

## RESIDENTIAL APPLICATION

Name Insured:  
 C/O (if applicable):  
 Effective Date: Website Address:

### SUBMISSION REQUIREMENTS

- Color Photos (representative buildings and auxiliary buildings)
- 4 year currently valued company loss runs (5 year currently valued company loss runs for accounts over \$100,000)
- Plot Plan
- Statement of Values (include auxiliary buildings and specific street addresses)
- Current Financial Statement

### SECTION I – ACCOUNT INFORMATION

Mailing Address:  
 Physical Location Address:  
 Contact Person: Position:  
 Email Address: Phone Number: Fax Number:  
 Billing Contact Person: Phone Number:  
 Fein Number:  
 Effective Date: Is this account being quoted midterm? Yes No

Community Type:

Residential Condominium	Cooperative Apartment	Timeshare	Apartment
Income Restricted	Age Restricted	Year Round	Nursing Home Seasonal

# of Residential Buildings: Planned: # of Stories:  
 # of Residential Units: Planned: # of Timeshare Units:  
 Year Built: Year Converted/Renovated: Prior Occupancy:  
 Risk Management Contact: Cell Phone: Email:

### SECTION II – RATING INFORMATION

#### Property

Building Limit (Attach SOV): \$  
 Deductible: \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 Other: \$  
 Coinsurance/Coverage: 80% 90% 100% Blanket Agreed Amount  
 Valuation Type: A/C/V Replacement Cost (RC) Extended RC Guaranteed RC  
 Business Personal Property: \$  
 Deductible: \$2,500 \$5,000 \$10,000 \$15,000 Other:  
 Maintenance Fees: \$ Rents: \$ Other Business Income: \$  
 Condo Insuring Agreement:  
 Bare Walls Single Entity (Original Specs) All In (copy of insurance section of docs required)  
 Building Ordinance – Increased Cost of Construction \$  
 Building Ordinance – Demolition cost \$  
 Wind Deductible: \$ Exclude Wind? Yes Where is wind being placed or quoted?  
 Earthquake: Limit \$ \$ Deductible: \$ % Deductible: %  
 Flood: Flood Zone: Limit \$ \$ Deductible: \$ % Deductible: %  
 Boiler Coverage desired Yes No Central Boiler? Yes No

#### Crime

Employee Dishonesty: \$ Include Board of Directors Include Property Manager  
 Depositors Forgery: \$  
 Computer Fraud: \$  
 Money and Securities: \$ In \$ Out

**General Liability**

Desired Limits:	\$1,000,000 / \$2,000,000	\$1,000,000 / \$3,000,000	\$2,000,000/\$4,000,000
Deductible:	\$500      \$1,000	\$2,000      \$5,000	

<u>Classification</u>	<u>ISO Code</u>	<u>Premium Basis</u>
Condominiums – Residential	62003	# of units
Apartments	As applicable	# of units
Swimming Pools	48925	# of pools
Clubhouse	41668	Square Feet
Parks or Playgrounds	46671	# of parks or playgrounds
Lakes or Ponds	45524	# of lakes or ponds
Other:		

**Auto Liability**

Indicate coverages desired:	Owned Auto (Attach ACORD) Garagekeepers Legal Liability Comprehensive	Non-Owned & Hired Auto  Collision
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**Employee Benefits**

Employee Benefits coverage desired?	Yes	No
# of Employees:		
Prior coverage in place?	Yes	No
If yes, number of years in place:		
Retro date:		
Type of plan(s):	Medical      Dental      401(k)      Other:	

**Umbrella**

\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
\$10,000,000	\$15,000,000	\$20,000,000		

<u>Underlying Insurance</u>	<u>Carrier</u>	<u>Policy Dates</u>	<u>Limits</u>
Employers Liability			\$500,000/500,000/500,000 \$100,000/500,000/100,000
Auto Liability			
D& O Liability			
Liability (other than package)			

**Square Footage**

Total Building Area (not including area shown below):	Detached Garage Area:
Total Finished Basement Area:	Detached Carport Area:
Total Unfinished Basement Area:	Clubhouse Area:
Attached Garage Area:	Other:

**Residential Occupancy**

Current average sale or resell price of units: \$	Average Monthly Rate: \$
# of owner occupied units:	
# of rented units:	# of units rented for period shorter than 1 year:
# of seasonal owner units:	
# of seasonal tenant units:	
% Occupied:      %      If seasonal, provide % occupancy:	Peak Season:      %      Off Season:      %
# of Association owned units:      #	Details:
Any one night rental units?      Yes      No      #	Details:
Any vacant units?      Yes      No      #	Details:
Any bank owned units?      Yes      No      #	Details:
Any developer owned units?      Yes      No      #	Details:
Any student occupied units?      Yes      No      #	Details:
Any subsidized housing units?      Yes      No      #	Details:
Any evictions past 3 years?      Yes      No      #	Details:
Dogs allowed?      Yes      No      #	Details:
Dog park with rules posted?      Yes      No	
Are tenants provided with written statement of community policies and rules?	Yes      No

Are tenants required to obtain insurance? Yes No  
 Are Unit Owners required to maintain Individual Liability Insurance (HO6)? Yes No  
 If yes, what is the minimum limit of liability required?  
 \$300,000 \$500,000 \$1,000,000 Other:

**Commercial or Office Occupancy**

Office # of Office Units: Square footage of office units:  
 Commercial # of Commercial Units: Square footage of commercial units:  
 Do any of the commercial units have a restaurant of commercial cooking exposure? Yes No

**Management**

Self managed On site / property management firm Off site / property management firm  
 Developer Other:  
 If offsite management indicate frequency of site visits: At least weekly Other:

**SECTION III – BUILDING INFORMATION**

**Construction Type**

Frame Joisted Masonry Noncombustible Masonry Noncombustible Fire Resistive  
 Other (describe construction of floors, walls and roof )  
 Is exterior covered with dryvit, EIFS or aluminum siding? Yes No  
 If Frame, is siding wood shake? Yes No

**Fire Protection and Alarms**

Smoke detectors in common areas: Hardwired Battery N/A (no common areas)  
 Smoke detectors in units: Hardwired Battery  
 CO Detectors? Yes No  
 Are unit owners periodically advised of Smoke Detector and CO Detector requirements? Yes No  
 Local fire alarm? Yes No  
 Central station fire alarm? Yes No  
 Annunciator panel? Yes No  
 Are there masonry firewalls? Yes No  
 If yes, number of units per firewall?  
 Are there 2 hour firewalls? Yes No  
 If yes, number of units per firewall?  
 Do all firewalls extend to underside of roof? Yes No  
 Please describe:

Name of Responding Fire Department:  
 Distance to nearest Responding Fire Department: Public Protection Class:  
 For protection class 8 and 9, describe or attach fire suppression plan:

**Sprinkler System**

Does Applicant have a sprinkler system? Yes No  
 Type of sprinkler system(s): Wet Dry Both  
 Classification: NFPA 13 NFPA 13R Other:  
 Areas of coverage: Entire Building Units Common Areas  
 Attic Basement Garage  
 If applicable, are sprinkler pipes running through attic area insulated? N/A Yes No  
 Percentage of building(s) sprinklered?  
 Is sprinkler piping fully insulated in exterior walls and attic areas to prevent freezing? Yes No  
 Any other freeze prevention measures? Yes No  
 If yes, please describe:

Are sprinkler shutoff valves marked and readily accessible? Yes No  
 If no, please explain:

Is the sprinkler system tested and inspected by a sprinkler contractor annually? Yes No  
 Was a formal winterization review done? Yes No  
 Are sprinkler alarms tied to a 24-hour monitoring service? Yes No

**Roof Type**

Asphalt / Composition Shingle	If so, are any T-Lock shingles used?		Yes No
Tile (clay)	Tile (concrete)	Metal	Wood Shake / Shingle
Flat (tar and gravel)	Flat (membrane)	Other:	
Roof Manufacturer:	Roof Product:		
Roof Warranty:            years	Year of last roof update:		
Are roofs inspected annually?			Yes No
By whom:			
Are roof replacements scheduled?			Yes No
Please provide details or attach replacement schedule:			

Do the roofs have ice shields installed? N/A Yes No  
 How many feet? N/A  
 Any ice damming history? N/A Yes No  
 Corrective Actions taken:

HVAC equipment in attic space? N/A Yes No  
 Clothes dryer vented into attic space? N/A Yes No  
 Does attic area have adequate insulation and ventilation? Yes No  
 Energy Star minimum requirements:  
[http://www.energystar.gov/?c=home\\_sealing.hm\\_improvement\\_insulation\\_table](http://www.energystar.gov/?c=home_sealing.hm_improvement_insulation_table)

**Electrical**

Any Aluminum wiring other than main feeds? Yes No  
 If aluminum wiring, has retrofitting been done by a licensed electrician? Yes No  
 Corrective method used:   None   Pigtailed   COPALUM crimp   AlumniConn   CO/ALR Devices  
 Date retrofit complete:  
 Provide documentation of work completed or written confirmation from installing contractor.  
 Are circuits protected by circuit breakers? Yes No  
 If no or Federal Pacific Breakers please explain and provide details on replacement program.

Are there any fuses or fuse stats? Yes No  
 If yes, please explain:

Provide details on any electrical service updating projects affecting multiple units:

Does the property contain Photovoltaic (Solar) Panels? Yes No  
 If yes, complete the Solar Panel Supplemental Application.

## Plumbing

Is there Polybutylene piping? Yes    No  
Please provide details on replacement program:

Any water heater replacement programs? Yes    No  
Please provide details on replacement program:

Any washer hose replacement program? Yes    No  
Please provide details on replacement program:

Provide details on any plumbing updating projects affecting multiple units:

Are there water pipes that run through exterior walls? Yes    No  
If yes, are they insulated? Yes    No  
Is domestic water piping fully insulated in exterior walls and attic areas to prevent freezing? Yes    No  
Any other freeze prevention measures? Yes    No  
If yes, please describe:

Are main water shutoff valves marked and readily accessible? Yes    No  
Are individual building / unit water shutoff valves marked and readily accessible? Yes    No  
If no, please explain:

Any water flow detection, notification or automatic shutoff devices? Yes    No  
Any maintenance staff or individuals on 24-hour call to shut off water main in event of emergency? Yes    No  
Any formal procedures to require domestic water lines to be drained or turned off for any vacant or unoccupied units? Yes    No

## Heating, Ventilation and Air Conditioning (HVAC)

Any Boilers? Yes    No  
Date of last inspection (month/year)?  
Any fire places? Yes    No  
Regular cleaning required? Yes    No  
Any wood stoves? Yes    No  
Central HVAC? Yes    No  
Provide details on any HVAC updating projects affecting multiple units:

Describe any provisions to maintain heat in unoccupied units:

Are there water pipes in exterior walls? Yes    No  
If yes, are they insulated? Yes    No  
What minimum temperature are unit owners / tenants advised to maintain when unit is unoccupied?

**Means of Egress (buildings over 3 stories)**

All interior stairwells masonry enclosed?	Yes	No
All interior stairwells have fire doors?	Yes	No
Are fire doors equipped with panic hardware?	Yes	No
Exterior fire escapes?	Yes	No
Emergency lighting in hallways and stairwells?	Yes	No
Elevators?	Yes	No
# of passenger		# of freight
Are there illuminated exit signs?	Yes	No
# of exits per building?		

**Asbestos**

Any asbestos exposures in buildings?	Yes	No		
Ceilings	Floors	Boiler Room	Pipe insulation	Other:
Describe:				

**Lead**

Any lead exposures in building?	Yes	No
Describe remediation work:		

**Miscellaneous Building Issues**

Is grilling on balconies permitted?	Yes	No
Charcoal	Propane	Other:
Any known or suspected construction defects?	Yes	No
Describe defect and remediation work:		

Any outstanding insurance company risk management recommendations?	Yes	No
Please provide details on recommendations and work planned:		

Any buildings built on pilings?	Yes	No
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**SECTION IV – LIABILITY INFORMATION**

**Age Restricted Community**

Any medical services provided?	Yes	No
Please describe:		

Any assisted living facilities?	Yes	No
Please describe:		

**Security**

Is there a guard service provided?	Yes	No
If yes, please answer the below:		

- a. Type of guard service provided: 24 hour Evenings Other:
- b. Are the guards: Armed Unarmed
- c. Are the guards: Employees Off Duty Police Independent Contractors \* Non-cash compensated security

\*If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract.

Are the premises monitored by a closed circuit TV?	Yes	No
Is this a gated community or gated property?	Yes	No
If yes, please describe access:		

Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.)

Are incident reports provided to senior management of the property management company for security improvement actions plans to be implemented?	Yes	No
What process is followed after a violent attack takes place?		

Are criminal background checks conducted on all tenants and employees?	Yes	No
<b><u>Clubhouse</u></b>		N/A

Indicate Clubhouse Exposures:						
Cooking Facilities	Food Service	Liquor Service	Pro Shop	Indoor Pool	Spa	
Convenience Store	Retail Store	Other:				
Is the clubhouse rented out?					Yes	No
If yes, to whom?	Residents	Public				
Formal rental agreement used?					Yes	No

**Swimming Pool**

Are there any swimming pools?	Yes	No
Number of adult pools:		Number of wading pools:
Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?	Yes	No
If no, provide time table and action plan:		

Are there any indoor pools?	Yes	No
Are there any pools on an upper floor or rooftop?	Yes	No
Are there any diving boards?	Yes	No
Number of diving boards:	Highest diving board:	
Are there any slides?	Yes	No
Number of slides (attach photo):	tube:	½ tube: Other:
Are there any Spas or Whirlpools?	Yes	No
If yes, is the spa/whirlpool located in the pool area?	Yes	No
Are spa/whirlpool health risk signs posted?	N/A	Yes No
Can the pool be rented out for private functions?	Yes	No
Are pools completely fenced?	Yes	No
Do you have a self locking / latching gate that is in proper working condition?	Yes	No
Are all doors / gates leading to the pool area locked after hours?	Yes	No
Is public access to the pool area controlled by a secure door or gate?	Yes	No
What are the hours of operations?		
Are lifeguards on duty during posted hours?	Yes	No
Are the hours posted?	Yes	No
Are lifeguards: Employees Sub-contracted		
If sub-contracted, is a current certificate of insurance obtained?	Yes	No
Is a written maintenance schedule check done on all life safety features daily?	Yes	No
Who is responsible for daily maintenance?		
Are SWIM AT YOUR OWN RISK signs posted?	Yes	No
Are pool depths marked in and around the pool area?	Yes	No

**Lakes or Ponds**

N/A

Are there any ponds? Yes No

Number of ponds: Size of pond(s): Acres: Depth: Feet

Are there any lakes? Yes No

Number of lakes: Size of lake(s): Acres: Depth: Feet

Is the lake owned by the association? Yes No

Confined by dam, levy or dyke? Yes No

Is swimming permitted? Yes No

Is swimming restricted to designated area? Yes No

Is the area roped off? Yes No

Are lifeguards on duty during posted hours? Yes No

Are lifeguards: Employees Sub-contracted

If sub-contracted, is a current certificate of insurance obtained? Yes No

Is ice skating allowed? Yes No

Is fishing allowed? Yes No

Is non-motorized boating allowed? Yes No

Is motorized boating allowed? Yes No

Are signs posted indicating prohibited activities? Yes No

**Dams**

N/A

Number of dams: Types of dams: Number of acres:

Comment on downstream exposure and attach dam inspectors report:

**Playground**

No Playground Exposure

What is the surface under the playground equipment?

**Amenities and Recreational Activities**

N/A

Are any child care services permitted? Yes No

Is skateboarding permitted? Yes No

If no, are signs posted? Yes No

Is there an equestrian exposure? Yes No

If yes, please provide details:

Is there any high hazard activities? Yes No

If yes, please provide details:

Number of courts for: Tennis? Basketball? Volleyball?

Walking or Biking Trails? Yes No Number of miles:

Is there an exercise / weight room? Yes No

If yes, is it supervised? Yes No Are rules posted? Yes No

Type of equipment: Free Weights Circuit equipment Step Machine Lifecycle

Treadmills Rowing machines Other:

**Golf Course / Driving Range**

N/A

Association owned golf course or driving range? Yes No

Is the golf course / driving range open to the public? Yes No

Is the golf course operated and maintained by an independent contractor? Yes No

**Maintenance and Independent Contractors**

Are there any hire maintenance work done for individual unit owners? Yes No

If yes, please describe:

Does maintenance person routinely walk premises to inspect and address imminent hazard (i.e. weather related slip and fall hazards)?			Yes	No
Has a reserve study or a plan for funding major maintenance projects been done?(attach)			Yes	No
Are association streets:	Private	Public		
If private streets, who maintains?	Association	Independent Contractor		
Indicate existing maintenance contracts:	Grounds	Maintenance	Snow Removal	
Indicate if contractor provides:	Written Contract	Hold harmless	Certificate of Insurance	
If there is a Snow Removal contract, does it include a hold harmless / indemnification clause protecting the Association?			Yes	No

**SECTION V – CRIME INFORMATION**

What is the current operating budget?				
Who handles association funds?	Board of Directors	Property Manager	Accounting Firm	
Does property manager commingle association funds with other associations?			N/A	Yes No
Does property manager carry fidelity coverage?			N/A	Yes No
Property manager check signing limit without countersignature?		N/A	Limit \$	
Association fees and assessments are sent to:	Association	Property Manager	Lock Box	
Are there separate operating and reserve accounts?				Yes No
Is prior board approval required for all expenditures?				Yes No
If no, over what amount? \$				
Is prior board approval needed to access reserve account?				Yes No
Are countersignatures required on all checks?				Yes No
If no, indicate \$ threshold: \$				
Is a board member signature required for countersignature?				Yes No
If no, explain procedure:				
Is there an annual audit?			Yes	No
What type (i.e. certified, compilation)?				
Are bank statements reconciled monthly?			Yes	No
If no, indicate frequency:				
Does the person who reconciles have the ability to withdraw funds?			Yes	No
Does the association have debit or credit card accounts?			Yes	No
Who has cards?				

**SECTION VI – AUTOMOBILE INFORMATION**

If scheduled automobiles, submit ACORD applications, driver schedule and MVR's.				
Are any vehicles used for transportation for residents to and from areas of interest?			Yes	No
If yes, provide details:				
Is owned auto coverage desired?			Yes	No
If yes, provide ACORD Auto Application and MVRs.				
Any unlicensed or unregistered vehicles?			Yes	No
Describe use and circumstances:				

**SECTION VII – PRIOR CARRIER INFORMATION**

General Liability

Carrier									
Policy Number									
Policy Type		Claims Made	Occ						
Retro Date									
Effective / Exp Date									
LIMITS	General Aggregate								
	Products Comp Op Aggregate								
	Personal Adv Injury								
	Fire Damage								
	Medical Expense								
	Bodily Injury	Occ.							
		Agg.							
	Property Limit	Occ.							
	Agg.								
CSL									
Premium									

Automobile Liability

Carrier					
Policy Number					
Policy Type					
Effective / Exp. Date					
Combined Single Limit					
Bodily Injury	Ea Person				
	Ea Accident				
Property Damage					
Premium					

Property

Carrier					
Policy Number					
Policy Type					
Effective / Exp Date					
	Building AMT				
	Pers Prop AMT				
Premium					

Coverage:

Carrier					
Policy Number					
Policy Type					
Effective / Exp Date					
Limit					
Premium					

**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, PA, 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 PENNSYLVANIA:** 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.

**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)

## 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

**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

**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 a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)