

CapSpecialty Technology / Media / Cyber Application

I. APPLICANT INFORMATION

| | | |
|-----|---|--|
| 1.1 | Proposed First Named Insured (This is how the name & 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: <input type="checkbox"/> sole-proprietor <input type="checkbox"/> partnership <input type="checkbox"/> LLC <input type="checkbox"/> corporation <input type="checkbox"/> joint-venture <input type="checkbox"/> non-profit <input type="checkbox"/> individual <input type="checkbox"/> other, 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, identify the company and explain the relationship: | |
| 1.7 | Does Applicant have any subsidiaries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please list below: | |

| Name of Entity | Nature of Operations | % of Ownership | Coverage Desired | |
|----------------|----------------------|----------------|------------------------------|-----------------------------|
| | | % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|-----|--|--|
| 1.8 | Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please complete the following: | |

| Name of Entity | Transaction | | Did Applicant Assume any | |
|----------------|-------------|------|--------------------------|--------------------------|
| | Date | Type | Assets? | Liabilities? |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|-----|--|--|
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please indicate which type(s): | |

| | | |
|---|--|---|
| <input type="checkbox"/> Actuary <input type="checkbox"/> Architect <input type="checkbox"/> Attorney <input type="checkbox"/> CPA | <input type="checkbox"/> Engineer <input type="checkbox"/> Financial Planner / Adviser <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Insurance Agent / Broker | <input type="checkbox"/> Securities Broker / Dealer <input type="checkbox"/> Other: _____ _____ |
|---|--|---|

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II. INDEPENDENT CONTRACTORS

| | | |
|-----|---|--|
| 2.1 | Does Applicant use independent contractors for any activities Applicant performs? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | \$ | US: | \$ | US: |
| | Foreign: | \$ | Foreign: | \$ | Foreign: | \$ |
| | Total: | \$ | Total: | \$ | Total: | \$ |

IV. SERVICES

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

| Activity / Service | % of Revenues |
|---|---------------|
| Software: | |
| Custom Software | % |
| Package Software | % |
| Installation/Maintenance/Training/Support | % |
| Programming | % |
| Software VAR | % |
| Hardware: | |
| Component/Chip Design/Manufacturing | % |
| Component Assembling | % |
| Embedded Software Design/Installation | % |
| Cabling/Wiring | % |
| Maintenance/Repair/Installation/Integration | % |
| Hardware VAR | % |
| Data / Facilities Services: | |
| Data Processing/Warehousing/Mining/Management | % |
| Server/Co-location/Hardware Facilities Management | % |
| Backup Services/Archiving | % |
| Technology / Internet / Telecommunications Consulting: | |
| System-Network Analysis/Design/Integration/Migration | % |
| Outsourcing/Permanent-Temporary Placement | % |
| Internet/E-Business | % |
| Internet: | |
| Website Development/Maintenance/Hosting | % |
| ASP | % |
| ISP | % |
| Advertising/Promotional Design/Services | % |
| E-Commerce Services | % |
| Search Engines | % |
| Website Ownership | % |
| Content Provider/Aggregator/Publisher | % |
| Portal (including Chat/BB/Blogs) | % |
| Telecommunications Services: | |
| Local Service Provider/Cooperatives | % |
| Long Distance Service Provider | % |
| Cable or Satellite Television Service Provider | % |
| Marketing Services: | |
| Branding | % |
| Coupon/Rebate/Promotions Distribution/Redemption Management | % |

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| Activity / Service | % of Revenues |
|--|---------------|
| Direct Mail Development/Implantation | % |
| Event Planning | % |
| Graphic Design | % |
| Investor Relations | % |
| Logos/Trademark Development | % |
| Mail List Development/Maintenance | % |
| Market Survey Design/Research/Analysis/Consulting | % |
| Media Buying/Placement | % |
| Music Service | % |
| Package/Display/Brochure Design | % |
| Photo Service | % |
| Production of Commercials or other Advertising Content | % |
| Product Development/Product Testing | % |
| Promotions Design/Development | % |
| Printing (e.g. Business Forms, Pamphlets, Directories, Social, Bindery, Catalogs) | % |
| Printing (e.g. Discount/Rebate Coupons, Lottery tickets, Sweepstakes tickets, Corporate/Financial reports) | % |
| Publishing | % |
| Public Relations Consulting | % |
| Strategic Planning | % |
| Telemarketing | % |
| Warehousing/Inventory/Fulfillment Services | % |
| Other: | |
| | % |
| | % |

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?

| | |
|---|--|
| <input type="checkbox"/> Hold harmless/indemnification wording to Applicant's favor | <input type="checkbox"/> Limitation of liability/Disclaimers |
| <input type="checkbox"/> Hold harmless/indemnification wording to client's/member's favor | <input type="checkbox"/> Statement of work specifications |

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

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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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.5 | Does Applicant perform quality control audits? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.7 | Does Applicant continue to support all software/hardware that Applicant has developed and/or distributed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.8 | Do clients always provide written acceptance of the systems and/or software after the production or implementation? | <input type="checkbox"/> Yes <input type="checkbox"/> 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.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.10 | Are clients responsible for determining the accuracy of test results? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.11 | Does Applicant retain design, development and testing documentation for the life of the systems and/or software? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If no, how long is this information retained by Applicant? | |
| 6.12 | Has Applicant had a product recalled in the past three years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please explain: | |

VII. SECURITY & PRIVACY CONTROLS AND PROCEDURES

| | | |
|-----|---|--|
| 7.1 | Does Applicant collect, process, store or maintain any private or personal information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.2 | If yes, please indicate what type: | |
| | Bank Accounts / Records: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Credit / Payment Card Information: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Confidential Corporate Information / Trade Secrets of others: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Employee information: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Healthcare / Medical Information: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Intellectual Property of others: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Social Security Numbers: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Other, please describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.3 | Estimate the number of records / individual records Applicant stores electronically or in paper files: | |
| 7.4 | Does Applicant outsource any of the following critical network system functions? (check all that apply) | |
| | <input type="checkbox"/> Hosting Facility | <input type="checkbox"/> Co-Location Facility |
| | <input type="checkbox"/> Data Storage Facility | <input type="checkbox"/> Other, please specify: |
| | <input type="checkbox"/> Managed Security Service Provider (MSSP) | |
| 7.5 | Does Applicant sell or share information gathered from customers or others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, does Applicant notify and obtain the consent of customers or others prior to selling or sharing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b. If yes, by what means? <input type="checkbox"/> Opt-in <input type="checkbox"/> Opt-out <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.6 | Does Applicant collect, process, store or maintain any personal information that is regulated by compliance standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. Is Applicant HIPAA compliant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b. Does Applicant comply with Gramm-Leach-Bliley Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c. Other, please describe: | |
| 7.7 | Does Applicant perform background checks, including credit & criminal history on all employees, independent contractors, consultants? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | | |
|------|---|--|
| 7.8 | 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.9 | Has Applicant implemented a user permission and password management policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.10 | Does Applicant accept credit cards for goods sold or services rendered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, how many transactions are processed monthly? | |
| | b. Is Applicant compliant with PCI / DSS standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, indicate level of compliance: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| 7.11 | Does Applicant encrypt any of the following hardware? | |
| | a) Laptops <input type="checkbox"/> Yes <input type="checkbox"/> No | c) Backup Tapes/Disks <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) USB drives <input type="checkbox"/> Yes <input type="checkbox"/> No | d) Blackberries/iPhones/iPads, or other "smart" devices <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.12 | Do Applicant's external computer systems use firewalls and intrusion detection systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.13 | Does Applicant use anti-virus and other preventive software to prevent malicious code from entering their system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.14 | Does Applicant have physical security measures in place to limit physical access to the Applicant's computer systems / data centers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.15 | Does Applicant audit or assess the security of Applicant's network at least once a year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, are all recommendations addressed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.16 | Does Applicant have Business Continuity/Disaster Recovery plans in place for all mission critical business processes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.17 | Does Applicant have a data backup procedure in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. If yes, how often is data backed up? | |
| | b. Where does Applicant store backed up data? | |
| 7.18 | Does Applicant have a written policy for document retention and destruction, including both paper and electronic records? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

VIII. CONTENT CONTROLS

| | | |
|-----|---|--|
| 8.1 | Does Applicant use content, including software and computer programs, developed by third parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.2 | Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.3 | Does Applicant always follow an established procedure for detecting or editing controversial, offensive, or infringing material from Applicant's website or Internet service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is there an immediate take down policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.4 | Has Applicant performed searches on all trademarks, service marks and domain names? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.5 | Does Applicant consult with a qualified attorney regarding intellectual property issues / concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IX. CURRENT / PRIOR COVERAGE

| | | | | | | |
|-----|--|----------------|-------------------------|-------------------|----------------|----------------------------------|
| 9.1 | Prior Professional Liability Insurance for the last three years: | | | | | |
| | Policy Period | Carrier | Limits | Deductible | Premium | Claims-Made or Occurrence |
| | | | | | | |
| | | | | | | |
| 9.2 | What is the retroactive date of the current policy? | | | | | |
| 9.3 | Is any extended reporting period currently in force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | If yes, provide the duration and expiration date of the extended reporting period: | | | | | |
| 9.4 | Has Applicant ever applied for Professional Liability or any similar type of insurance and been denied, cancelled or non-renewed? (Not Applicable in Missouri) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9.5 | Does Applicant maintain General Liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | Carrier: | Limits: | Expiration Date: | | | |
| 9.6 | Does Applicant's General Liability coverage include: | | | | | |
| | a. Personal Injury/Advertising Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | b. Products/Completed Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | c. Professional Services Exclusion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

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X. DESIRED LIMITS / RETENTION OPTIONS

| | | |
|------|--------------------|---|
| 10.1 | Desired Limits: | |
| | Each Claim or Loss | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other _____ |
| | Aggregate Limit | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other _____ |
| 10.2 | Desired Retention: | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other _____ |

XI. HISTORY

| | | |
|------|--|--|
| 11.1 | To the best of Applicant's knowledge, in the last five years has Applicant transmitted a computer virus to a third party? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.2 | Has Applicant experienced a virus or a security breach? If yes, what steps have been taken to prevent further security vulnerabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.3 | In the past five years, has Applicant sued any of its clients for non-payment? a. If yes, advise the number of times this has occurred _____ in the last twelve months: _____ in the last five years: b. In these instances, was the Applicant counter-sued? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.4 | 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? If yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.5 | 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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.

| | | |
|------|--|--|
| 11.6 | Has Applicant or any of Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency, certifying body, or other governmental entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.7 | 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, sales persons or employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.8 | In the last five (5) years has the Applicant: a) Received any Claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information? b) Been subject to any government action, investigation or subpoena regarding an alleged violation of a privacy law or regulation? c) Notified consumers or any other third party of a data breach incident involving the Applicant? d) Experienced an actual or attempted extortion demand with respect to its computer systems? If "yes" to any of a) through d), please provide details of any such action, notification, investigation or subpoena: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.9 | Has the Applicant experienced any loss of service exceeding 8 hours, excluding any planned maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | | |
|-------|---|--|
| 11.10 | If any of the answers to questions 11.5, 11.6, 11.7, 11.8, or 11.9 above are "Yes", have all matters been reported to appropriate insurance carriers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------|---|--|

IF APPLICANT HAS RESPONDED "YES" TO QUESTIONS 11.5, 11.6, 11.7, 11.8, or 11.9 ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- | | |
|---|--|
| <ul style="list-style-type: none"> A full description including damages alleged Date the insurance carrier was put on notice Amounts of: reserves; legal expenses paid; and settlements or judgments | <ul style="list-style-type: none"> Current status Loss runs Steps implemented to prevent similar claims |
|---|--|

XII. REPRESENTATIONS

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application. By signing this Application, Applicant represents and warrants the following:

- 1. The statements in the Application furnished to Us are accurate and complete;***

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| | |
|----|--|
| 2. | <i>Those statements furnished to Us are representations Applicant makes on behalf of all proposed Insureds;</i> |
| 3. | <i>Those representations are a material inducement to Us to provide a Quotation;</i> |
| 4. | <i>If a policy is issued, We will have issued this Policy in reliance upon those representations;</i> |
| 5. | <i>The Applicant agrees to notify Us of any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued, and</i> |
| 6. | <i>We reserve the right, upon receipt of such notice, to change or rescind any Quotation previously offered by by Us.</i> |

As used herein, "We/Us/Our" means Capitol Indemnity Corporation or Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.

| | |
|---|-------|
| Signature of authorized representative of Applicant | Title |
| Type / Print name of authorized representative | Date |
| E-mail address of authorized representative | |

XIII. FRAUD WARNING

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, 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 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 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.

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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.