

## INTEGRATED TECHNOLOGY E&O AND CYBER RISK RENEWAL APPLICATION - IDAHO

### PHILADELPHIA INDEMNITY INSURANCE COMPANY

#### SUBMISSION REQUIREMENTS

- Copies of the Applicant's current contracts or license agreement if they have been revised
- Current audited financial statement
- Updated currently valued loss runs

#### GENERAL INFORMATION *(to be completed by all Applicants)*

1. Insured Name *(as it should appear on policy)*:
2. Street Address:  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Website Address:
4. Business Type:    Corporation          Partnership          Joint Venture          LLC
5. Ownership Structure:    Public          Private          Not-for-Profit
6. Year established: \_\_\_\_\_ Number of employees: \_\_\_\_\_
7. Risk Management Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### SECTION I - COVERAGES *(to be completed by all Applicants)*

1. Select each coverage and indicate the Limit of Liability and Deductible for which the Applicant is applying.

Coverage	Limit of Liability	Deductible
Technology Errors & Omissions	\$	\$
Network Security and Privacy Liability	\$	\$
Employee Privacy Liability	\$	\$
Media Liability	\$	\$
Privacy Regulation Defense and Fines	\$	\$
Loss of Digital Assets	\$	\$
Non-Physical Business Interruption	\$	Hours:
Cyber Extortion Threat	\$	\$
Security Event Costs	\$	\$
Cyber Terrorism Coverage	\$	Hours:

2. Renewal date (mm/dd/yyyy):
3. Expiring coverage

Coverage	Technology E&O	Media Liability	Network Security/ Privacy Liability	First Party Cyber Expenses
Policy Period				
Limit of Liability	\$	\$	\$	\$
Retention	\$	\$	\$	\$
Retroactive Date				N/A
Premium	\$	\$	\$	\$

#### SECTION II - REVENUE *(to be completed by all Applicants)*

1. Indicate on what date the Applicant's fiscal year ends:
2. Indicate the Applicant's gross annual revenue for the following twelve (12) month fiscal time periods.

Revenue Split	Prior Fiscal Period	Current Fiscal Period	Next Fiscal Period
Domestic	\$	\$	\$
Foreign	\$	\$	\$
Total	\$	\$	\$

**SECTION III - SERVICE/PRODUCTS ALLOCATION/DESCRIPTION OF OPERATIONS**  
**(to be completed by all Applicants)**

1. Explain any change in Operations in the past twelve (12) months:

Estimate the total percentage of revenue for the following services and work.

<b>Technology – Software &amp; Services</b>	<b>%</b>	<b>Computers, Electronics, &amp; Hardware</b>	<b>%</b>
All Software Noted Below:		Aircraft/Spacecraft Electronic Components	%
Installed on Customer Systems	%	Circuit Board or Semiconductor Manufacturing	%
Hosted Remotely (SAAS)	%	Computer System Manufacturing	%
Application Service Provider	%	Computer Peripheral/Device Manufacturing	%
Artificial Intelligence Software/Services	%	Computer Maintenance and Repair	%
Billing/ Payment Processing/ E-Commerce	%	Electric Vehicle Charger Sale or Installation	%
Biometric Software or Services	%	Electronic Component Manufacturing	%
Blockchain Based Technology	%	Electronic Device Manufacturing	%
Cloud Data Hosting or Data Backup	%	Industrial Controls/SCADA Systems	%
Co-location without Managed Services	%	Instrument Manufacturing	%
Custom Software Development	%	Office Electronics Leasing/Sale/Service (Copiers, Printers, Managed Print Services)	%
Data Processing & Outsourced Services	%	Optical Instruments/Lens Manufacturing	%
Data Aggregator/Broker/Customer Targeting	%	Recycling/Destruction of Hardware	%
Domain Name Registration	%	Telecommunications Equipment Manufacturing	%
Emergency/911 Call Routing Software	%	Value-Added Resale of Computer or Telecom Hardware	%
IT Managed Service Provider ( <i>manage customer IT Networks/ Systems</i> )	%	Other ( <i>describe</i> ):	%
IT Managed Security Service Provider ( <i>manage customer IT security</i> )	%	<b>Distribution &amp; Value Added Resale</b>	<b>%</b>
IT Consulting	%	Computer Equipment & Software Distribution	%
IT Staff Augmentation	%	Electronic Component Distribution	%
Mobile Phone Application Development	%	Value-Added Resale of Computer or Telecom Hardware	%
Network Security Software and Services	%	Value-Added Resale of Software	%
Pre-Packaged Software Development/ Sales	%	Other ( <i>describe</i> ):	%
System Design and Integration	%	<b>Telecommunication Services</b>	<b>%</b>
Social Media Products/Services/ Platform	%	All Installation Work Noted Below:	
Technical Support/Repair & Maintenance	%	Performed by the Applicant	%
Training & Education	%	Subcontracted to Others:	%
Web Portal	%	Audio Visual Installation or Integration	%
Website Hosting	%	Alarm Integration (Burglar/Fire)	%
Website Construction and Design	%	Alarm Monitoring Services	%
Other ( <i>describe</i> ):	%	Data Transport/Bandwidth/Wholesale Access	%
Other ( <i>describe</i> ):	%	Internet Service Provider	%
<b>Other Professional Services</b>	<b>%</b>	Local & Long Distance Service Provider	%
Accounting or Actuarial Services	%	Telecommunications Consulting	%
Advertising/Content Creation Services	%	Telecommunication System Installation	%
Architect or Engineering Services	%	Video Conferencing Services	%
Business Process Outsourcing ( <i>describe services</i> ):	%	VOIP Phone System Integration	%
Esports Related Services or Teams	%	Wireless/Cellular Services	%
Legal Services	%	Telecom Tower Service and Installation	%
Warehousing, Logistics, Fulfillment	%	Other ( <i>describe</i> ):	%
Other ( <i>describe</i> ):	%	Other ( <i>describe</i> ):	%
		Other ( <i>describe</i> ):	%

**SECTION IV - CLIENT INFORMATION (to be completed by all Applicants)**

1. Provide the following information regarding the Applicant's five (5) largest clients.  
(Determined as a percentage of the total gross revenue for the past fiscal year)

Client	Size of Contract	Length of Contract	Description of Services

2. Indicate the percentage of products and services the Applicant provides to the following customer segments.

Customer Segment	Products	% of Services
Commercial Client		%
Individual Consumers		%
United States Federal Government		%
United States State and Local Governments		%
Foreign Governments		%

3. Indicate the percentage of revenue derived from the following business sectors.

Business Sector	% of Receipts	Business Sector	% of Receipts
Aerospace & Defense	%	Healthcare/Medical	%
Automobiles & Components	%	Information Technology	%
Chemical	%	Manufacturing	%
Construction & Engineering	%	Media	%
Consumer Services	%	Oil, Gas & Utilities	%
Electrical Equipment	%	Retail	%
Energy Equipment & Services	%	Telecommunication	%
Financial Services	%	Transportation	%

4. Does the Applicant hold non-public information on behalf of their client(s)? Yes    No  
**If yes, please complete Section IX, Information Security.**

**SECTION V - CONTRACTUAL PROCEDURES (to be completed by all Applicants)**

1. Does the Applicant require the use of a written contract or agreement for all engagements? Yes    No  
 What percent of sales use written contracts:        % vs. only purchase orders:        %
2. Indicate the percentage of contracts where the Applicant's standard contract, the customer's contract, or a combination of both is used.  
 Standard:        %        Customer:        %        Combination:        %
3. Are interim changes in contracts documented and signed off by both parties? Yes    No

**SECTION VI - QUALITY CONTROL PROCEDURES (to be completed by all Applicants)**

1. Does the Applicant have a disaster recovery/business continuity plan? Yes    No  
 How often do they test it:
2. How often does the Applicant backup critical data and systems?  
     No backups                      Quarterly full backups                      Daily/Weekly full/incremental backups
3. Are backup files stored in a secure location? Yes    No  
 Where:            Onsite                      Offsite                      Secondary backup hotsite

**SECTION VII - SUBCONTRACTED WORK, USE OF SUPPLIERS AND OUTSOURCED MANUFACTURING (to be completed by all Applicants)**

1. Does the Applicant subcontract any professional services or manufacturing to fulfill commitments to clients? Yes    No
2. If yes, what percentage does the Applicant subcontract:        %
3. Does the Applicant require evidence of Errors & Omissions insurance from subcontractors? Yes    No

**SECTION VIII - MEDIA (Complete only if applying for Media Liability or Copyright of Software Code**

**N/A**

Business Activities or Website Contents	% of Receipts	Business Activities or Website Contents	% of Receipts
Advertising/Marketing for Others	%	Music or Sound Clips	%
Social Media Services	%	Sexually Explicit Material	%
File Sharing	%	Sweepstakes or Coupons	%
Interactive Gaming	%	Video Production	%
Movie/Commercial Production	%	Other (describe):	%
<b>Website/Social Media Content</b>	<b>%</b>	<b>Open Source</b>	<b>%</b>
Content created by Applicant	%	Open Source Code originated by Applicant	%
Content supplied by Client	%	Open Source Code created by others and used by Applicant	%
Domain Name Registration	%		

1. Does the Applicant produce original content as part of their business such as advertising ideas, content creation services, logo/brand development? Yes    No
  - a. If yes, describe: Yes    No
  - b. If yes, does the Applicant utilize Generative AI in producing original content? Yes    No
2. Does the Applicant provide social media content services or provide a social media platform for others to post content? Yes    No

If yes, describe:
3. Risk Management Procedures for all Media Activities
  - a. Does the Applicant have written intellectual property clearance procedures? Yes    No
  - b. Does the Applicant have agreements in place with contractors, working on their behalf, granting the Applicant ownership of all intellectual property developed for them? Yes    No

**SECTION IX - INFORMATION SECURITY (Complete only if applying for Network Security & Privacy Liability Coverage, or if the Applicant is responsible for non-public information on behalf of others.)**

**N/A**

1. Please indicate which type of third party sensitive information resides in the Applicant's network. *(Select all that apply)*
  - Credit card data only for the duration of a transaction then deleted
  - Credit card data stored for future use (all but last four (4) digits masked)
  - Credit card data stored for future use (un-masked card numbers or including track two (2) data)
  - Private health information
  - Sensitive or proprietary company information (including trade secrets)
  - Bank Account or Financial Records
  - Employee/HR Information
  - Customer Login Information (usernames with unmasked passwords)
  - Other personally identifiable information *(describe)*:

Total number of individual Third Party Sensitive Information records above:

**BASIC SECURITY**

- |  |     |    |
|--|-----|----|
| 1. Does the Applicant have anti-virus deployed across their network with automatic updates?  | Yes | No |
| 2. Does the Applicant have a firewall in place?  | Yes | No |
| If yes, is it configured to disallow inbound connections by default?   | Yes | No |
| 3. Are critical software and network vulnerabilities patched within 30 days?   | Yes | No |
| 4. Does the Applicant encrypt all data at rest, in-transit, and on all portable devices which store personal data?   | Yes | No |
| 5. Is the Applicant currently up to date with any relevant regulatory and industry framework such as: Payment Card Industry (PCI), Portability & Accountability Act (HIPAA), Gramm-Leach Bliley, CAN-SPAM Act, or similar? | Yes | No |

**ADDITIONAL SECURITY**

- |   |     |    |
|---|-----|----|
| 1. Are access controls employed using the principle of least privilege?               | Yes | No |
| 2. Is critical data backed up physically disconnected "offline" from the internet?    | Yes | No |
| 3. Please confirm that the Applicant has <i>NO</i> open Remote Desktop Ports (RDP's). | Yes | No |
| 4. Does the Applicant require the use of multi-factor authentication (MFA) for:       | Yes | No |
| a. All remote access (including employees, vendors, and third parties)?               | Yes | No |
| b. Privileged users?  | Yes | No |

**ADVANCED SECURITY**

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant utilize any next generation anti-virus or behavioral analysis including Endpoint Detection and Response (EDR)?  | Yes | No |
| a. If yes, please state which product used (such as CrownStrike Falcon, SentinelOne):   |     |    |
| 2. Are employees trained in phishing and social engineering techniques?   | Yes | No |
| a. If yes, how often?   |     |    |
| 3. Does the Applicant utilize email filtering tools such as: SPF (Sender Policy Framework), DKIM (DomainKeys Identified Mail, DMARC (Domain-based Message Authentication, Reporting and Conformance)? | Yes | No |

**SECTION X - HISTORICAL BUSINESS INFORMATION (to be completed by all Applicants)**

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have any account receivables for professional or technology service contracts that are more than ninety (90) days past due?<br><b>If yes, attach details.</b> | Yes | No |
|---|-----|----|

**SECTION XI - CLAIMS & INVESTIGATORY INFORMATION (to be completed by all Applicants)**

- |   |     |    |
|---|-----|----|
| 1. Has the Applicant received any complaints, claims, or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or their customers' ability to rely on their network?<br><b>If yes, attach details.</b> | 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, MAY BE 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 PRINCIPAL, PARTNER, OR OFFICER)

\_\_\_\_\_  
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)