics? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor

- a. Name:
- b. Is there an agreement with the contractor? **If yes, provide a copy of the agreement.** Yes No
- 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 the Applicant as an additional insured?
- g. Are events with pyrotechnics held: Indoor Outdoor
 If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted? Yes No

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	Flashpower	Gerbs	Integrals Mortars
Mines	Mortars	Rockets	Saxons
Wheels	Salutes	Waterfall, Falls, Park Curtains	
Other, please list:			

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

- Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) Yes No
- Is there fencing to keep spectators away from restricted areas during the fireworks shooting? Yes No
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:
- Will there be firefighting equipment on site during the event? Yes No
If no firefighting equipment on site, give distance to nearest fire station:
- Will the Applicant have an ambulance on site? Yes No
If no, what is the estimated response time of an ambulance:
If no, what is the distance to nearest medical facility:

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

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

HIRED & NON-OWNED AUTO NA

- Does the Applicant have any owned automobiles? Yes No
NOTE: If insured has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested.
- Does the Applicant allow employees to use their own personal vehicles for its business purposes? Yes No
If yes, how many employees use their own personal vehicles:
If yes, how often? Daily Weekly Monthly Other:
- Does the Applicant obtain Motor Vehicle Reports? Yes No
If yes, how often? Annually Every other year Other:
- 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: \$
- Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period:
\$
- Is hired auto physical damage required? Yes No
If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$
NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.

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

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)