

SECTION ONE—APPLICANT

- Applicant name (as it should appear on the policy): _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____ County: _____
 Telephone Number: _____ Email: _____
 Website URL: _____ Number of years in business: _____
 Corporate structure: Individual Partnership LLC Corporation: Federal ID# _____
 Other (describe): _____
- Description of answering services provided: _____
- Revenue from previous annual period: \$ _____ Projected revenues for the coming annual period \$ _____
- Approximate number of clients: _____
- Is applicant affiliated with any Industry Associations? ASTAA GLTSA SATAS STA TSAT WSTA
 Other: _____
 Is applicant affiliated with any User Group Associations? NAOE OEO PIN SNUG TUG TUNE
- What type of equipment does the applicant use? _____
- Is the applicant firm controlled, owned or affiliated with any other firm, corporation or company? Yes No
- Does the applicant generate more than 50% of revenue from services provided to health care providers and other medically related entities (physicians, ambulances, pharmaceutical companies, etc.)? Yes No
If yes, percentage: _____ %
- Does the applicant provide services for 911/emergency calls, lifeline devices, or dispatch services? Yes No
If yes, describe: _____
- If alarm monitoring coverage is desired**, indicate type of alarms monitored by the applicant and the percent of total revenue:
 Ambulance: _____ % Elevator: _____ %
 Burglar: _____ % Food refrigeration: _____ %
 Fire: _____ % Other (_____): _____ %

INSURANCE HISTORY

- Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period (from MM/DD/YY to MM/DD/YY)	Limits of Liability	Retention	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Does the current policy have a prior acts limitation or retroactive date? Yes No
If yes, please indicate date: _____



CLAIMS HISTORY

If yes to any questions 13-15, coverage cannot be bound as per the terms and conditions of this program. Attach details for the "yes" answers for an indication outside the program.

- 13. Have any claims, suits, or demands been made against the applicant, a predecessor firm, any past or present principals, partners, officers, or employees within the past five (5) years?
14. After inquiry with all principals, partners and officers, is the applicant aware of any dispute, error, omission, act or circumstance that is, or could reasonably be expected to become a claim under the policy for which this application is submitted to the Underwriters?
15. Has the applicant received any complaints, claims or been subject to litigation involving matters of privacy, injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks or the applicant's customer's ability to rely on the applicant's network?

If no to any questions 16-18, certain coverages cannot be bound as per the terms and conditions of this program. Attach details for the "no" answers for an indication outside the program.

- 16. Is the applicant HIPAA/HITECH compliant?
17. If the applicant stores personal information on portable devices, including laptops, cell phones, PDAs, external hard drives, or other devices, is such data encrypted to industry standards?
If you DO NOT store personal information on portable devices, check here:
18. Does the applicant use anti-virus software and firewall protection on all desktops/portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations?

SECTION TWO-COVERAGE SELECTION

19. Check options desired.

Limit Desired

- \$500,000 / \$500,000
\$1,000,000 / \$1,000,000
\$1,000,000 / \$2,000,000
\$2,000,000 / \$2,000,000

Include Options

- Alarm Monitoring Coverage Option
Defense Outside the Limit Option

Requested effective date (no backdating):

SECTION THREE-NOTICE TO THE APPLICANT

- a. The applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
b. The applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.
c. The applicant further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage.

Application must be signed and dated no more than 45 days prior to binding.

Authorized signature of a Principal or Officer

Date

Typed or printed name:

Title: