



Carrier:

Carrier input box

# Pro+ect Application - All States



This application is for a Claims Made policy. Please read your policy carefully.

## INSURANCE OVERVIEW

1. Coverage requested – Please indicate the coverage part(s) and limit(s) desired and complete the “basic information” section, the “loss information” section and any other sections for which coverage is desired.

Coverage Part	Is Coverage Desired?	Limit
A. Professional and technology errors and omissions liability	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
B. Media liability	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
C. Network security and privacy liability	<input type="radio"/> Yes <input type="radio"/> No	\$ _____
D. Data breach expense coverage	<input type="radio"/> Yes <input type="radio"/> No	\$ _____

2. Is similar insurance currently in force?  Yes  No

Carrier	Limit(s)	Deductible(s)	Premium	Policy period	Retroactive date(s)
_____	_____	_____	_____	_____	_____

## BASIC INFORMATION

3. Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Name of primary contact: \_\_\_\_\_ Email address of primary contact: \_\_\_\_\_

4. Description of operations:

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5. Does the applicant provide services not disclosed above, or does the applicant anticipate offering any new services in the next 12 months?  Yes  No

If yes, please provide details: \_\_\_\_\_

6. List 12 month gross revenue below:

	Last Year:	Current Year (based on 12 months):	Forecast for Next Year:
Domestic	\$ _____	\$ _____	\$ _____
Foreign	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

7. a. Number of principals, partners, officers and employees directly engaged in providing services to clients: \_\_\_\_\_

b. Number of independent subcontractors: \_\_\_\_\_

If the applicant uses independent contractors, please answer 7i and 7ii:

i. Do the independent contractors provide the same services as the applicant?  Yes  No

If no, please describe services: \_\_\_\_\_

ii. Does the applicant desire to provide coverage for independent contractors as insureds under the policy?  Yes  No

If no, are all independent contractors required to carry errors and omissions insurance?  Yes  No

8. Describe the three largest jobs or projects over the past three years:

Name of Client	Services Provided	Gross Billings

9. Please provide a breakdown of the applicant's annual revenue by market segment. Please note that the total must equal 100%.

Market Segment	Percentage (%) of applicant's annual revenue	Market segment	Percentage (%) of applicant's annual revenue
Aerospace	_____ %	Government (US Federal)	_____ %
Alcohol/Tobacco/Firearms	_____ %	Government (other)	_____ %
Communications	_____ %	Manufacturing/Industrial	_____ %
Construction/Mining/Agriculture	_____ %	Medical/Health care services	_____ %
Education	_____ %	Pharmaceuticals	_____ %
Energy	_____ %	Retail/Wholesale	_____ %
Financial institutions	_____ %	Transportation	_____ %
Gaming/Gambling	_____ %		
Other (please specify):	_____ %		_____ %

10. Date established: \_\_\_\_\_

11. Does the applicant have any subsidiaries?  Yes  No

If yes, please answer 11a and 11b

a. Name(s) of any subsidiaries: \_\_\_\_\_

b. Are all subsidiaries' revenue and services disclosed on this application?  Yes  No

12. a. Is the applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No

b. Is any director, officer or partner either affiliated with, employed by or associated with any other firm, corporation or company?  Yes  No

If yes to either 12a or 12b, please provide name(s) and relationship(s): \_\_\_\_\_

13. a. Does the applicant derive any revenue from clients for which the applicant is more than a fifteen percent (15%) shareholder?  Yes  No

b. Does the applicant derive any revenue from clients for which any director, officer, employee, partner or independent contractor of the applicant serves as an officer or on the board of directors?  Yes  No

If yes to either 13a or 13b, please provide name(s) and relationship(s): \_\_\_\_\_

**A. PROFESSIONAL AND TECHNOLOGY ERRORS AND OMISSIONS LIABILITY**

14. Is the applicant a licensed professional?  Yes  No

If yes, advise type of licensed professional: \_\_\_\_\_

15. Does the applicant request any additional insureds for professional liability?  Yes  No

If yes, please provide name, address and relationship to applicant: \_\_\_\_\_

16. How often do you use written contracts:  Always  Sometimes  Never

a. Describe your contract usage/engagement letter usage:  Always used  Sometimes used  Never used

b. Does the applicant's contract contain both a hold harmless and indemnification clause?  Yes  No

c. Does the applicant's contract clearly define the scope of services that are being performed?  Yes  No

**B. MEDIA LIABILITY**

17. Please describe any media activities engaged in by the applicant (including but not limited to publishing, broadcasting, marketing, advertising, or otherwise producing or distributing media content):

18. Does the applicant retain a law firm or use in-house counsel to review material for copyright/trademark infringement or personal injury issues?  N/A  Yes  No
19. Does the applicant obtain written releases with respect to creative material or talent from employees, models, freelancers, photographers, writers, composers, artists, illustrators, musicians and/or actors?  N/A  Yes  No
20. Are all media materials or advertisements signed off on by clients prior to use?  N/A  Yes  No
21. Does the applicant have a procedure in place for responding to allegations that content created, displayed or published by the applicant is libelous, infringing or in violation of a third party's privacy rights?  Yes  No

**C & D. NETWORK SECURITY AND PRIVACY LIABILITY/DATA BREACH EXPENSE**

22. Does the applicant collect, store or transmit personally identifiable information\* in electronic or non-electronic form?  Yes  No

\* Personally identifiable information means information concerning an individual that is considered non-public information including but not limited to health, financial or medical information including electronic medical records, social security numbers, financial or bank account information, driver license numbers, credit card numbers and user names and passwords in combination.

If yes, please provide the type(s) and amount of information you process or store. If you do not know the exact amounts, please provide estimates:

Type(s) of personally identifiable information collected, transmitted, or stored	Number of records collected or transmitted per year	Maximum number of records stored at any one time
Social security number or individual taxpayer identification number		
Financial account record (e.g. bank accounts)		
Payment card data (e.g. credit or debit cards)		
Driver's license number, passport number or other state or federal identification number		
Protected health information (e.g. medical records)		
Username/email address, in combination with password or security question		
Other – Please provide details: _____ _____		

**Information/Network Security Risk Management:**

23. Does the applicant utilize the following controls:
- a. Anti-virus software on all Internet accessible devices?  Yes  No
  - b. Firewalls?  Yes  No
  - c. Intrusion detection software?  Yes  No
  - d. Passwords that are non-trivial and contain at least six characters?  Yes  No
  - e. Default passwords changed on all third party hardware and software products?  Yes  No
24. Does the applicant proactively address system vulnerabilities, including regular updates to anti-virus software and critical security patches?  Yes  No
25. Has the applicant had a vulnerability assessment, penetration test or other network security assessment performed in the last 12 months?  Yes  No
26. Does the applicant have a data retention and destruction plan in place that includes both electronic and physical data?  Yes  No

Information/Network Security Policy

27. Does the applicant have a written physical and network security policy in place?  Yes  No
28. Do all employees receive training on the privacy policy at least annually?  Yes  No
29. Does the applicant have a designated individual responsible for the management of, and compliance with the applicant's security policies?  Yes  No
- If yes, what is the name and title of this individual? \_\_\_\_\_

Breach Response/Disaster Recovery/Business Continuity Planning:

30. Does the applicant have a written data breach response plan in place?  Yes  No
31. Does the applicant back up all valuable/sensitive data on a daily basis?  Yes  No
- If not daily, how often? \_\_\_\_\_
32. Does the applicant have a disaster recovery and business continuity plan in place that is designed to avoid business interruption due to IT systems failure?  Yes  No
- If yes:
- a. Is this plan regularly tested and updated?  Yes  No
- b. How long does it take the applicant to fully restore their systems? \_\_\_\_\_

Encryption:

33. Does the applicant encrypt:
- a. Data "at rest" within computer databases or on back-up storage devices?  Yes  No
- b. Data "in transit" via email or other electronic means of communication?  Yes  No
- c. Data stored on mobile devices including laptops, flash drives and mobile phones?  Yes  No

Physical Security:

34. Does the applicant have physical security in place to restrict access to computer systems or paper records that contain sensitive information?  Yes  No

Employee Controls:

35. Does the applicant conduct background checks on all employees?  Yes  No
36. Does the applicant restrict employee access to personally identifiable information on a business "need-to-know" basis?  Yes  No
37. Does the applicant have a user revocation process including termination of all passwords and recovery of all data assets when an employee leaves the organization?  Yes  No

Third Party Service Providers:

38. Does the applicant outsource any part of their network, computer system, data storage (including paper records), point of sale system or information security functions?  Yes  No
- If yes, please provide details including the functions outsourced and the names of the vendors used: \_\_\_\_\_
- \_\_\_\_\_
39. Does the applicant require third party providers to have minimum security measures for the use, storage and disclosure of personally identifiable information shared between them and the applicant?  Yes  No

Privacy:

40. Does the applicant rent, sell or otherwise share any personally identifiable information with third parties?  Yes  No

## Regulatory Compliance:

41. If the applicant provides services that are involved in credit card or other payment card transactions, is the applicant compliant with payment card industry data security standards (PCI DSS)?  N/A  Yes  No  
If no, please explain: \_\_\_\_\_
42. If the applicant provides services that involve medical records or patient data of any kind, is the applicant compliant with the health information portability and accountability act (HIPAA)?  N/A  Yes  No  
If no, please explain: \_\_\_\_\_
43. Is the applicant subject to any other regulations that pertain to the protection of private or personal information?  Yes  No  
If yes, please list the name of the applicable regulation(s) and confirm the applicant is fully compliant with such regulation(s):  
\_\_\_\_\_

## LOSS INFORMATION

(Attach a statement of details for all "yes" answers to the following questions)

44. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by any regulating body related to their profession?  Yes  No
45. Have you initiated litigation against any of your clients in the past five years?  Yes  No
46. During the past five years, has any claim been made or suit brought against the applicant, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors?  Yes  No
47. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention or incident which may result in a claim being made against the applicant, its predecessor(s) in business or any of its present or former partners, owners, officers, directors, employees or independent contractors?  Yes  No
48. Has any policy or application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? (Not applicable in Missouri)  Yes  No
49. Have any regulatory, governmental or administrative action(s) been brought against the applicant involving the use or disclosure of personally identifiable information?  Yes  No
50. Is the applicant aware of any data breach that has or may result in unauthorized use or disclosure of personally identifiable information held by the applicant or personally identifiable information held by a client of the applicant?  Yes  No
51. Has the applicant received or is it aware of any complaint, notice or claim involving a data breach resulting in the unauthorized use or disclosure of personally identifiable information held by the applicant or personally identifiable information held by a client of the applicant?  Yes  No

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Fraud Statement:** 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.

**Florida Fraud Statement:** 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.

**Kansas Fraud Statement:** 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.

**Maine Fraud Statement:** 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

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement: Notice to Oregon applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**STATE NOTICES**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

**EPL, CAP, MP, NDO Specific Disclosure:** Missouri & Rhode Island Disclosure Notice: I understand and acknowledge that if a \$100,000 or \$250,000 Limit of Liability is chosen or if the Insured Organization has more than 200 employees, that Defense Costs are a part of the Limit of Liability. This means that Defense Costs will reduce my limits of insurance and may exhaust them completely and should that occur, I shall be liable for any further legal Defense Costs and Damages. Defense Costs are as defined in Section III. I also understand that the Limit of Liability for the Extended Reporting Period, if applicable, shall be a part of and not in addition to the limit specified in the Policy Declarations.

**REA Specific Disclosure Notice**

**Missouri & Rhode Island Disclosure Notice:** I understand and acknowledge that as respects Discrimination and Lock Box coverage that Claims Expenses are a part of the Limit of Liability. This means that Claims Expenses will reduce my limits of insurance and may exhaust them completely and should that occur; I shall be liable for any further Claims Expenses. Claims Expenses are as defined in Section VII. I also understand that the Limit of Liability for the Extended Reporting Period, if applicable, shall be a part of and not in addition to the limit specified in the Policy Declarations.

**Virginia Notice:** This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_