



CHILD CARE CENTER SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- ACORD Applications
- For Business Income ALS, complete pages 4 & 5
- If D & O is needed, complete pages 8 & 9
- Resume of Director of new venture
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years

GENERAL INFORMATION

Applicant: _____

Location address: _____

E-mail: _____ Web address: _____

Risk Management Contact: _____ RM Email: _____

Years in business: _____

This child care center is located in which type of building?

Commercial Church School Private Home (NOT Eligible) Other (describe): _____

Hours of operation: _____

1. Is the child care center licensed? Yes No
2. If licensing is NOT state required, why is the center exempt: _____
3. Has a license to operate ever been denied, suspended or revoked? Yes No
If yes, please explain thoroughly on a separate document.
4. Is the Applicant's organization more than 25% owned by a private equity fund structure? Yes No
If yes, provide name of private equity firm: _____

BUILDING SPECIFICS

1. Does the child care center exit directly to the outside? Yes No
To ground level? Yes No
2. Do the bathroom doors lock? Yes No
Can they be unlocked from the outside? Yes No
3. Does the child care center have smoke detectors? Yes No
If yes, are they: battery operated or hard-wired to the building
4. Are doors equipped with pinch guards to prevent fingers from getting caught? Yes No
5. Has a lead abatement been performed since 1978? Yes No
6. Have asbestos materials been: not present removed protected to prevent flaking

STAFF AND CHILDREN

1. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)

AGE GROUP	# OF CHILDREN	AVERAGE DAILY ATTENDANCE	# OF TEACHERS
Infants, ages 0 – 1			
Toddlers, ages 1 – 2			
Toddlers, ages 2 – 3			
Preschoolers, ages 3 – 5			
School Age Children			

2. Are children allowed to use the restroom without a teacher present? Yes No
If yes, how many children are allowed in the restroom at one time: _____
3. Is a minimum of one staff member certified in first aid present at all times? Yes No
4. OPTIONAL: If male staff, provide details of
 - a) Length of employment: _____
 - b) Any one-on-one activities? Yes No
 - c) Duties performed, including age groups: _____

CORPORAL PUNISHMENT

- 1. What is the Applicant's policy on corporal punishment? Allowed Prohibited
If allowed, please submit a copy of the written policy concerning the use of corporal punishment.
- 2. Have there ever been any claims for corporal punishment? Yes No

SEXUAL ABUSE

- 1. Does the Applicant's employment process (for employees, volunteers, and independent contractors) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
- 2. During new staff orientation, does the Applicant discuss child/sexual abuse, how to recognize the signs and what to do if a child reports that someone molested him or her? Yes No
- 3. Does the Applicant perform national criminal background investigations and is a sex offender register check completed on all:
Employees? Yes No
Volunteers? Yes No
Independent contractors? Yes No
If no, please explain:

- 4. How long has the Applicant been performing these checks: _____ years
- 5. For how many years does the Applicant keep these records on file after employee leaves: _____ years
- 6. Does the Applicant verify employment-related references? Yes No
- 7. Does the Applicant conduct a personal interview? Yes No
- 8. Does the Applicant's supervision plan monitor staff in day-to-day relationships with children both on and off premises? Yes No
- 9. How is the staff monitored? Video Windows Other: _____
- 10. Are there operable surveillance cameras in all classrooms and inside play areas? Yes No
If yes, is the video saved? Yes No If yes, for how long: _____
- 11. Does the Applicant contract with any vendors who have contact with any children in your care? Yes No
If yes, please explain:

- 12. Are there any other circumstances where adults, who are not the Applicant's employees, have access to any child in your care? Yes No
If yes, please explain:

- 13. Does the Applicant have written procedures for dealing with sexual abuse? Yes No
MANDATORY: Provide a copy of procedures.
- 14. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, please complete:
a) Was a claim made against the organization? Yes No
b) Is that individual still employed with your organization? Yes No
c) What changes were made to prevent recurrence? _____

HEALTH AND SAFETY

- 1. Does the Applicant provide sick child or drop in services? If yes, please explain. Yes No

- 2. How many children require special care and treatment? Please explain.

- 3. Indicate if a file containing the following information is maintained on each child.
 - a. Are there Immunization records of the children being updated annually? Yes No
 - b. Are there records for each child indicating unusual conditions the child has? Yes No
 - c. Are signed releases for emergency medical treatment/dispensing of medication obtained from parents? Yes No
 - d. Written instructions from child's physician for dispensing of child's medication? Yes No

4. Is food properly covered, stored and served in according to government requirements? Yes No
5. Does the Applicant have an accident / health policy?
Is coverage mandatory for all children? Yes No
Provide carrier limits of liability: _____ Policy term: _____
6. Does the Applicant require evidence of personal medical insurance for all children? Yes No
7. Does the Applicant have a written emergency evacuation plan in effect? Yes No
8. Please describe the Applicant's daily check in and release procedures:

9. Are any pets or animals kept on premises? Yes No
Describe animals, caging, and type of interaction: _____

SECURITY

1. Are any of the Applicant's locations protected by security personnel? Yes No
2. If yes, are the security personnel
a. Sub-contracted? Yes No
b. Employed? Yes No
c. Other (please explain): _____
3. Does the Applicant's state permit open and/or concealed carry of weapons on your premises? Yes No
4. Does the Applicant have a written policy permitting open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage? Yes No
5. If the Applicant permits open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage, please identify who you grant this permission to:
a. Staff? Yes No
b. Guests? Yes No
6. If the Applicant does not permit open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone? Yes No

AUTOMOBILE

N/A

1. Does the Applicant provide regular transportation for children? Yes No
If yes: Maximum distance: _____ miles Minimum age: _____
2. Is a walk-around vehicle checklist used prior to transporting children? Yes No
3. Are all drivers put through specialized drivers training in transporting children? Yes No
4. How are children accounted for getting on and off the bus:

5. How often do employees or volunteers drive their own vehicles for transporting children: _____
6. Does the Applicant require evidence that they have their own auto insurance? Yes No
If yes, limit required: \$ _____
7. Does the Applicant's organization utilize GPS fleet telematics devices? Yes No
If yes, please check off the fleet telematics being utilized:
 Plug in Hard wired Mobile Phone Other: _____
8. What percentage of the Applicant's fleet is provided with these fleet telematics devices: _____ %
9. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
If yes:
a. Is driving policy communicated in writing to all employees? Yes No
b. Is a signed acknowledgement form kept on file? Yes No
If yes, please provide a copy of signed acknowledgement.
c. Do driving standards include the following:
No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? Yes No
No more than 2 moving violations within past 3 years? Yes No
No more than 1 at fault accident within past 3 years? Yes No
10. How often does the Applicant check MVR reports? _____
11. Describe any ongoing training provided to drivers:

12. Does the Applicant allow employees to drive personal vehicles for company purposes? Yes No
 If yes:
- a. Are the driving policy and standards for these drivers the same as in questions 9 & 10? Yes No
- b. Does the Applicant require these employees to have adequate personal insurance limits? Yes No

SPECIAL ACTIVITIES

Play Area

1. Is the area fenced? Yes No
2. Are any trampolines and inflatables present? Yes No
3. Describe playground surface: _____

Field Trips and Off Premises Travel

1. How many field trips are taken per year: _____
2. Describe the field trips: _____
3. Are parental waivers obtained? Yes No
4. Minimum age taken on trips: _____
5. How are children transported: Child Care Vehicle Parent Other: _____

Activities

1. Are special classes provided? (check all that apply)
- Gymnastics Dance Karate
- Tumbling Birthday Parties - # of children: _____ Other: _____

Please explain:

2. Are special classes taught by an independent contractor on your premises? Yes No
3. Does the Applicant request/maintain Certificates of Insurance from all sub-contractors? Yes No
4. Does the Applicant have any operations other than child care? Yes No
- If yes, please explain:

Summer Camp

1. Number of children (other than children in the childcare program): _____ Ages: _____
2. Number of weeks attending: _____
3. Number of additional staff: _____
4. Describe outings away from camp location: _____

Swimming Pools

1. Does the Applicant now use or plan in the future to use swimming facilities? Yes No
2. Is the pool you use, or plan on using, located: on Applicant's premises at a separate location
3. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- If no, provide timetable and action plan:

Answer the following questions for pool to be used:

4. Are water depths marked? Yes No
5. What is the maximum depth: _____ feet
6. Is there a diving board? Yes No Is there a slide into the pool? Yes No
7. Is the pool area completely fenced? Yes No
8. Are lifeguards present? Yes No Is there a self-locking gate? Yes No
9. Ratio of staff to child when at pools: _____ to _____
10. Minimum age of children allowed in the water: _____
11. Minimum age of children in the water: _____
12. Walking surface in good shape and non-slip? Yes No

BUSINESS INCOME ACTUAL LOSS SUSTAINED

A. Business Incomes exposures from the following sources		ACTUAL REVENUE FOR PAST 12 MONTHS
1. Total Annual Tuitions:		\$
2. Ordinary Payroll Expense*:		\$
3. Continuing Expenses:		\$
B. Total B/I Exposure for 12 months:		\$
C. Less Cost of		
1. If excluding or limiting "Ordinary Payroll", deduct all "Ordinary Payroll" Expenses. (See note below.) If not excluding or limiting "Ordinary Payroll", leave blank:		\$
2. Other Non-continuing Expenses:(describe)		\$
D. Total Deductions: (Items 1 – 2)		\$
E. Total Business Income Value: (B – D)		\$
Complete only if extra expense is requested**		
F. Method 1: 25% of Total Revenue:		\$
G. Method 2: Calculation by Category**		
1. Rental for temporary Child Care location:		\$
2. Moving Expenses:		\$
3. Overtime / Other Extra Expense:		\$
4. Other:		\$
H. Total Gross Extra Expense:		\$
Deduct expenses discontinued at original location because of loss:		(\$ _____)
I. Net Extra Expense: (From line F or Line H)		\$
J. TOTAL INSURABLE BUSINESS INCOME / EXTRA EXPENSE: (E + I) (Agreed Amount)		\$

* Ordinary Payroll expenses include payroll, employee benefits if directly related to payroll, FICA and Medicare payments, union dues, and Workers Compensation premiums. Some points to consider in deciding whether to exclude or limit Ordinary Payroll (ie: other than officers, executives, managers and employees under contract):

1. Would you lay off all your other employees in the event of a short interruption? Yes No
Describe:

2. Could you get them back when operations are restored or would they have gone elsewhere? Yes No
Describe:

** Extra Expense Coverage provides additional coverage in the event of a covered loss for necessary expenses sustained during the period of restoration that you would not have incurred if there had been no direct physical loss or damage to property. For example, if it becomes necessary for you to rent another building at another unnamed location in order to continue your operations during the period of recovery. Two methodologies are being offered to determine your Extra Expense exposure. Which methodology you use is up to you.

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing

- a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A
 - i. If yes, approximately what percentage (%) of the building is sprinklered? _____%
 - ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both
 - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? Yes No N/A
 - 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):
- iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A
- v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A

2. Emergency Water Response (domestic and AS water lines)

- a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No N/A
- b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A
- c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A

3. Automatic Water Shutoff Devices

- a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A

4. Unused/Vacant Spaces

- a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A

5. Unheated Areas (attics, crawl spaces, exterior wall joists)

- a. Are all domestic water lines located in areas heated to at least 45°F? Yes No N/A
 - i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

6. General Comments:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY N/ATHIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY.
PLEASE READ YOUR POLICY CAREFULLY.**DIRECTORS & OFFICERS LIABILITY INFORMATION**

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If no, provide an explanation:

2.

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit
	%		
	%		
	%		

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
Any other criminal actions? Yes No
5. In the past 24 or next 12 months has the Applicant been, or anticipate being involved in any merger, acquisitions or consolidation with another entity? Yes No
If yes, please attach details.

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
U.S. based employees: _____
Total Full-Time: _____ Total Part-Time: _____
Volunteers: _____ Temporary: _____
Leased: _____ Total Non U.S. based employees: _____
TOTAL SUM OF ABOVE: _____
2. Has a reduction in employees or change in of status occurred in the past 12 months or is anticipated in the next 12 months?
Voluntary: _____ Involuntary: _____ Layoffs: _____
3. Does the Applicant have an employment handbook that includes an "At Will" statement? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advice? Yes No
6. Does the Applicant have a full time, dedicated human resource staff? Yes No

7. Total number of current employees with annual compensation greater than \$100,000: _____

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

- With respect to this coverage, has any Underwriter refused, canceled, or non-renewed coverage? **(Not Applicable in Missouri)** Yes No
If yes, please provide details: _____
- Has the Applicant given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance? Yes No
If yes, complete a Claim Supplemental for each incident.
- No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below.

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Underwritten by:
Philadelphia Indemnity Insurance Company

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Website: www: _____

Nature of Operations: _____

1. Annual sales or revenue: \$ _____

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)