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SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. CLAIMS MUST BE REPORTED TO THE INSURER AS SET FORTH IN THE SECTION ENTITLED REPORTING OF CLAIMS AND EVENTS. CLAIM EXPENSES ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE POLICY LIMIT OF INSURANCE.

ABOUT THIS APPLICATION –

- The term "Applicant," "you" and "your" herein refers individually and collectively to all proposed Insureds. All responses shall be deemed made on behalf of all proposed Insureds.
- Your submission of this application does not obligate you to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, the Application will be deemed attached to and will form a part of the policy.

INSTRUCTIONS –

- Respond to all questions completely, leaving no blanks. Check responses when requested.

Applicant Entity

Name: Business Address:

Primary Website:

- | | | |
|--|---|---------------------|
| <input type="checkbox"/> Business & Professional | <input type="checkbox"/> Education (Schools, Colleges, or Universities, public or private also including technical or trade) | Primary NAICS Code: |
| <input type="checkbox"/> Services Casino/Gambling | <input type="checkbox"/> Food Processing and Agriculture | |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Manufacturing | |
| <input type="checkbox"/> Defense/Military Contractor | <input type="checkbox"/> Mining and Primary (Commodity) Industries | |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Pharmaceuticals | |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Public Authority/National, State or Local Government or Governmental Agencies/Non-Profit Organizations | |
| <input type="checkbox"/> Software | <input type="checkbox"/> Reals Estate, Property and Construction | |
| <input type="checkbox"/> Hardware | | |
| <input type="checkbox"/> Services | | |
| <input type="checkbox"/> Entertainment & Media | | |
| <input type="checkbox"/> Financial Services | | |
| <input type="checkbox"/> Banking | | |
| <input type="checkbox"/> Insurance | | |
| <input type="checkbox"/> Investment Management | | |
| | <input type="checkbox"/> Retail | |
| | <input type="checkbox"/> Telecommunications | |
| | <input type="checkbox"/> Tourism & Hospitality | |
| | <input type="checkbox"/> Transportation/Aviation/Aerospace | |
| | <input type="checkbox"/> Utilities | |
| | <input type="checkbox"/> Other – Describe: <click to enter text> | |



COVERAGE REQUESTS

LIMITS OF INSURANCE	
Limit of Insurance	
RETENTION	
Retention	

EXPOSURE INFORMATION

Number of Employees:

Actual number

Total Annual Revenues (in USD):

Actual revenues for the past twelve (12) months, prior to the date of this application

Estimated Internet Based Revenues:

Estimated revenues for past twelve (12) months prior to the date of this application

Estimated Total Number Of Protected Records

Electronic or paper records held, stored or processed by you or by others on your behalf

Of the total number of protected records, how may are:

Healthcare Records

Total number of individual records relating to healthcare information of any type

Personal Information Records

Bank account or other unique financial record, Social Security, Tax ID, or Driver's License. Do not include payment card records.

Payment Card Information Records

Payment card numbers or transactions

Are you Payment Card Industry compliant?

YES NO

CLAIMS AND DATA INCIDENT HISTORY

Have you experienced a theft or unintended, release, disclosure or loss of protected records in the past three years?

YES NO

If "Yes", please explain: [<click to enter text>](#)

Have any claims, suits or proceedings been made during the past three years against you or any of your predecessors in business or subsidiaries for which coverage would be available under a policy applicable to network security and privacy liability?

YES NO

If "Yes", please explain: [<click to enter text>](#)



REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned officer, director, or partner of the entity of the Applicant represents, after inquiry, that:

1. That no facts or information material to the risk proposed for insurance have been misstated or concealed;
2. The statements and answers furnished to the Insurer are representations made to the Insurer on behalf of all persons and entities proposed for coverage;
3. These representations are a material inducement to the Insurer to provide a proposal for insurance;
4. Any policy the Insurer issues will be issued in reliance upon those representations; and
5. Any policy the Insurer issues will be issued in reliance upon those representations;
6. You will report to the Insurer immediately in writing any material change in your activities, products and services;
7. You will report to the Insurer immediately in writing any material changes to the answers provided in this application which occur or are discovered between the date of this application and the effective date of the policy for which coverage is sought by submission this application; and
8. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING

Any person who, with intent to defraud or knowing that s(he) is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Name (type or print)

Name (signature of Authorized Representative)

Title

Date

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER		WHOLESALE PRODUCER	
Producer Name:	<i>First Indemnity Insurance</i>	Producer Name:	<click to enter text>
City, State:	<i>87 Oxford Street, Lynn MA</i>	City, State:	<click to enter text>
Telephone No.:	<i>202-465-4306</i>	Telephone No.:	<click to enter text>
License No.:		License No.:	<click to enter text>

PRODUCER SIGNATURE: _____