Technology / Media / Cyber Application

I. APPLICANT INFORMATION

1.1	Proposed **First Named Insured** (This is how the name and address of the Insured will read on the Declarations Page if coverage is Bound):	
	Name:	
	Address:	
	City, State, Zip:	
	County:	
	Phone:	
1.2	Website Address(es):	
1.3	Date Established:	
1.4	Is Applicant a: ☐ Sole-Proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Joint-Venture ☐ Non-Profit ☐ Individual ☐ Other, please describe:	

> FOR THE REMAINDER OF THIS APPLICATION, "*APPLICANT*" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

1.5	Please provide the total number of Applicant's employees:	
1.6	Is Applicant owned by, controlled by or affiliated with any other company?	☐ Yes ☐ No
	If yes, identify the company and explain the relationship:	
1.7	Does Applicant have any subsidiaries?	☐ Yes ☐ No
	If yes, please list below:	

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No
		%	☐ Yes ☐ No

1.8 Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity?	☐ Yes ☐ No

If yes, please complete the following:

Name of Entity	Transaction		Did Applicant Assume any	
	Date	Type	Assets?	Liabilities?
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

1.9	If liabilities were assumed by Applicant in connection with a transaction as described in question 1.8, please provide details:

1.10 Does Applicant have any certified, licensed or registered professionals providing services to clients?	☐ Yes ☐ No

If yes, please indicate which type(s):

☐ Actuary	☐ Engineer	☐ Securities Broker / Dealer
☐ Architect	☐ Financial Planner / Adviser	☐ Other:
☐ Attorney	☐ Healthcare Provider	
☐ CPA	☐ Insurance Agent / Broker	

II. INDEPENDENT CONTRACTORS

2.1 Does Applicant use independent contractors for any activities Applicant performs?	☐ Yes ☐ No
If yes, what specific activities do they perform and what percentages of Applicant's revenues are derived from activities performed by independent contractors?	

2.2	Describe what controls Applicant has in place to ensure the quality of work by independent contractors:	
2.3	Does Applicant require independent contractors to maintain E&O insurance?	☐ Yes ☐ No

III. REVENUE INFORMATION

3.1 Please provide the following information regarding Applicant's operations:

Fiscal Year End Date: _____ (mm/dd/yyyy)	Past Fiscal Year	Current Fiscal Year	Next Projected Fiscal Year
Total Gross Revenue:	US: $ Foreign: $ Total: $	US: $ Foreign: $ Total: $	US: $ Foreign: $ Total: $

IV. SERVICES

4.1 Please complete the following with regard to Applicant's activities:

Activity / Service	% of Revenues	Activity / Service	% of Revenues
Software:		**Telecommunications Services:**	
Custom Software	%	Local Service Provider/Cooperatives	%
Package Software	%	Long Distance Service Provider	%
Installation/Maintenance/Training/Support	%	Cable or Satellite Television Service Provider	%
Programming	%	**Marketing Services:**	
Software VAR	%	Branding	%
Hardware:		Coupon/Rebate/Promotions/Distribution/ Redemption Management	%
Component/Chip Design/Manufacturing	%	Direct Mail Development/Implantation	%
Component Assembling	%	Event Planning	%
Embedded Software Design/Installation	%	Graphic Design	%
Cabling/Wiring	%	Investor Relations	%
Maintenance/Repair/Installation/Integration	%	Logos/Trademark Development	%
Hardware VAR	%	Mail List Development/Maintenance	%
Data / Facilities Services:		Market Survey Design/Research/Analysis/Consulting	%
Data Processing/Warehousing/Mining/Management	%	Media Buying/Placement	%
Server/Co-location/Hardware Facilities Management	%	Music Service	%
Backup Services/Archiving	%	Package/Display/Brochure Design	%
Technology / Internet / Telecommunications Consulting:		Photo Service	%
System-Network Analysis/Design/ Integration/ Migration	%	Production of Commercials or other Advertising Content	%
Outsourcing/Permanent-Temporary Placement	%	Product Development/Product Testing	%
Internet/E-Business	%	Promotions Design/Development	%
Internet:		Printing (e.g. Business Forms, Pamphlets, Directories, Social, Bindery, Catalogs)	%
Website Development/Maintenance/Hosting	%	Printing (e.g. Discount/Rebate Coupons, Lottery tickets, Sweepstakes tickets, Corporate/Financial reports)	%
ASP	%	Publishing	%
ISP	%	Public Relations Consulting	%
Advertising/Promotional Design/Services	%	Strategic Planning	%
E-Commerce Services	%	Telemarketing	%
Search Engines	%	Warehousing/Inventory/Fulfillment Services	%
Website Ownership	%	**Other:**	
Content Provider/Aggregator/Publisher	%		%
Portal (including Chat/BB/Blogs)	%		%

4.2	Is Applicant engaged in any business or profession other than as described in Question 4.1 above?	☐ Yes ☐ No
	If yes, please explain:	

4.3 Please complete the following regarding the end use of services and activities:

%	Banking/Funds Transfer/Finance	%	Medical/Healthcare
%	CAM/CAD/CAE – Architectural/Engineering/Scientific	%	Military/Defense/Homeland Security
%	Credit Card Processing	%	Security
%	Emergency Applications (911 systems/emergency dispatch)	%	Utilities
%	Entertainment	%	Other, please describe:

4.4	Provide the following information regarding Applicant's five (5) largest clients:			
	Client	**Dollar Value of Contract**	**Length of Contract**	**Type of Products/Services**
1.				
2.				
3.				
4.				
5.				

V. CONTRACTS AND LICENSING AGREEMENTS

5.1	Does Applicant use a standard written contract or agreement with all clients?	☐ Yes ☐ No
5.2	Indicate the percentage of contracts where Applicant 's standard contract, the client's contract, or combination of both is used:	

%	Applicant	%	Client	%	Combined

5.3	Does legal counsel review all contracts?	☐ Yes ☐ No
	a. If no, what percentage of total contracts are reviewed?	%
	b. Does legal counsel review modifications to standard contracts?	☐ Yes ☐ No

5.4	What is the dollar value of Applicant's contracts?	Average	Largest
5.5	What is the length of Applicant's contracts?	Average	Longest

5.6	Do Applicant's contracts contain any of the following provisions?

☐ Hold harmless/indemnification wording to Applicant's favor   ☐ Limitation of liability/Disclaimers

☐ Hold harmless/indemnification wording to client's/member's favor   ☐ Statement of work specifications

5.7	Does Applicant use a written contract with independent contractors?	☐ Yes ☐ No

VI. QUALITY CONTROL & PROCEDURES

6.1	What does Applicant see as its greatest potential exposures arising out of the activities for which it is seeking coverage?
6.2	What safeguards does Applicant employ to avoid claims or reduce Applicant's exposures?
6.3	How does Applicant inform customers of problems if discovered?

6.4	Does Applicant have a written complaint resolution policy or procedure?	☐ Yes ☐ No
6.5	Does Applicant perform quality control audits?	☐ Yes ☐ No
	If yes, how frequently are audits performed?	
6.6	If Applicant is a value-added reseller of software/hardware, is the manufacturer still in business and does the manufacturer continue to support products they have manufactured?	☐ Yes ☐ No
6.7	Does Applicant continue to support all software/hardware that Applicant has developed and/or distributed?	☐ Yes ☐ No
6.8	Do clients always provide written acceptance of the systems and/or software after the production or implementation?	☐ Yes ☐ No
6.9	Is a standard test plan followed by Applicant for all system and/or software design and development work (i.e. alpha, beta prototype development, etc.)?	☐ Yes ☐ No
6.10	Are clients responsible for determining the accuracy of test results?	☐ Yes ☐ No
6.11	Does Applicant retain design, development and testing documentation for the life of the systems and/or software?	☐ Yes ☐ No
	If no, how long is this information retained by Applicant?	
6.12	Has Applicant had a product recalled in the past three years?	☐ Yes ☐ No
	If yes, please explain:	

VII. SECURITY & PRIVACY CONTROLS AND PROCEDURES

7.1	Does Applicant, or a third-party partner, access, collect, process, store or transmit any of the following nonpublic information, Personally Identifiable Information (PII), or Protected Health Information (PHI) (collectively, Confidential Information):

Credit/Debit Card Data	☐ Yes ☐ No	Social Security Numbers	☐ Yes ☐ No

Bank Account Information	☐ Yes ☐ No	Driver's License Numbers	☐ Yes ☐ No
Medical Records/Bills	☐ Yes ☐ No	Proprietary Business/Financial Information	☐ Yes ☐ No
Customer information	☐ Yes ☐ No	Security/Access Codes or Passwords	☐ Yes ☐ No
Intellectual Property of Others	☐ Yes ☐ No	Employee/HR Information	☐ Yes ☐ No
Other Information	☐ Yes ☐ No		

If "yes" was selected for "Other Information", please provide additional details:

7.2	Estimate the number of records / individual records Applicant stores electronically or in paper files:
7.3	Is Applicant, or any third-party partner with access to Confidential Information, in compliance with all applicable laws governing Confidential Information, including, but not limited to the following:

HIPAA	☐ Yes ☐ No ☐ N/A	Gramm-Leach-Bliley Act	☐ Yes ☐ No ☐ N/A
Applicable State/Federal Privacy Laws	☐ Yes ☐ No ☐ N/A	General Data Protection Regulation (EU GDPR)	☐ Yes ☐ No ☐ N/A

If "no" was selected for any of the above, please provide details:

7.4	Does Applicant accept credit cards for goods sold or services rendered?	☐ Yes ☐ No
	If yes, how many transactions are processed monthly?	
	If yes, is Applicant compliant with PCI / DSS standards?	☐ Yes ☐ No
	If yes, indicate level of compliance: ☐ 1 ☐ 2 ☐ 3 ☐ 4	
7.5	Is RDP disabled for all users?	☐ Yes ☐ No
	If no, please answer the following:	
	Is RDP enabled only for employees who require it?	☐ Yes ☐ No
	Is RDP only accessible via a VPN?	☐ Yes ☐ No
	Is multi-factor authentication required for all remote sessions?	☐ Yes ☐ No
	If "no" was selected for any of the above, please provide details:	
7.6	Does Applicant filter or scan incoming emails for malicious attachments and links?	☐ Yes ☐ No
7.7	Does Applicant use endpoint detection and response (EDR) tools?	☐ Yes ☐ No
7.8	Does Applicant use next-generation antivirus software?	☐ Yes ☐ No
7.9	Does Applicant have a password complexity standard?	☐ Yes ☐ No
	If yes, does Applicant enforce the password complexity standard?	☐ Yes ☐ No
7.10	Does Applicant apply security patches within 30 days across all endpoint devices?	☐ Yes ☐ No
7.11	Does Applicant operate any legacy systems for which patches are no longer available?	☐ Yes ☐ No
7.12	Does Applicant use multi-factor authentication across all technology solutions that support it?	☐ Yes ☐ No
7.13	Does Applicant encrypt the following hardware:	

Laptops	☐ Yes ☐ No ☐ N/A
USB or removable drives	☐ Yes ☐ No ☐ N/A
Backup tapes	☐ Yes ☐ No ☐ N/A
Mobile devices	☐ Yes ☐ No ☐ N/A
Databases	☐ Yes ☐ No ☐ N/A
Desktop computers	☐ Yes ☐ No ☐ N/A
Servers	☐ Yes ☐ No ☐ N/A

7.14	Does Applicant take backups of key server configurations at least weekly?	☐ Yes ☐ No
7.15	Are backups encrypted, stored offline, or stored in the cloud? Please check all that apply. ☐ Encrypted ☐ Offline ☐ In the Cloud	
7.16	Is Applicant able to restore operations after a computer attack within 72 hours?	☐ Yes ☐ No
7.17	Does Applicant have a written business continuity or disaster recovery plan in place?	☐ Yes ☐ No
7.18	Does Applicant audit or assess the security of Applicant's network at least once a year?	☐ Yes ☐ No
	If yes, does Applicant address all recommendations?	☐ Yes ☐ No
7.19	Does Applicant have physical security measures in place to limit physical access to Applicant's computer system/data centers?	☐ Yes ☐ No
7.20	Does Applicant have a written policy for document retention and destruction, including both paper and electronic records?	☐ Yes ☐ No
7.21	Does Applicant conduct simulated phishing and social engineering exercises to test employees' cybersecurity awareness at least annually?	☐ Yes ☐ No
	If yes, did 90% or more of employees' pass the most recent test?	☐ Yes ☐ No
7.22	Does Applicant have a formal technology and computer systems training program, including a review of all security procedures, for all employees performing proposed Insured Activities?	☐ Yes ☐ No
7.23	Does Applicant outsource any of the following critical network system functions? (check all that apply)	
	☐ Hosting Facility ☐ Co-Location Facility ☐ Managed Security Service Provider (MSSP)	

☐ Data Storage Facility	☐ Other, please specify:

7.24	Does Applicant sell or share information gathered from customers or others?	☐ Yes ☐ No
	If yes, does Applicant notify and obtain the consent of customers or others prior to selling or sharing?	☐ Yes ☐ No
	If yes, by what means? ☐ Opt-in ☐ Opt-out ☐ Other:	
7.25	Does Applicant perform background checks, including credit & criminal history on all employees, independent contractors, and consultants?	☐ Yes ☐ No

VIII. CYBER CRIME / ELECTRONIC FUNDS TRANSFER

8.1	Does Applicant require that requests to transfer funds by wire, bank-to-bank, or other electronic funds transfer be accompanied by supporting documentation, such as an invoice?	☐ Yes ☐ No
8.2	For such requests, does Applicant confirm the identity of the requestor and authenticity of payment instructions by telephone with the requestor?	☐ Yes ☐ No
	If yes, is the validity of the telephone number confirmed?	☐ Yes ☐ No
	If yes, what other steps are taken to confirm the identity of the requestor and authenticity of payment instructions?	
8.3	Does Applicant have a dual payment approval process for such transfers, and effective separation of authority?	☐ Yes ☐ No
8.4	Does Applicant have transaction limits in place for such transfers?	☐ Yes ☐ No
8.5	Does Applicant train employees on detecting and responding to social engineering methods, including those used in the context of electronic funds transfers?	☐ Yes ☐ No
8.6	Does Applicant have security procedures in place for electronic funds transfers?	☐ Yes ☐ No
	If yes, are they automated?	☐ Yes ☐ No
8.7	How often does Applicant transfer funds by any electronic funds transfer method?	
8.8	What is the average amount of an electronic funds transfer? $	

IX. CONTENT CONTROLS

9.1	Does Applicant use content, including software and computer programs, developed by third parties?	☐ Yes ☐ No
9.2	Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)?	☐ Yes ☐ No
9.3	Does Applicant always follow an established procedure for detecting or editing controversial, offensive, or infringing material from Applicant's website or Internet service?	☐ Yes ☐ No
	If yes, is there an immediate take down policy?	☐ Yes ☐ No
9.4	Has Applicant performed searches on all trademarks, service marks and domain names?	☐ Yes ☐ No
9.5	Does Applicant consult with a qualified attorney regarding intellectual property issues / concerns?	☐ Yes ☐ No

X. CURRENT / PRIOR COVERAGE

10.1	Prior Professional Liability Insurance for the last three years:

Policy Period	Carrier	Limits	Deductible	Premium	Claims-Made or Occurrence

10.2	What is the retroactive date of the current policy?	
10.3	Is any extended reporting period currently in force?	☐ Yes ☐ No
	If yes, provide the duration and expiration date of the extended reporting period:	
10.4	Has Applicant ever applied for Professional Liability or any similar type of insurance and been denied, cancelled or non-renewed? (Not Applicable in Missouri)	☐ Yes ☐ No
10.5	Does Applicant maintain General Liability coverage?	☐ Yes ☐ No
	Carrier: **Limits:** **Expiration Date:**	
10.6	Does Applicant's General Liability coverage include:	
	Personal Injury/Advertising Injury?	☐ Yes ☐ No
	Products/Completed Operations?	☐ Yes ☐ No
	Professional Services Exclusion?	☐ Yes ☐ No

XI. DESIRED LIMITS / RETENTION OPTIONS

11.1	Desired Limits:	
	Each Claim or Loss	☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ Other: $
	Aggregate Limit	☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000 ☐ Other: $
11.2	Desired Retention:	☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ $10,000 ☐ $25,000 ☐ $50,000 ☐ Other: $

XII. HISTORY

12.1	To the best of Applicant's knowledge, in the last five years has Applicant transmitted a computer virus to a third party?	☐ Yes ☐ No
12.2	Has Applicant experienced a virus or a security breach?	☐ Yes ☐ No
	If yes, what steps have been taken to prevent further security vulnerabilities?	

12.3	In the past five years, has Applicant sued any of its clients for non-payment?		☐ Yes ☐ No
	If yes, advise the number of times this has occurred	in the last twelve months:	in the last five years:
	In these instances, was Applicant counter-sued?		☐ Yes ☐ No
12.4	In the past five years, have any officers, principals, partners, directors, or professional employees of Applicant had their professional license(s) or certification(s) suspended or revoked?		☐ Yes ☐ No
	If yes, please explain:		
12.5	Is Applicant aware of any actual or alleged fact, circumstance, situation, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against Applicant, or a loss or obligation to provide breach notification?		☐ Yes ☐ No

The policy for which Applicant is applying, if issued, will not insure any Claim or Loss that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any Applicant before the Effective Date of the Policy.

12.6	Has Applicant or any of Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, salespersons or employees been investigated and/or cited by any regulatory agency, certifying body, or other governmental entity?	☐ Yes ☐ No
12.7	Have any **Claims**, suits or proceedings been brought during the past five years against Applicant or Applicant's predecessors in business, affiliates, or past or present partners, owners, officers, salespersons or employees?	☐ Yes ☐ No
12.8	In the last five (5) years has Applicant:	
	Received any **Claims** or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information?	☐ Yes ☐ No
	Been subject to any government action, investigation or subpoena regarding an alleged violation of a privacy law or regulation?	☐ Yes ☐ No
	Notified consumers or any other third party of a data breach incident involving Applicant?	☐ Yes ☐ No
	Experienced an actual or attempted extortion demand with respect to its computer systems?	☐ Yes ☐ No
	If "yes" to any of the above, please provide details of any such action, notification, investigation or subpoena:	
12.9	Has Applicant experienced any loss of service exceeding eight (8) hours, excluding any planned maintenance?	☐ Yes ☐ No

The policy for which Applicant is applying, if issued, will not insure any Claims made against Applicant prior to the Effective Date of the Policy or any subsequent Claims, suits or proceedings arising there-from.

12.10	If any of the answers to questions 12.5, 12.6, 12.7, 12.8 or 12.9 above are "yes", have all matters been reported to appropriate insurance carriers?	☐ Yes ☐ No

IF APPLICANT HAS RESPONDED "YES" TO QUESTIONS 12.5, 12.6, 12.7, 12.8 or 12.9 ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- A full description including damages alleged
- Date the insurance carrier was put on notice
- Amounts of: reserves; legal expenses paid; and settlements or judgments
- Current status
- Loss runs
- Steps implemented to prevent similar claims

FRAUD WARNINGS

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.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV)

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

APPLICABLE IN CA
For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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APPLICABLE IN CO

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 FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

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 commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

   a. **After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Company are accurate and complete;**
   b. **Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;**
   c. **Those representations are a material inducement to the Company to provide a premium proposal;**
   d. **If a policy is issued, the Company will have issued this Policy in reliance upon those representations;**
   e. **If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and**
   f. **The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the**

As used above, the term "Insurer" refers to Capitol Indemnity Corporation or Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

This Application __must__ be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of Authorized Representative of Applicant	**Title**