

FAIRS AND FAIRGROUNDS SUPPLEMENTAL APPLICATION

Pages 1 - 3 must be completed for all submissions

For Parade Coverage, please complete the parade section on page 4.
 For Motorsports Event Coverage, please complete the motorsports section on page 4.
 For Rodeo Event Coverage, please complete the rodeo section on page 5.
 For Demolition Derby Event Coverage, please complete the demolition derby section on page 5.
 For Hired and Non-Owned Auto Liability Coverage, please complete the auto section on pages 5 & 6.
 For Liquor Liability Coverage, please complete the liquor section on pages 6 & 7.
 For Pyrotechnics Coverage, please complete the pyrotechnics on pages 8 -10.
 If you are responsible for the Security, please complete the security section pages 10 – 12.

SUBMISSION REQUIREMENTS

- Photos of fairgrounds
- Current schedule of events
- Current schedule of any non-fair events where coverage is desired
- Copy of contract between insured and carnival
- Financials
- Copy of emergency evacuation plans
- Four years of currently valued loss runs including present year

GENERAL INFORMATION

Name of Insured (as it will appear on the policy):

Address Location of Headquarters:

Telephone Number:

Fax Number:

Website:

Form of Business: Corporation Joint Venture Partnership LLC
 Other:

Is the insured considered: For Profit Not For Profit Federal ID#:

Date of Incorporation: Chartered or Incorporated in what state?

Name of Officers:

President:

Executive Director:

Insurance Chairman:

Risk Manager:

1. Please provide detail on management experience:

2. Nature of operations / description of the insured:

3. Does the insured engage in any other business operations under the name of the Insured as it will appear on the policy?
 If "yes," please explain: Yes No

4. Proposed Effective Date:
5. Estimated # of events:

UNDERWRITING INFORMATION

1. Please list all additional insured and their relationship:

2. Location for fair site:
3. Is this premises owned by the Named Insured? Yes No
4. Total Acreage:
5. Fair Dates:
6. How many years has this fair been under current management?
7. Estimated total attendance? Estimated daily attendance:
8. Does your operation include boarding of animals other than during the fair? Yes No
If "yes," please explain:

9. Is there any overnight public campgrounds? Yes No
If "yes," how may spaces?
10. Is there 24 hour security? Yes No
11. Are there rules and regulations posted for campers? Yes No
12. Who is providing the security for the fair?
13. If contracted, is a certificate of insurance collected? Yes No
14. Is security armed? Yes No
15. Who is responsible for medical personnel?
16. Distance to nearest hospital:
17. Is there an ambulance on site? Yes No
18. Are there any other medical facilities on site? Yes No
19. Are there formal emergency evacuation plans in place? Yes No
If "yes," please provide a copy.
20. How is the crowd notified?

21. How is the crowd dispersed from fair and surrounding areas?
22. Is there musical entertainment provided? Yes No
If "yes," what type: Hard Rock Pop Rock
Country & Western Classical
Other: Jazz
Blue Grass
23. Do professional players hold the Named Insured harmless with regards to injures? Yes No
24. Number of Grandstands:
Year Built:
Construction Type:
Guardrails: Yes No
25. Number of Bleachers:
Year Built:
Construction Type:
Guardrails: Yes No
26. Do you have a documented maintenance and inspection program for the Grandstands / bleachers? Yes No
27. Date of last inspection:
28. Does the fair contract with a carnival for amusement rides? Yes No
29. If "yes," do you collect a certificate of insurance? Yes No

PARADES

N/A

- 1. Date of parades:
- 2. Hours of parades:
- 3. Are all roads closed in both directions? Yes No
- 4. Number of floats:
- 5. Number of equestrian:
- 6. Number of bands:
- 7. Number of motorized vehicles:
- 8. Number of participants:
- 9. Are the animals insured against third-part liability claims by the owner? Yes No
- 10. What is the minimum limit required to be carried?

MOTORSPORTS EVENT APPLICATION

N/A

Club Association or Promoter:

Address:

Contact:

Phone:

Event Dates:

- 1. Event is held: Outdoors Indoors
- 2. Facility Name:
- 3. Facility Address:
- 4. Type of event:

5. Other ancillary attractions:

- 6. Are you requesting participant coverage? Yes No

Special Instructions:

- 7. Are there guardrails? Yes No
If "yes," type of material used:
- 8. Height:
- 9. Distance apart:
- 10. Is the guardrail in front of all spectator areas? Yes No
If "yes," type of material used:
- 11. Are all spectators restricted to the grandstands? Yes No
- 12. Grandstand Construction:
- 13. Seating Capacity:
- 14. Estimated Attendance:
- 15. Length of Show:
- 16. Is there an ambulance present? Yes No
- 17. Fire Extinguishers? Yes No
- 18. Number and type of security present?

RODEO EVENT APPLICATION**N/A**

1. Name of rodeo promoter / company / contractor:
2. Does the rodeo sign a contract holding the insured harmless with respect to claims arising from the operation of the escape of rodeo stock? Yes No
3. Does the rodeo provide a certificate of insurance naming insured as an additional insured? Yes No
4. What limits are required to be carried by rodeo?
5. Is the stock boarded overnight at insured's facility? Yes No
6. Are the transfer areas between the animal pens / stalls and rodeo competition area restricted from the general public? Yes No
7. Rodeo Dates:
8. Estimated Attendance:
9. Facility Location:
10. Rodeo is: Indoors Outdoors
11. Rodeo is: Permanent Temporary
12. Is there an arena fence / barrier? Yes No
13. If "yes," what is the construction:
14. What type of spectator seating is provided? Grandstand Temporary Bleachers

DEMOLITION DERBY APPLICATION**N/A**

1. Name of demolition derby promoter / company / contractor?
2. Does the derby provide a certificate of insurance naming insured as an additional Insured? Yes No
3. What limits are required to be carried by derby?
4. Are the vehicles stored overnight at insured's facility? Yes No
5. Demolition Derby Dates:
6. Estimated Attendance:
7. Facility Location:
8. Derby is: Indoor Outdoors
9. Derby is: Permanent Temporary
10. Is there a fence / barrier? Yes No
11. If "yes," what is the construction:
12. What type of spectator seating is provided? Grandstand Temporary Bleachers

NON-OWNED AND HIRED AUTO LIABILITY**N/A**

1. Does the insured have any owned automobiles? Yes No
2. If "yes," who is the insurer?
3. Limits of coverage:
4. Effective date of coverage:
5. Do you allow employees to use their own personal vehicles for your business purposes? Yes No
If "yes," how many employees use personal vehicles?
If "yes," how often? Daily Weekly Monthly Other:
6. Do you have a driver screening program for those employees who use their own personal vehicles for your business purposes? Yes No
7. Do you obtain Motor Vehicle Reports? Yes No
If "yes", how often? Annually Every other year Other:
8. Do you confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No
9. If "yes," what minimum limits are required?
10. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$

- | | | | | | | | |
|-----|--|-----------|-----------|-------------|-----------|-----|----|
| 11. | Do you have a driver training program for employees who use owned vehicles or their own personal vehicles? | | | | | Yes | No |
| 12. | Limits of coverage required: | | | | | | |
| | \$100,000 | \$300,000 | \$500,000 | \$1,000,000 | Other: \$ | | |
| 13. | Is hired auto physical damage required? | | | | | Yes | No |
| | If "yes," what is the maximum value of hired vehicle you would like to insure? \$ | | | | | | |
| 14. | What deductible level would you like? | \$250 | \$500 | \$1,000 | Other: | | |

LIQUOR LIABILITY	N/A
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- | | | | |
|-----|--|-------------------|----|
| 1. | Name on liquor license: | | |
| 2. | Liquor License Number: | Class of License: | |
| 3. | Type of facility or event where liquor will be sold: | | |
| 4. | Dates coverage required: | | |
| 5. | Opening and closing hours of event (s): | | |
| 6. | Opening and closing hours of liquor sales: | | |
| 7. | Has applicant's liquor license ever been revoked or suspended? | Yes | No |
| | If "yes," please explain: | | |
| 8. | Has applicant incurred claims for liquor liability during the last 3 years? | Yes | No |
| | If "yes," please explain: | | |
| 9. | Has any insurer cancelled or non-renewed coverage during the last 3 years? | Yes | No |
| | If "yes," please explain: | | |
| 10. | Has applicant ever been fined by alcoholic beverage control or other governmental regulator? | Yes | No |
| | If "yes," please explain: | | |
| 11. | Type of beverages sold: | | |
| 12. | Annual Gross Sales: | | |
| | Liquor Sales: \$ | | |
| | Food Sales: \$ | | |
| | Other: \$ | | |
| 13. | Are patrons allowed to carry alcoholic beverages onto the premises? | Yes | No |
| | If "yes," what type: | | |
| 14. | Do you exercise the right of search and seizure of contraband items? | Yes | No |
| | If "yes," how do you notify the public of this? | | |
| 15. | Do you maintain security personnel at entry check points? | Yes | No |
| | If "yes," what type? | | |

16. Are the alcohol sales and consumption:
 Contained within one fixed site, or Are booths/stands located throughout the event site?
17. Number of servers used?
 Professionals? Yes No Explain:
 Volunteers? Yes No Explain:
18. Do the servers receive any type of alcohol awareness training? Yes No
 If "yes," please explain:
19. Median age of liquor customers: 21 - 25 25 - 30 30 - 40 40 and over
20. Are minors allowed to enter the location where alcohol is being served? Yes No
 If "yes," how is underage consumption of alcohol prevented?
21. Explain how ID's are checked:
22. Are unformed police officers present at the site of alcohol sales? Yes No
 If "yes," how many?
23. Are undercover police officers present? Yes No
 If "yes," how many?
24. Are private security officers present? Yes No
 If "yes," how many?
25. Are rules and regulations clearly displayed for patrons viewing? Yes No
 Describe:
26. In what size container is the alcoholic beverage served?
 Cup oz. Pitcher Other:
27. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
 Explain:
28. Is there entertainment provided? Yes No
29. Live Music? Yes No
30. Disc Jockey? Yes No
31. Type of Music:
32. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
 Explain:
33. Is there any type of designated driver program? Yes No
 Explain:
34. Is there any other underlying liquor liability coverage being provided? Yes No
 Explain:
35. Will there be additional limits of liquor liability purchased? Yes No
 If "yes," what is the additional limit? \$

PYROTECHNICS

N/A

1. Limit of liability requested: \$1,000,000 Other: \$
2. Description of Events:

3. Location of Events:
4. Date of Events:
5. Who has the Authority having jurisdiction over the use of pyrotechnics at your facility?
 Local Fire Department State Fire Marshal Other (Please list):
6. What permit process must be followed prior to use of pyrotechnics at your facility:

7. Have you staged pyrotechnic displays before? Yes No
 If "yes," please list any claims/losses that have occurred and the amount of loss:

	<u>Description</u>	<u>Date of Occurrence</u>	<u>Amount of Loss</u>
a)			
b)			
c)			
8. Who will be the pyrotechnics operator? Named Insured Contractor

Complete this section if the Pyrotechnics Operator is the Named Insured

1. List names of people shooting fireworks and describe their experience.
Please note: This coverage will exclude Bodily Injury Liability to the fireworks shooter.

<u>Name</u>	<u>Experience</u>

2. Where are the pyrotechnics stored when not in use?

3. Does it meet Federal/State Storage Regulation? Yes No
4. What quantity of pyrotechnic material is stored on site (pounds, # of shows, etc):

5. Describe the type and amount of pyrotechnics used in recurring events (e.g. facility introductions, home runs, etc.):

6. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

7. Do you secure proper pyrotechnic permits for each event? Yes No
8. Are the shooters listed above licensed for pyrotechnics? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor.

1. Name:
2. Is there an agreement with the contractor? Yes No
If "yes," please provide a copy of the agreement.
3. Will liability coverage be provided by the pyrotechnics contractor? Yes No
If "yes," please indicate limits of coverage provided:

\$1,000,000	Greater than \$1,000,000	Other:
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Please attach a copy of certificate of insurance including any additional insured listing.

4. Do you confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No
5. Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

6. Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No
If "yes," what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an Additional insured?

If "no," does the tenant lease/use agreement indicate that pyrotechnic displays are not permitted?

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
7. Are events with pyrotechnics held: Indoors Outdoors
 8. What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

Aerial Shells	Airbursts	Black Powder	Comets
Concussion Effects	Concussion Mortars	Electric Matches	Flares
Flash Pots	Flashpowder	Gerbs	Integral Mortars
Mines	Mortars	Rockets	Saxons
Salutes	Wheels	Waterfall, Falls, Park Curtains	

Other, please list:

OUTDOOR PYROTECHNICS	N/A
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(only complete if outdoor pyrotechnic displays are staged)

9. Are the events in compliance with NFPA 1123 or 1126 (Code for Fireworks Display)? Yes No
10. Is there fencing to keep spectators away from restricted areas during the fireworks shooting? Yes No
If "yes," distance of spectator fencing from launch site:
Distance of spectator parking area from launch site:
Distance of closest building or structure from launch site:
11. Will there be firefighting equipment on site during the event? Yes No
If no firefighting equipment on site, give distance to nearest fire station:
12. Will you have an ambulance on site? Yes No
If "no," what is the estimated response time of an ambulance?
If "no," what is the distance to nearest medical facility:

INDOOR PYROTECHNICS**N/A***(only complete if indoor pyrotechnic displays are staged)*

- | | | | |
|-----|---|-----|----|
| 13. | Are the events in compliance with NFPA 1126 (Standard Code for the Use of Pyrotechnics before a Proximate Audience)? | Yes | No |
| 14. | Is the facility sprinklered? | Yes | No |
| 15. | What other form of fire fighting equipment is available at the facility: | | |
| 16. | Does the facility have an emergency evacuation plan?
If "yes," how often is the staff drilled on emergency evacuation: | Yes | No |
| 17. | Number of accessible (not locked) emergency exits at the facility: | | |
| 18. | What steps are taken to inform patrons of the locations of all emergency exits? | | |
| 19. | Maximum capacity of the facility: | | |
| 20. | Has the fire marshal approved the use of pyrotechnics at the facility?
If "yes," as of what date: | Yes | No |

SECURITY COVERAGE**N/A****PART I:**

- | | | | |
|----|---|-----|----|
| 1. | Who is primarily responsible (via contract) for liability coverage for security personnel?
Insured Municipality Sub-contractor | | |
| 2. | Number of security personnel on staff: | | |
| 3. | Number of security supervisors: | | |
| 4. | Number on premises: | | |
| 5. | Number off premises: | | |
| 6. | Do any security personnel carry a firearm as part of their equipment while on duty? | Yes | No |
| 7. | Are the security persons employed or contracted by the park?
Employed Contracted | | |

("Employed" means the individual is being paid and supervised directly by the insured. "Contract" means the existence of a written contract with another entity for security services that has insurance coverage separate from the insured's policy for security liability.)

Note: If "Employed," please answer Section B., Part I, II, III, and V.
If "Contracted," please answer Section B., Part I, II, III, IV, and V.

If applicable, please provide the estimated payroll for employed security persons: \$

- | | | | |
|-----|---|-----|----|
| 8. | Total maximum hours per day permitted at this and all other places of employment: | | |
| 9. | Total maximum hours per week: | | |
| 10. | What are the staffing guidelines per number of patrons? | | |
| 11. | Are the guidelines determined by: Ordinance, or Statute | | |
| 12. | Industry standard?
Other (please describe): | Yes | No |

PART IV:

- | | | | |
|----|--|-----|----|
| 1. | Date the contracting company began business: | | |
| 2. | Is there a written agreement with contracting company?
If "yes," please enclose a complete copy of the written agreement. | Yes | No |
| 3. | Name of contracting company's liability insurance carrier: | | |
| 4. | Is the park an additional insured on that policy?
If "yes," please enclose a complete copy of the policy. | Yes | No |
| 5. | Is there an established working relationship with local law enforcement?
If "yes," please describe: | Yes | No |

Please attach a copy of the contracting company's employment procedures.

- | | | | |
|----|--|-----|----|
| 6. | Number of contracted security personnel: | | |
| 7. | Number of security supervisors: | | |
| 8. | Are there any suits or legal actions pending against the company?
If "yes," please explain in detail: | Yes | No |
| 9. | Is there a procedure to immediately report all incidents to park?
If "yes," please describe: | Yes | No |

PART V:

- | | | | |
|----|--|-----|----|
| 1. | Does the supervisor make personal contact with each security person at least once during each shift?
If "yes," please describe: | Yes | No |
|----|--|-----|----|

Please explain all "no" answers.

**THIS 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:

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:

- 1 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:

- 2 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?
If yes, complete a Claim Supplemental for each incident. Yes No

- 3 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.

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | 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 |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | 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 |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise? | Yes | No | N/A |
| | If yes, select required duties of the caretaker:
Regular walkthroughs of the building
i. How often each day?
Trained in the location(s) of water shut off valve(s)
Inspects taps and leaves them dripping in freeze weather events
Shuts off or drains pipes during freezing temperatures
Monitors building temperatures ensuring heat is maintained at required levels
Responds to power outages
i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |

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 they/ them are an authorized representative of the Applicant and declares to the best of their 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 (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 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). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA 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.

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 FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: 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 JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN OHIO: 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.

APPLICABLE IN OKLAHOMA: 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.

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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: 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.

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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, 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)