

CapMedia and Entertainment Application

NOTICE: THE POLICY BEING APPLIED FOR IS A MODULAR POLICY THAT CAN BE CUSTOMIZED TO PROVIDE COVERAGE FOR MEDIA LIABILITY, FILM AND ENTERTAINMENT LIABILITY, PROFESSIONAL SERVICES LIABILITY / TECHNOLOGY AND INTERNET SERVICES LIABILITY AND PRIVACY AND NETWORK SECURITY LIABILITY.

IN THE EVENT THAT A POLICY IS ISSUED TO THE APPLICANT, COVERAGE MAY APPLY ON EITHER A CLAIMS MADE OR AN OCCURRENCE BASIS, AS INDICATED IN EACH COVERAGE SECTION. IF COVERAGE IS PROVIDED ON AN OCCURRENCE BASIS, THEN COVERAGE APPLIES TO ONLY THOSE CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TAKE PLACE DURING THE POLICY PERIOD. IF COVERAGE IS PROVIDED ON A CLAIMS MADE AND REPORTED BASIS, THEN COVERAGE APPLIES TO ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE POLICY.

CLAIM EXPENSES (THE COSTS OF PROVIDING A DEFENSE TO A CLAIM OR SUIT) MAY REDUCE AND ERODE THE LIMITS OF LIABILITY AVAILABLE TO PAY ANY JUDGMENT OR SETTLEMENT, OR THEY MAY BE PAID IN ADDITION TO THE LIMITS OF LIABILITY, AS INDICATED IN THE POLICY IF ISSUED TO THE APPLICANT.

PLEASE CAREFULLY READ AND COMPLETE THE APPLICATION, INCLUDING THOSE SECTIONS APPLICABLE TO THE COVERAGES REQUESTED, AND ALL APPLICABLE SUPPLEMENTAL APPLICATIONS.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY MEDIA, PRODUCTIONS, SERVICES, PERSONS OR OTHER ITEMS REFERENCED HEREIN WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.

SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.

I. APPLICANT INFORMATION

1.1	Proposed Named Insured (This is how the name and address of the Named Insured will read on the Declarations Page if coverage is bound and a Policy is issued.):	
	Name:	
	Mailing Address:	
	City, State, Zip:	
	County:	
	Phone:	
1.2	Website Address(es):	
1.3	Date Established:	
1.4	Is Applicant a:	<input type="checkbox"/> sole-proprietor <input type="checkbox"/> partnership <input type="checkbox"/> LLC <input type="checkbox"/> corporation <input type="checkbox"/> joint-venture <input type="checkbox"/> non-profit <input type="checkbox"/> individual <input type="checkbox"/> other, describe: _____
1.5	Description of Operations:	

FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

II. DESIRED COVERAGE/ LIMITS / RETENTION OPTIONS AND EFFECTIVE DATE

PLEASE NOTE: YOU MUST PURCHASE EITHER THE MEDIA OR FILM AND ENTERTAINMENT COVERAGE TO BE ELIGIBLE FOR THE PROFESSIONAL SERVICES AND/OR PRIVACY COVERAGE.

2.1 Specify the following details for coverages desired:

Desired	Coverage	Each Claim / Wrongful Act Limit	Aggregate Limit	Retention	Claims-Made or Occurrence	Retroactive Date mm/dd/yyyy (if applicable)	Claim Expenses
<input type="checkbox"/>	Media				<Select Type>		<Select Type>
<input type="checkbox"/>	Film and Entertainment				<Select Type>		<Select Type>
<input type="checkbox"/>	Professional Services				<Select Type>		<Select Type>
<input type="checkbox"/>	Network Security				<Select Type>		<Select Type>

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If you would like additional Limit / Retention and/or other coverage options please specify in a separate attachment.

2.2 Effective Date:	(mm/dd/yyyy)
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III. ORGANIZATIONAL STRUCTURE

3.1 Please list all subsidiaries, or other related or affiliated entities (and indicate their DBA(s), if applicable), for which coverage is desired. If none, please indicate none:

Name of Entity	Nature of Operations	% Ownership	Coverage Desired	
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2 Is Applicant owned by, controlled by or affiliated with any other entity or organization? Yes No

If Yes, identify the entity or organization and explain the relationship:

3.3 Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity? Yes No

If Yes, please complete the following:

Name of Entity	Transaction		Did Applicant Assume Any	
	Date	Type	Assets?	Liabilities?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

IV. REVENUE / GROSS PRODUCTION BUDGET INFORMATION

4.1 Please provide the following Revenue information regarding Applicant's operations or services:

Fiscal Year End Date: _____(mm/dd/yyyy)	Past Year		Current Year		Next Projected Year	
Media or Film and Entertainment Operations:	US:	\$	US:	\$	US:	\$
	Foreign:	\$	Foreign:	\$	Foreign:	\$
	Total:	\$	Total:	\$	Total:	\$
Professional Services and/or Technology Services:	US:	\$	US:	\$	US:	\$
	Foreign:	\$	Foreign:	\$	Foreign:	\$
	Total:	\$	Total:	\$	Total:	\$
Total Gross Revenue:	US:	\$	US:	\$	US:	\$
	Foreign:	\$	Foreign:	\$	Foreign:	\$
	Total:	\$	Total:	\$	Total:	\$

4.2 If operating in foreign countries, please list those countries which are outside the United States, its territories or possessions, Puerto Rico or Canada:

4.3 For the production(s) the Applicant wants covered (Applicable for Film and Entertainment Coverage only), provide gross productions costs (total budget):

Gross Production Cost / Budget	
US:	\$
Foreign:	\$
Total:	\$

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V. CURRENT / PRIOR COVERAGE

5.1	Prior Professional Liability/Professional Services/Privacy and Network Security Insurance for the last three years:																													
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Coverage Type</th> <th style="width: 15%;">Policy Period</th> <th style="width: 15%;">Carrier</th> <th style="width: 15%;">Limits</th> <th style="width: 15%;">Deductible</th> <th style="width: 15%;">Premium</th> <th style="width: 15%;">Claims-Made or Occurrence</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Coverage Type	Policy Period	Carrier	Limits	Deductible	Premium	Claims-Made or Occurrence																						
Coverage Type	Policy Period	Carrier	Limits	Deductible	Premium	Claims-Made or Occurrence																								
5.2	Is any extended reporting period currently in force? If Yes, provide the duration, expiration date and coverage type of the extended reporting period:	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
5.3	Has Applicant ever applied for Professional Liability or any similar type of insurance and been denied, cancelled or non-renewed? If Yes, please explain in a separate attachment (NOT APPLICABLE IN MISSOURI).	<input type="checkbox"/> Yes <input type="checkbox"/> No																												

VI. CLAIMS AND POTENTIAL CLAIMS INFORMATION

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.

The term "Applicant" as used below, means any proposed insured, including any individual or entity for whom coverage is sought.

6.1	During the past five (5) years, has any claim, suit, proceeding, investigation or demand been made or initiated against the Applicant or against any entity or individual proposed for coverage, in way relating to the proposed insurance or any similar prior policy of professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	In the past five years, has Applicant sued any of its clients for non-payment of fees or other amounts? (a) If Yes, advise the number of times this has occurred in the last twelve months: _____ in the last five years: (b) In these instances, was the Applicant counter-sued?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	In the past five years, has any entity or professional employees of Applicant or other proposed insureds had their professional license(s) or certification(s) suspended or revoked? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	Is the Applicant aware of any fact, circumstance, situation, demand, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against Applicant, for which coverage under the proposed insurance may be sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5	In the past five (5) years, has Applicant or any of Applicant's predecessors in business, affiliates, or past or present partners, owners, officers, sales persons or employees been investigated for wrongdoing or misconduct and/or cited or fined or otherwise penalized by <u>any</u> regulatory agency or governmental authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer questions 6.6, 6.7 and 6.8 only if applying for Privacy and Network Security Liability Coverage.

6.6	In the last five (5) years has the Applicant:	
	(a) Received any claims, suits, demands or complaints with respect to privacy, breach of information or network security, or unauthorized use or disclosure of information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Been subject to any regulatory or governmental proceeding, action or investigation, including any subpoena or official request for information or documentation, regarding an alleged violation of any law or regulation governing the protection and security of confidential or proprietary information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Notified clients, employees, customers, consumers or any other parties of an actual or suspected breach of any computer system or the loss or disclosure or private information or data, involving the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) Experienced any actual or attempted extortion demand with respect to its computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The policy for which the Applicant is applying, if issued, will not insure any claim, suit, proceeding or other matter disclosed, or which should have been disclosed, in response to the above; or any claim, suit proceeding or other matter that arises from any fact, circumstance, situation, demand, error or omission disclosed, or which should have been disclosed, in response to the above.

6.7	Is the Applicant aware of any fact, circumstance, situation, demand, error or omission which can reasonably be expected to result in a claim, suit, demand or proceeding being made against Applicant, for which coverage under the proposed insurance may be sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8	Is the Applicant aware of any circumstance or situation involving:	
	(a) Loss or compromise of private or confidential information or data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Unauthorized access to the Applicant's computer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Introduction of any virus, malware or malicious code into the Applicant's computer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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(d) Damage to or destruction of data of the Applicant for which coverage under the proposed insurance may be sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the response was "Yes" to any of the questions in this Section VI., please provide the following information in a separate attachment for any claim, suit, proceeding, circumstance, situation or other matter relating to the questions above:

- | | |
|---|--|
| <ul style="list-style-type: none"> • A full description of any matter, including damages alleged, if applicable • Date the insurance carrier was put on notice • Amounts of: reserves; legal expenses paid; and settlements or judgments | <ul style="list-style-type: none"> • Current status • Loss runs • Steps implemented to prevent similar claims |
|---|--|

VII. RISK MANAGEMENT, EDITORIAL & LEGAL PROCEDURES FOR MEDIA / FILM COVERAGE

LEGAL ADVICE AND PROCEDURES

7.1 Inside Counsel / Outside Law Firm:
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	In-house Counsel	Outside / Clearance Law Firm
Contact Name:		
Phone #:		
Email Address:		
Firm Name:		
Address:		

7.2 Is in-house legal counsel or outside counsel retained to review any of the following for the Applicant:

Clearance procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hold harmless / indemnification agreements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaints:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensing issues:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contracts or agreements:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Releases:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disclaimers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trademark and copyright / other intellectual property:	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.3 Is there an outside legal counsel or law firm on retainer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, for what types of issues:

7.4 Does in-house legal counsel or outside counsel review the content of all media and film or other entertainment productions, including but not limited to publications, broadcasts, websites, social media, public speeches or statements and advertising materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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MEDIA PROCEDURES

7.5 Does the Applicant have a procedure in place for reviewing and processing unsolicited submissions of matter or content?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.6 Are written disclaimers utilized in respect to financial, legal or medical advice given to clients or other parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

7.7 Have procedures been implemented to handle and respond to complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.8 Describe Applicant's procedures to ensure the accuracy and originality of content created:
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(a) By employees and others internally:

(b) By independent contractors (freelance writers, photographers, artists):

7.9 Are written consents procured in advance (prior to release to the public) for unoriginal content or material contained in any media or work product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If No, please describe the efforts taken:

7.10 Does Applicant produce, publish or distribute media in any language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If Yes, please describe:

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7.11	Are hold harmless/indemnification provisions included in written agreements between the Applicant and independent contractors that provide content and/or services to the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, does the agreement include assignment of rights in any medium, including digital and electronic format?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Are subcontractors and/or independent contractors or others providing services to Applicant or on Applicant's behalf required to provide proof of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.13	Approximately what percentage of matter/content is:	

Type	Percentage
Created in-house:	%
Provided by Independent Contractors:	%
Obtained by news syndicates / stock photo houses:	%
Other, please describe:	%
Total:	100%

7.14	Does Applicant stream any content over website(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) If Yes, does Applicant pay licensing fees to ASCAP, BMI, SESAC or other organizations for the content that is streamed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If No, please provide details:	
7.15	Do appropriate employees and independent contractors receive training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.16	Does the Applicant develop any trademarks or service marks? If Yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) How many are developed annually?	
	(b) Are trademark or service mark searches performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, by whom?	
	(c) Does Applicant have written procedures in place to clear trademarks, service marks or material that may be protected by copyright?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) Describe Applicant's clearance procedure for trademarks, services and copyrighted material:	

PLEASE ATTACH A COPY OF YOUR CLEARANCE PROCEDURES.

	(e) Does the Applicant have a procedure in place to regularly review all copyright, trademark and service mark license agreements to ensure they are current and the trademark or copyrighted material is being utilized correctly and in a manner consistent with the scope of agreed upon rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(f) Does Applicant always follow an established procedure for detecting or editing controversial, offensive, or infringing material from Applicant's website or Internet service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(g) Is there an immediate take down policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FILM AND ENTERTAINMENT PROCEDURES

7.17	Does the Applicant have a procedure in place for reviewing and processing unsolicited submissions or matter or content?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.18	If the name or likeness of any living person is used or portrayed in Applicant's productions, are all necessary rights and releases obtained prior to use? If no:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Are releases obtained in all instances prior to the first airing, distribution or public display of the production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) If releases are not or will not be obtained, please explain:	
7.19	Is there any reasonable expectation that a living person could claim to be identifiable in the production, whether or not the person's name or likeness is actually used in the production, or the production purports to be fictional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, has a written release been obtained from all such persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, will a written release be obtained prior to the first airing, distribution or public display of the production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If a release has not been obtained, please explain:	

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7.20	If the name or likeness of any deceased person is used or portrayed in applicant's productions, are all necessary releases obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, will written releases be obtained from personal representatives, heirs or owners of such rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, will written releases be obtained in all instances prior to the first airing, distribution or public display of the production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If a release has not been obtained from such person, please explain:	
7.21	Has applicant obtained title and trademark reports from a recognized agency and has this been reviewed as satisfactory by a qualified attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, please explain:	

PLEASE ATTACH A COPY OF THE TITLE REPORT.

7.22	Has Applicant and Applicant's attorneys reviewed the Clearance Procedures attached to this Application, and does the Applicant agree to exercise due diligence to ensure that these procedures are followed in relation to the production(s) for which Applicant is seeking coverage? If No:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Please explain why:	
	(b) Please provide a description of Applicant's Clearance Procedures that will be followed:	

Additional Coverage(s) that may be applicable

VIII. PROFESSIONAL / TECHNOLOGY / INTERNET SERVICES NOT APPLICABLE

8.1	Describe in detail the services provided by Applicant that the Applicant seeks to insure:
	NOTE: This information will be used to develop a description of Covered Services to be included on the Declarations of any Policy issued, or a Schedule of Covered Services to be attached to any Policy issued.
8.2	Please complete the following with regard to Applicant's activities:

Activity / Service	% of Revenues	Activity / Service	% of Revenues
Data / Facilities Services:		Marketing Services:	
Backup Services/Archiving	%	Branding	%
Data Processing/Warehousing/Mining/Management	%	Coupon/Rebate/Promotions Distribution / Redemption Management	%
Server/Co-location/Hardware Facilities Management	%	Direct Mail Development/Implantation	%
Hardware:		Event Planning	%
Cabling/Wiring	%	Graphic Design	%
Component/Chip Design/Manufacturing	%	Investor Relations	%
Component Assembling	%	Logos/Trademark Development	%
Embedded Software Design/Installation	%	Mail List Development/Maintenance	%
Hardware VAR	%	Market Survey Design/Research/Analysis/Consulting	%
Maintenance/Repair/Installation/Integration	%	Media Buying/Placement	%
Internet:		Music Service	%
Advertising/Promotional Design/Services	%	Package/Display/Brochure Design	%
ASP	%	Photo Service	%
Content Provider/Aggregator/Publisher	%	Production of Commercials or other Advertising Content	%
E-Commerce Services	%	Product Development/Product Testing	%
ISP	%	Promotions Design/Development	%
Portal (including Chat/BB/Blogs)	%	Printing (e.g. Business Forms, Pamphlets, Directories, Social, Bindery, Catalogs)	%
Search Engines	%		
Website Development/Maintenance/Hosting	%		
Website Ownership	%		

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Activity / Service	% of Revenues	Activity / Service	% of Revenues
Software:		Printing (e.g. Discount/Rebate Coupons, Lottery tickets, Sweepstakes tickets, Corporate/Financial reports)	%
Custom Software	%		
Installation/Maintenance/Training/Support	%		
Package Software	%	Publishing	%
Programming	%	Public Relations Consulting	%
Software VAR	%	Strategic Planning	%
Technology / Internet / Telecommunications Consulting:		Telemarketing	%
Internet/E-Business	%	Warehousing/Inventory/Fulfillment Services	%
Outsourcing/Permanent-Temporary Placement	%		
System-Network	%		
Analysis/Design/Integration/Migration	%		
Telecommunications Services:		Other: (Please specify)	
Cable or Satellite Television Service Provider	%		%
Long Distance Service Provider	%		%
Local Service Provider/Cooperatives	%		%

8.3 Does Applicant have any certified, licensed or registered professionals on staff? (e.g. architects, engineers, healthcare providers, attorneys, CPAs, actuaries, insurance agents or brokers, financial planners/advisors, etc.) Yes No
If yes:

(a) Please provide details on a separate attachment.

(b) Are such professionals: Involved, in any way, in the services the Applicant seeks to insure; or solely involved in the Applicant's operational administration (e.g. CFO, in-house legal counsel, in-house risk manager)

8.4 Provide the following information regarding Applicant's five (5) largest clients, for whom you are performing services:

	Client	Dollar Value of Contract	Length of Contract	Type of Services
1.				
2.				
3.				
4.				
5.				

INDEPENDENT CONTRACTORS

8.5 Does Applicant use independent contractors for any services? Yes No
If Yes, what specific activities do they perform; and what percentage of Applicant's total revenues are derived from activities performed by independent contractors?

8.6 Describe what controls Applicant has in place to ensure the quality of work performed by independent contractors:

8.7 Does Applicant require independent contractors to maintain their own professional liability or errors and omissions (E&O) insurance? Yes No
If Yes, what are the minimum limits required?

8.8 Does Applicant use a written contract with independent contractors? Yes No

CONTRACTS / LICENSING AGREEMENTS

8.9 Does Applicant use a standard written contract or agreement with all customers and clients? Yes No

8.10 Indicate the percentage of contracts where Applicant's standard contract, the client's contract, or combination of both is used:

% Applicant	% Client	% Combined
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8.11 Does legal counsel review all contracts? Yes No
(a) If No, what percentage of total contracts are reviewed? %
(b) Does legal counsel review modifications to standard contracts? Yes No

8.12 What is the dollar value of Applicant's contracts? Average: _____ Largest: _____

8.13 What is the length of Applicant's contracts? Average: _____ Longest: _____

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8.14	Do Applicant's contracts contain any of the following provisions?	
	Hold harmless/indemnification wording to:	<input type="checkbox"/> Insurance requirements for clients with minimum limits
	<input type="checkbox"/> Applicant's favor	<input type="checkbox"/> Limitation of liability/Disclaimers
	<input type="checkbox"/> Client's/member's favor	<input type="checkbox"/> Statement of work specifications

QUALITY CONTROL AND PROCEDURES

8.15	What does Applicant see as its greatest potential exposure(s) arising out of the services for which it is seeking coverage?	
8.16	What safeguards does Applicant employ to avoid claims or reduce Applicant's exposures?	
8.17	How does Applicant inform clients of problems if discovered?	
8.18	Does Applicant have a written complaint resolution policy or procedure relating to its services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.19	Does Applicant perform quality control audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, how frequently are audits performed?	
8.20	If Applicant is a value-added reseller of software/hardware, is the manufacturer still in business and does the manufacturer continue to support products they have manufactured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.21	Does Applicant continue to support all software/hardware that Applicant has developed and/or distributed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.22	Do clients always provide written acceptance of the systems and/or software after the production or implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.23	Is a standard test plan followed by Applicant for all system and/or software design and development work (i.e. alpha, beta prototype development, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.24	Are clients responsible for determining the accuracy of test results?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.25	Does Applicant retain design, development and testing documentation for the life of the systems and/or software?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, how long is this information retained by Applicant?	
8.26	Has Applicant had a product recalled in the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please explain:	
8.27	Does Applicant use content, including software and computer programs, developed by third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.28	Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IX. PRIVACY AND NETWORK SECURITY

NOT APPLICABLE

9.1	Does Applicant collect, process, store or maintain any private or personal information or data or confidential business information or data?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	If yes, please indicate what type:																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Bank Accounts / Records:</td> <td style="width: 15%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 33%;">Healthcare / Medical Information:</td> <td style="width: 15%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Credit / Payment Card Information:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Intellectual Property of Others:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Confidential Corporate Information / Trade Secrets of others:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Social Security Numbers:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Employee Information:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Other, please describe:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Bank Accounts / Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Healthcare / Medical Information:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit / Payment Card Information:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intellectual Property of Others:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confidential Corporate Information / Trade Secrets of others:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Numbers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Information:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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9.2	Has the Applicant experienced any loss of service exceeding 8 hours, excluding any planned maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
9.3	Estimate the number of records Applicant stores electronically or in paper files:																	
9.4	Does Applicant outsource any of the following functions, and if so please list vendors utilized? (Check all that apply.)																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Data or Records Storage</td> <td style="width: 50%;"><input type="checkbox"/> Network/User Support Services</td> </tr> <tr> <td><input type="checkbox"/> Document Management</td> <td><input type="checkbox"/> Payment Processing</td> </tr> <tr> <td><input type="checkbox"/> Network Management</td> <td><input type="checkbox"/> Website Design or Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Monitoring, Management or Maintenance of computer / device security systems</td> <td><input type="checkbox"/> Other Technology Services/Functions, please specify:</td> </tr> </table>	<input type="checkbox"/> Data or Records Storage	<input type="checkbox"/> Network/User Support Services	<input type="checkbox"/> Document Management	<input type="checkbox"/> Payment Processing	<input type="checkbox"/> Network Management	<input type="checkbox"/> Website Design or Maintenance	<input type="checkbox"/> Monitoring, Management or Maintenance of computer / device security systems	<input type="checkbox"/> Other Technology Services/Functions, please specify:									
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9.5	Does Applicant collect, sell or share information or data gathered from customers or others? If Yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	(a) Does Applicant notify and obtain the consent of customers or others prior to selling or sharing their information or data?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	(b) By what means? <input type="checkbox"/> Opt-in <input type="checkbox"/> Opt-out <input type="checkbox"/> Other																	
9.6	Is Applicant in compliance with any state or federal law which protects or regulates personal information or data?	<input type="checkbox"/> Yes <input type="checkbox"/> No																

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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(a) Is Applicant in compliance with the HIPAA Privacy Rule?	
(b) Does Applicant comply with Gramm Leach Bliley Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(c) Other, please describe:	
9.7 Does Applicant perform background checks, including credit and criminal history on all:	
(a) Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Independent Contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Consultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.8 Does Applicant have a formal technology and computer systems training program, including a review of all security procedures, for all employees, independent contractors and consultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.9 Has Applicant implemented a user permission and password management policy for all computers, phones or other portable devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.10 Does Applicant accept credit cards for goods sold or services rendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) If Yes, how many transactions are processed monthly?	
(b) Is Applicant in compliance with PCI / DSS standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate level of compliance: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
9.11 Does Applicant encrypt any of the following hardware?	
(a) Laptops	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) USB drives	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Backup Tapes/Disks	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Blackberries/iPhones/iPads, or other "smart" devices	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.12 Do Applicant's external computer systems use firewalls and intrusion detection systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.13 Does Applicant use anti-virus and other preventive software to prevent malicious code from entering their system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.14 Does Applicant have physical security measures in place to limit physical access to the Applicant's computer systems / data centers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.15 Does Applicant audit or assess the security of Applicant's network at least once a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are all recommendations addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.16 Does Applicant have Business Continuity/Disaster Recovery plans in place for all mission critical business processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.17 Does Applicant have a data backup procedure in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) If Yes, how often is data backed up?	
(b) Where does Applicant store backed up data?	
9.18 Does Applicant have a written policy for document retention and destruction, including both paper and electronic records?	<input type="checkbox"/> Yes <input type="checkbox"/> No

X. FRAUD WARNINGS

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.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN CO

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 FL AND OK

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)*. *Applies in FL only.

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APPLICABLE IN KS

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 commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

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 OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

XI. REPRESENTATIONS

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

By signing this Application, Applicant represents the following:

1.	<i>The statements in the Application furnished to the Company are accurate and complete;</i>
2.	<i>Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;</i>
3.	<i>Those representations are a material inducement to the Company to provide a Quotation;</i>
4.	<i>If a policy is issued, the Company will have issued this Policy in reliance upon those representations;</i>
5.	<i>The Applicant agrees to notify the Company of any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued; and</i>
6.	<i>The Company reserves the right, upon receipt of such notice, to change or rescind any Quotation previously offered by the Company.</i>

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of authorized representative of Applicant

Title of Authorized Representative

Type / Print name of authorized representative

Date

E-mail address of authorized representative