

The Solution Application Professional Liability

NOTICE: The liability coverage parts provide claims made coverage, which applies only to claims first made against the insureds during the policy period. The limit of liability to pay judgments or settlement amounts shall be reduced and may be exhausted by payment of defense costs. Please read this policy carefully.

General Information

1. Applicant Information:

Name of Applicant _____

Street Address _____

City _____ State _____ Zip _____

Website Address _____

Description of Applicant's Operations _____

Year Applicant's Business Was Established _____

2. Applicant's Contact/Risk Manager

Name _____ e-mail: _____

3. Applicant's Total Revenue (in 000,000s - most recent full fiscal year):

\$0 - \$10
 \$10 - \$100
 \$100 - \$500
 >\$500

4. Please provide a description of the Applicant's risk management procedures.

Current insurance information/requested insurance terms

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Desired Coverage	Coverage Requested	Requested Limit	Requested Retention	Coverage Currently Purchased	Expiring Limit	Expiring Retention	Premium
Miscellaneous Professional Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	Requested Effective Date		Current Insurer			Date Coverage First Purchased	
Technology Services and Technology Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	Requested Effective Date		Current Insurer			Date Coverage First Purchased	
Media Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	Requested Effective Date		Current Insurer			Date Coverage First Purchased	
Privacy and Network Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	Requested Effective Date		Current Insurer			Date Coverage First Purchased	

Financial information

	Prior Year:	Current Year:	Projected:
Total Revenue	\$	\$	\$
Domestic Revenue	\$	\$	\$
Foreign Revenue	\$	\$	\$
Net Income (Loss)	\$	\$	
Net Cash Flows	\$	\$	
Cash	\$	\$	
Current Liabilities	\$	\$	

Miscellaneous Professional Services

Complete this section only if the Applicant is applying for Miscellaneous Professional Services Coverage.

Description of Services	% of Current Year Revenue	% of Next Year (Projected) Revenue
	100%	100%

Please list the Applicants' five largest clients.

Client	Professional Services Performed	Revenues
1.		
2.		
3.		
4.		
5.		

Technology Products and Technology Services

Complete this section only if the Applicant is applying for Technology Products and Technology Services Coverage.

1. Please provide a breakdown of the Applicant's Technology Products and Services

Type of Product or Service	% of Current Year Revenue	% of Next Year (Projected) Revenue
Computer System Analysis		
Computer Technical Support		
Consulting/Training Services		
Custom Programming/ Software Development		
Data Processing		
Database Operations/Maintenance		
Prepackaged Software Development		
Records Management and Retrieval		
Sales – Retail or Wholesale		
Software/Computer Coding		
Software Distribution		
Software Installation		
Software Maintenance		
Webpage Design		
Website Development		
Website Hosting		
Other*		
	100%	100%

*If the Applicants products and/or services do not fit into the categories listed above, please provide a detailed description of the products offered and/or services performed.

2. Please list the Applicant’s five largest clients.

Client	Value and Length of Contract	Service and/or Products Provided
1.		
2.		
3.		
4.		
5.		

Quality Control & Customer Support

1. Please indicate which of the following are part of the Applicant’s quality control and customer support procedures:

- | | |
|--|--|
| <input type="checkbox"/> Alpha and Beta Testing Procedures | <input type="checkbox"/> User Acceptance Testing Measures |
| <input type="checkbox"/> Documented Customer Complaint/Escalation Procedures | <input type="checkbox"/> Vendor or VAR Certification Process |
| <input type="checkbox"/> Documented Project Milestone Procedures | <input type="checkbox"/> Written Functional Specification Requirements |
| <input type="checkbox"/> Final Customer Signoff Requirements | <input type="checkbox"/> 24/7 Customer Support |
| <input type="checkbox"/> Internal Post Project Review Procedures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pre-release Screening for Design Errors/Flaws | <input type="checkbox"/> Other |

2. Does the applicant have a formal product recall process in place?

- Yes No N/A

If 'Yes' please describe the procedures established.

Software Copyright Controls

Only complete this section if applicable to the "Applicant".

1. Does the Applicant have written policies or procedures in place for:

- | | | |
|--|------------------------------|-----------------------------|
| i. Auditing the Applicant’s use of Software licenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Avoiding copyright infringement with regard to software/computer code? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. Responding to allegations of copyright infringement with regard to software/computer code? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv. Determining if open source code is used during the Applicant’s software development efforts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Does the Applicant sell, distribute, or develop software bound by an open source or third party license?

Yes No

If 'Yes' please detail the type of code incorporated and any procedures in place to ensure that all code has been used in compliance with any applicable free software and/or open source license practices.

3. Are those who provide the Applicant with software code, including developers and independent contractors, required to:

- i. Assign or license the Applicant their rights to the use of the code? Yes No
- ii. Warrant that their work does not violate another party's IP rights? Yes No
- iii. Indemnify the Applicant when an IP infringement claim is made against them based on the code provided? Yes No

4. Please provide a description of the Applicant's risk management procedures.

Media Liability

Complete this section only if the Applicant is applying for Media Liability Coverage.

1. Please list all print publications for which coverage is sought and identify the frequency of publication (e.g., daily, weekly), average circulation and the geographical market served.

Publication	Frequency	Circulation	Geographical Market

2. Please list all broadcast or cable stations for which coverage is sought and provide the number of subscribers (for cable stations), the geographical market served, and station format.

Station	Subscribers	Geographical Market	Format

Please describe any additional content for which coverage is sought:

Internet Site(s)

Please identify the top five (5) internet site(s) by "hits" or "related to your largest Gross Revenue producing properties" for which coverage is sought, the date each site first went on-line, and the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month

IMPORTANT: If any of the above internet sites are not yet on-line, please separately attach a complete description of the proposed site(s), the anticipated launch date and an estimated number of monthly page views (if known).

1. Please provide the projected total revenues of the Applicant derived from the following activities.

Media Activity	Projected Annual Revenues
Books	\$
Magazines	\$
Music	\$
Newsletters	\$
Newspapers	\$
Online Written Content	\$
Video or Film Production	\$
Online Audio or Visual Content	\$
Cable Broadcasting	\$
Radio Broadcasting	\$
Satellite Broadcasting	\$
Television Broadcasting	\$
Other:	\$

2. Please check all of the following which apply to the Applicant's Media Activities (if applicable), and provide details on a separate page:

- | | |
|---|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Prank Phone Calls Made During Program |
| <input type="checkbox"/> Celebrity Gossip | <input type="checkbox"/> Reality Programming |
| <input type="checkbox"/> Commentators/Pundits (Indicate Genre): | <input type="checkbox"/> Self Help or "How To" |
| <input type="checkbox"/> Hidden Microphone or Camera | <input type="checkbox"/> Shock Jocks |
| <input type="checkbox"/> Ride Alongs | <input type="checkbox"/> Reliance on anonymous sources |
| <input type="checkbox"/> Infomercials | <input type="checkbox"/> Station Sponsored Music Events or Contests |
| <input type="checkbox"/> Undercover Investigations | <input type="checkbox"/> Talk/Call In |
| <input type="checkbox"/> Investment Advice | |

3. Do the Applicant's reporters, on-air personalities, internal content developers, editors, and directors regularly receive training concerning the Applicant's media clearance procedures? Yes No

If "Yes" please check each that applies

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Reporters | <input type="checkbox"/> On-Air Personalities | <input type="checkbox"/> Other Content Providers (Writers, Set Designers, Artists, etc.) |
| <input type="checkbox"/> Directors | <input type="checkbox"/> Producers | <input type="checkbox"/> Editors |

4. Please describe the Applicant's policy and practice regarding review and editing of articles, broadcasts, or other communications prior to dissemination, including any guidelines for referring to outside counsel. Please provide the names of individuals conducting such review (if applicable):

5. Are procedures in place regarding retraction, correction, or take-down requests? Yes No

If "Yes", please describe:

6. Please describe the Applicant's general policy and practice regarding clearance review, including obtaining necessary licenses, consents and releases for the use of content. Please provide the names of individuals conducting such review (if applicable):

7. Are delay devices or other time delay controls used for all live broadcasts? Yes No

8. Are policies and procedures in place for handling, recording, and responding to unsolicited submissions? Yes No

9. Are contracts utilized and indemnifications/warranties of originality obtained when licensing or disseminating content created or provided by a third party? Yes No

10. Does the Applicant have a policy or practice in place to assure compliance with any limitations on term or other scope of usage in licenses allowing the use of a third party's intellectual property? Yes No

11. What percentage of the Scheduled Media is derived from syndications or wire services? _____ %

12. What percentage of the Scheduled Media is supplied by stringers, freelancers, or other non-employees? _____ %

13. How many subpoenas have been served against the insured in the past 3 years for the release of Media content, sources, or research? _____

Please describe:

Privacy and Network Security

Complete this section only if the Applicant is applying for Privacy and Network Security Liability Coverage.

1. Personally Identifiable Information ("PII")

a. Does the Applicant store, collect or transmit the following PII? Yes No

If "Yes", please check all of the forms of PII maintained in either digital or hard copy form and the number of records maintained.

Forms of Confidential Information	Maintained	Number of Records
Confidential Personal Information	<input type="checkbox"/>	
Credit Card Information	<input type="checkbox"/>	
Healthcare Information	<input type="checkbox"/>	
Intellectual Property Assets	<input type="checkbox"/>	
Money/Securities Information	<input type="checkbox"/>	
Trade secrets	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

b. Does the Applicant process, or store, credit and debit card transactions? Yes No

If "Yes":

(i) Is the Applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? Yes No

(ii) Is the Applicant in compliant with the truncation of credit card and debit card numbers provisions of the Fair And Accurate Credit Transaction Act (FACTA)? Yes No

c. Does the Applicant's website(s) provide access to PII or other Confidential Information? Yes No

If "Yes," are vulnerability tests performed? Yes No

d. Does the Applicant process, store, or transmit PII or other Confidential Information for third parties? Yes No

2. Does the Applicant use third-party service provider for any part of their business operation (i.e. data retention, data hosting/processing, Security/Privacy Management)? Yes No

If "Yes":

(i) Please describe what is outsourced.

(ii) Does the Applicant have a contractual agreement that the third party service provider will defend and indemnify the Applicant for loss, temperament or breach associated with the Applicant's data? Yes No

3. Does the Applicant have a designated person that is responsible for the management, implementation and compliance of the Applicant's security and privacy policies and procedures? Yes No

4. Does the Applicant have Security and Privacy Policies that are updated continually and implemented and are there policies and procedures in place to ensure the Applicant is in compliant with requirements that govern the Applicant's industry? Yes No

If "Yes" have the policies been reviewed by a qualified attorney? Yes No

5. Training

a. Does the Applicant provide formalized in-house training for all professional employees? Yes No

b. Are employees trained on the Applicant's privacy/security procedures and requirements? Yes No

c. Are employees aware of their personal liability if they participate in a data breach? Yes No

6. Does the Applicant have a process for controlling employee and user accounts? Yes No

If Yes:

(i) Is access only granted based on job function? Yes No

(ii) Is user verification required? Yes No

(iii) Is the user access reviewed/regulated on a regular basis? Yes No

(iv) Does the Applicant ensure timely termination of system access upon employee departure? Yes No

7. Did the Applicant conduct a security assessment that includes vulnerability scans/penetration tests within the past 12 months?

 Yes No

If Yes:

(i) Please indicate who conducted the test (please attach the test results and recommendations)

(ii) Has the Applicant implemented the recommendations?

 Yes No

(iii) Is there a vulnerability assessment process to frequently update virus detection signatures and install software patches?

 Yes No

(iv) How often does the Applicant backup electronic data?

If No, please provide an explanation.

8a. Is the Applicant's removable media (Laptops, mobile devices, USB devices, DVD, etc) encrypted and password protected?

 Yes No

8b. Do the Applicant's Laptops, mobile phones and devices have wipeout capabilities in the event they are lost or stolen?

 Yes No

9. Does the Applicant utilize current anti-virus software to address malicious code (including ransomware, rootkits, viruses, keyloggers, trojan horses, worms, spyware, malware etc.)?

 Yes No

10. Does the Applicant have an incident response plan in the event of a security breach?

 Yes No

11. Does the Applicant have a comprehensive data destruction process (i.e. shred physical files, scrub and wipe electronic data when moving office space or recycling/discarding equipment)?

 Yes No

12. Does the Applicant have a Business Continuity Plan and Disaster Recovery Plan in place?

 Yes No

If "Yes," after a material interruption of the network, how long does it take to restore operations?

13. Does the Applicant perform background checks as part of its hiring process?

 Yes No

Contracts & Licensing Agreements

Please provide the requested information on the Applicant's contract and licensing procedures.

Complete this section only if the Applicant is applying for Miscellaneous Professional Services or Technology Services and Technology Products Coverage

1. What percentage of the Applicant's professional services are provided by written contract?

 <50% 50%-90% 90%-99% 100%

2. Identify the standard risk mitigating clauses contained in the Applicant's agreements:

 Customer Acceptance/Final Sign Off Exclusion of Consequential Damages Disclaimer of Warranties Force Majeure Hold Harmless Agreements Indemnification Clause Limitation of Liability Payment Terms Project Phases/Milestones

3. Does the Applicant require an attorney to review and approve all modifications to its standard agreement/contract?

 Yes No N/A

If 'No' please detail what, if any, procedures are in place to review changes made to the standard agreement and indicate those individuals/roles who have the authority to approve any such deviations:

Indicate the Applicant's three (3) largest customers and the approximate size and duration of each agreement/contract.

Customer	Duration	Value
1.		
2.		
3.		

Subcontractor & Vendor Management

Please provide the requested information regarding the Applicant's subcontractor and vendor management procedures. If none of the Applicant's services are subcontracted to others please proceed to the next section.

1. Describe which of the Applicant's services, are subcontracted to others:

2. Describe which of the Applicant's services, are subcontracted to others:

Independent Contractors	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%-10%	<input type="checkbox"/> 10%-50%	<input type="checkbox"/> >50%
Temporary Workers	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%-10%	<input type="checkbox"/> 10%-50%	<input type="checkbox"/> >50%
Leased Workers	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%-10%	<input type="checkbox"/> 10%-50%	<input type="checkbox"/> >50%

Historical Information

Do not complete this section if this is a renewal application.

1. Has the Applicant ever had any products recalled?

Yes No N/A

If "Yes" please explain.

2. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the Insurance Sought? (THIS QUESTION DOES NOT APPLY TO MISSOURI APPLICANTS) Yes No

If "Yes" please explain.

3. Has the Applicant, or any director, officer, partner, or employee ever been subject to disciplinary proceedings arising out of professional services or media content? Yes No

If "Yes" please explain.

4. Is the Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a Claim against under the insurance sought? Yes No

If "Yes" please explain.

5. Has the Applicant reported any occurrences, Claims, or losses to any insurer in the past five years that provided the same or similar coverage to the insurance sought? Yes No

If "Yes" please attach a separate document with respect to each such occurrence, Claim or loss providing:

- i. A description
- ii. The name of the insurer and policy
- iii. The amount of damages, expenses or other losses suffered as a result of each occurrence, Claim or loss
- iv. And the amount paid by the insurer to whom the notice was provided (if any)

6. In the past 10 years, has the Applicant suffered any loss or had any claim (whether successful or not) ever been made against it arising out of its services, products, content, privacy breaches or any other element that falls within the scope of proposed coverage? Yes No

It is agreed that with respect to questions 1-6 above, that if such Claim, proceeding, action, knowledge, information or involvement exists, then such Claim, proceeding or action and any Claim or action arising from such Claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage

Fraud warnings

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.

Notice to Alaska residents: "A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."

Notice to Arizona residents: "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

Notice to California residents: "For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Notice to Colorado residents: "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."

Notice to Delaware residents: "Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

Notice to Florida residents: "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."

Notice to Idaho residents: "Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

Notice to Indiana residents: "A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony."

Notice to Kansas residents: "A 'fraudulent insurance act' means an act committed by 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."

Notice to Kentucky residents: "Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application 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."

Notice to Maryland residents: "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."

Notice to Maine residents: "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."

Notice to Minnesota residents: "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

Notice to New Hampshire residents: "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."

Notice to New Jersey residents: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

Notice to New Mexico residents: "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 civil fines and criminal penalties."

Notice to Ohio residents: "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 is guilty of insurance fraud."

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

Notice to Oregon residents: "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."

Fraud warnings (continued)

Notice to Pennsylvania residents: "Any person who knowingly and with intent to defraud any insurance company or other person files a 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."

Notice to Tennessee, Virginia and Washington residents: "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."

Notice to Texas residents: "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Notice to Vermont residents: "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."

Notice to New York residents: "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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation."

Signatures

Applicant's name (please print)

Title (please print)

Applicant's signature

Date

If this application is completed in Florida, please provide the insurance agent's name and license number as designated. If this application is completed in Iowa, please provide the insurance agent's name only.

Name of insurance agent

License number