

Quick Renewal Application

CapSpecialty Technology / Media / Cyber Policy

THIS IS AN APPLICATION FOR THE RENEWAL OF THE INSURED'S CAPSPECIALTY TECHNOLOGY / MEDIA / CYBER POLICY WITH THE INSURER SHOWN AT THE TOP OF THIS FORM. A RENEWAL QUOTATION HAS BEEN PROVIDED TO THE INSURED WITH THIS RENEWAL APPLICATION. HOWEVER, THE PROPOSED TERMS SET FORTH IN THAT RENEWAL QUOTATION ARE CONTINGENT UPON THE INSURED'S CONFIRMATION THAT THE BELOW STATEMENTS ARE TRUE AND ACCURATE. IF THE INSURED IS UNABLE TO CONFIRM THE BELOW, THEN A REVISED QUOTATION WILL BE PROVIDED AND THE TERMS AND CONDITIONS PROPOSED MAY CHANGE.

Proposed First Named Insured and Mailing Address:

Technology and Internet Activities, as defined in the Policy, and other activities if specified below:

PLEASE REVIEW THE FOLLOWING STATEMENTS CAREFULLY, AND PROVIDE THE APPROPRIATE RESPONSE UNDER THE OPTIONS INDICATED BELOW:

If any of the following statements are FALSE, please provide the information requested.

1.	Applicant's anticipated annual revenues have not increased more than twenty-five percent (25%) based on previously reported revenues of \$ <Revenues>
	If FALSE, please state anticipated annual revenues: _____
2.	Applicant's services / activities / products have not materially changed in the past year, and will not change in the next twelve (12) months. (See current Technology and Internet Activities stated above.)
	If FALSE, please describe new services, activities or products:
3.	No coverage is desired for any subsidiary of the Applicant or for any other entity or organization, which is not already included as an Insured under the current Policy with the Insurer.
	If FALSE, please provide details:
4.	During the past year, Applicant has not become aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a claim, suit or proceeding against any Insured.
	If FALSE, please complete and return a Supplemental Claim Form.

PLEASE SELECT ONLY ONE OPTION BELOW:

Option 1 – All Statements Above Confirmed – Bind Order

Applicant confirms that statements 1. through 4. above are TRUE and ACCURATE and **REQUESTS BINDING** of Renewal Terms as shown in the proposed Renewal Quotation issued on **<DATE>** and included with this Application.

OR

Option 2 – Unable to Confirm – Requesting Revised Quotation

One or more statements above are FALSE and the required information is attached. Applicant understands that the proposed Renewal Quotation is withdrawn by the Insurer, and requests that the Insurer provide a revised Renewal Quotation.

OR

Option 3 - Do Not Renew / Requesting an Extended Reporting Period

Applicant does not wish to renew coverage. Applicant requests premium information for an Extended Reporting Period of **<##>** years.

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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.

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.

This Renewal Application must be signed by an authorized partner, officer or other principal of Applicant.

By signing this Renewal Application, Applicant represents the following:

- 1. The statements in the Application furnished to the Company are accurate and complete;**
- 2. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed insureds;**
- 3. Those statements are relied upon by the Company to determine the terms and conditions offered in the Renewal Quotation;**
- 4. If a renewal policy is issued, the Company will have issued the policy in reliance upon those statements and representations;**
- 5. 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**

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6. The Company reserves the right, upon receipt of such notice, to change or rescind any Quotation previously offered by the Company.

Applicant Signature: _____

(Must be signed by a Principal, Partner, or Officer of the Firm)

Title _____

Print / Type Applicant Name: _____

Date _____

Agent / Broker Name: _____