

AMUSEMENT PARK APPLICATION

Pages 1-3 must be completed for all submissions

- For Abuse and Molestation coverages, please complete page 3
- If you provide Security, please complete pages 4-5
- For Liquor Liability coverage, please complete pages 5-6
- For Pyrotechnics exposure, please complete pages 7 - 8
- For Hired and Non-Owned Auto coverage, please complete page 9

SUBMISSION REQUIREMENTS

1. Complete ACORD Property, Auto and Umbrella Liability if coverages requested
2. Currently valued insurance company loss runs for the current policy period plus 4 prior years
3. Web site information, brochures and photos
4. Facility diagram
5. Schedule of all rides and attractions
6. Ride Inspection forms
7. Copy of most current independent ride inspection report
8. Copy of employee training manual
9. Latest financial statement
10. Emergency evacuation plan
11. Certificates of Insurance from any sub-contractors / independent contractors, if any

GENERAL INFORMATION

1. Applicant name: _____
2. Name of park: _____
3. Mailing address: _____

 Physical address: _____

4. Does the Applicant own or lease the park? Own Lease
 If leased, provide a copy of the leasing agreement.
5. Contact person: _____ Telephone: _____
 Contact e-mail address: _____ Web address: www. _____
6. Business type: Corporation Partnership Individual
 Non-Profit Governmental entity Other: _____
7. Year business was established? _____ Number of years under present management: _____
 FEIN: _____
8. List all Named Insureds and their interests:
 Note: All First Named Insureds require common / majority ownership of all Named Insureds – If not, please explain:
 a.) _____
 b.) _____
 c.) _____
 d.) _____
 e.) _____
 Explanation: _____

9. Does the Applicant have a safety manager on premises at all times the park is open? Yes No
If yes, provide name and contact information: _____
10. Does the Applicant have a formal safety training program for employees? Yes No

GENERAL LIABILITY

1. Annual number of attendees: _____ Operating season: _____ to _____
Annual payroll: \$ _____ Number of employees: _____
a.) Admissions _____ b.) Parking \$ _____
c.) Food and beverage \$ _____ Describe: _____
d.) Beer and liquor sales \$ _____
e.) Souvenirs / Novelties \$ _____ Describe: _____

General Information: (explain any yes answers in Remarks)

1. Any medical facilities provided or any employed physicians / nurses? Yes No
2. Any storage, treating, discharging, applying, disposing or transporting hazardous materials? Yes No
3. Any operations sold, acquired or discontinued in the last five (5) years? Yes No
4. Machinery, equipment or attractions rented to others? Yes No
5. Any watercraft docks (not bumper boats), floats on premises? Yes No
6. Is there a swimming pool on premises? Yes No
7. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: Yes No

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8. Any special events scheduled throughout the year? Yes No
9. Any structural alterations contemplated? Yes No
10. Any demolition contemplated? Yes No
- Remarks: _____

Rides / Attractions

1. Do all ride signs comply with manufacturer recommendations with regard to age, height and exit requirements? Yes No
2. Does the Applicant or has the Applicant ever manufactured or retro-fitted any amusements / attractions? Yes No
If yes, provide a list of all such attractions and the changes made.

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3. Are rides inspected daily? Yes No
4. Is an inspection log maintained? Yes No
5. Are there periodic inspections required by state inspectors? Yes No
6. Are maintenance manuals for all rides kept on premises? Yes No
7. Is there a qualified maintenance staff on site? Yes No
8. Is there an on-site maintenance shop? Yes No
9. Is there adequate maintenance equipment on-site? Yes No
10. Are there rides where the operator controls the speed? Yes No
If yes, provide a list and operator training required.

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11. Are operators trained to run more than one ride? If yes, what is the maximum number? _____ Yes No
12. Does the Applicant's facility manufacture rides sold to the public? Yes No

Premises Exposure:

1. Does the Applicant have any of the following on premises:
- | | | | | | |
|------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| Ice skating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Roller skating | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fireworks displays | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Buses or trams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Movie theater | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Full service restaurant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race tracks / Go-karts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Zoo (petting zoo) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Golf course | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Driving range | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Athletic fields | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Museum | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Day care facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hotel (complete hotel app.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Cooking Facilities: Own Lease

1. Square footage of area if leased: _____
2. Does the Applicant have an automatic extinguishing system over deep fat fryers, grills & stoves? Yes No
- How often are hood / ducts cleaned? _____
- By whom? Insured Sub-contractor
- If by sub-contractor, how often are they serviced? _____ Date last serviced? _____
3. Premises sprinklered? Yes No
- Percent sprinklered? _____ %
4. Central station fire alarm? Yes No
5. Central station burglar alarm? Yes No
6. Surveillance cameras? Yes No
7. Does the Applicant have Automated External Defibrillator(s) (AED)? Yes No
- If yes, are staff members trained to use it? Yes No
8. Does the Applicant have backup emergency lighting and / or emergency generators in the event of a power failure? Yes No
9. Does the Applicant have an emergency evacuation plan? (If yes, attach a copy) Yes No
- Evacuation procedures and floor plans posted? Yes No
10. Are parking lots well lit? Yes No
- Patrolled by security? Yes No

ABUSE AND MOLESTATION

1. Does the Applicant's current insurance program include Abuse and Molestation coverage? Yes No
2. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
3. Does the Applicant verify employment references for employees and volunteers? Yes No
4. Does the Applicant conduct personal interviews? Yes No
5. Are formal written procedures in place for hiring? (If yes, attach a copy) Yes No
6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) Yes No
7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy) Yes No
8. Have any incidents resulted in an allegation of sexual abuse? Yes No
- If yes, was the case settled? Yes No
- Was the case taken to trial? Yes No
- Amount paid for damages to the victim: \$ _____
- Does the Applicant's state allow criminal background checks? Yes No
- If yes, does the Applicant run criminal background checks prior to hire for:
- Employees? Yes No
- Volunteers? Yes No

SECURITY

(Complete only if security is the responsibility of the insured)

1. Who is primarily responsible (via contract) for liability coverage for security personnel?
 Insured? Yes No
 Municipality? Yes No
 Sub-contractor? Yes No
2. Employed or sub-contracted security personnel? Employed Sub-contracted
"Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that has separate insurance coverage and provided a certificate naming the Applicant as Additional Insured with limits equal to or greater than the Applicant.
3. Number and payroll of employed security personnel: _____
Unarmed: # _____ Payroll: \$ _____
Armed (not including off duty police officers): Number: _____ Payroll: \$ _____
Off duty police officers: # _____ Payroll: \$ _____
4. Sub-contracted security – annual cost of sub-contract: \$ _____
5. Total maximum hours per day permitted at this and all other places of employment: _____
Total maximum hours per week: _____
6. What are the staffing guidelines per number of patrons? _____
Are the guidelines determined by: _____
Ordinance? Yes No
Statute? Yes No
Industry standard? Yes No
Other: (describe) _____
7. Is there a procedure to immediately report all incidents to the facility manager? If yes, describe: _____ Yes No
8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe: _____ Yes No
Please explain all no answers: _____
9. Is there a pre-employment screening procedure? If yes, describe. _____ Yes No
10. Does the procedure include contacting previous employers over the previous five (5) years? Yes No
11. Does the Applicant contact at least three (3) personal references? Yes No
12. Is completion of a minimum twenty (20) hours initial training program required before deployment? Yes No
13. Who conducts the training and what are the trainer's qualifications? _____
14. Is a minimum of ten (10) hours on-site training required? Yes No
15. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee? Yes No
16. Is each security person given a personal copy of the training / safety manual? Yes No
If yes, has each security person given management a written acknowledgment of the policies and contents? Yes No

NOTE: PLEASE INCLUDE A COPY OF THE MANUAL AND A SAMPLE OF THE WRITTEN ACKNOWLEDGEMENT.

ARMED SECURITY EMPLOYEES:

1. Are the security personnel in uniform? Yes No
If yes, describe the uniform: _____
2. Are the security personnel identified by anything other than a uniform? Yes No
If yes, describe the identification & include an example or photograph. _____
3. Are psychological screen profiles used? Yes No
If yes, specify type: _____
4. Are criminal background checks completed? Yes No
If yes, what agency is utilized? _____
5. Please indicate any equipment carried or routinely available to security personnel:
 Flashlight: Type: _____ Size: _____ Construction: _____
 Handcuffs First aid kit (including blood borne pathogen kit)
 Nightstick: Is night stick police regulation or other? _____
 Taser / Phaser Chemicals (Mace, pepper gas)
 Other: _____
 Firearm – Caliber: .357 .38 .9mm Other: _____
 Make: Colt S & W Ruger
 Cover Holster Type: _____
6. Is the ammunition: Standard Other: _____
7. Are firearm and ammunition approved and inspected by management or security company? Yes No
8. Describe capabilities of each guard for constant communications with each other, the supervisor, and management: _____
9. Are dogs used in your security operations? Yes No
If yes, provide the type of dog(s), number, and describe duties. Yes No

LIQUOR LIABILITY

1. Is liquor license in Applicant's name? Yes No
If no, what is the name on the license and their relationship to the insured: _____
Liquor license number: _____
Class of license: _____
2. Is the liquor service sub-contracted to a third party? Yes No
If yes, provide limits of liability maintained by the sub-contractor: \$ _____
Is the Applicant listed as Additional Insured under sub-contractors liquor liability coverage? Yes No
Is contingent liquor liability coverage requested by the Applicant? Yes No
3. Has the Applicant's liquor license ever been revoked or suspended? Yes No
If yes, explain: _____
4. Has the Applicant incurred claims for liquor liability during the last three (3) years? If yes, explain: Yes No

5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? If yes, explain: Yes No
-
6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? If yes, explain: Yes No
-
7. Type of beverages sold: _____
-
8. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
If yes, what type? _____
-
9. Does the Applicant exercise the right to search and seizure contraband items? Yes No
If yes, how does the Applicant notify the public of this? _____
-
10. Does the Applicant maintain security personnel at entry check points? Yes No
If yes, what type? _____
-
11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site?
-
12. Number of servers used? _____
Are they professional servers? Explain: Yes No
-
- Are they volunteer servers? Explain: Yes No
-
13. Do the servers receive any type of alcohol awareness training? Yes No
If yes, describe: _____
-
14. Median age of liquor customers:
 21-25 25-30 30-40 40 and over
-
15. Are minors allowed to enter the location where alcohol is being served? Yes No
If yes, how is underage consumption of alcohol prevented?
-
16. Explain how ID's are checked: _____
-
17. Are uniformed police officers present at the site of alcohol sales? Yes No
Are undercover police officers present? Yes No
Are private security officers present? Yes No
Average number of officers present at site: _____
-
18. Are rules and regulations clearly displayed for patrons viewing? Explain: Yes No
-
19. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Explain: Yes No
-
20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Explain: Yes No
-
21. Is there any type of designated driver program? Explain: Yes No
-

PYROTECHNICS

(Complete if coverage is requested for Pyrotechnics Coverage (not including flashboxes))

1. Description of events: _____
2. Date(s) of event(s): _____
3. Who is the authority having jurisdiction over the use of pyrotechnics at your facility?
 Local Fire Department State Fire Marshal Other: (please list) _____
4. What permit process must be followed prior to use of pyrotechnics at your facility?

5. Have you staged pyrotechnic displays before? Yes No

If yes, 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) _____	_____	\$ _____

6. Who will be the pyrotechnics operator? Named Insured Contractor
Complete this section if the Pyrotechnics Operator is the Named Insured. Please note: This coverage will exclude bodily injury liability to the fireworks shooter.

a) List names of people shooting and describe their experience.
 Name: _____ Experience: _____

b) Where are the pyrotechnics stored when not in use? _____

7. Does it meet federal / state storage regulation? Yes No

8. What quantity of pyrotechnic material is stored on site? (Number of shows, number of pounds, etc.)

9. Describe the type of show and amount of pyrotechnics used in recurring events:

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

11. Does the Applicant secure proper pyrotechnic permits for each event? Yes No

12. Are the shooters listed above licensed for pyrotechnics? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor.

a) Contractor Name: _____

b) Is there an agreement with the contractor? If yes, provide a copy of the agreement. Yes No

c) Please provide limits of liability provided by the Contractor. **Note:** Limits must be at least \$1,000,000 or greater. \$ _____

Please attach a copy of certificate of insurance including any additional insured listing.

d) Does the Applicant confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No

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

f) Does the Applicant 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

g) Are events with pyrotechnics held: Indoor Outdoor

h) What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Aerial Shells | <input type="checkbox"/> Airbursts | <input type="checkbox"/> Black Powder | <input type="checkbox"/> Comets |
| <input type="checkbox"/> Concussion Effects | <input type="checkbox"/> Concussion Mortars | <input type="checkbox"/> Electric matches | <input type="checkbox"/> Flares |
| <input type="checkbox"/> Flash Pots | <input type="checkbox"/> Flashpower | <input type="checkbox"/> Gerbs | <input type="checkbox"/> Integrals Mortars |
| <input type="checkbox"/> Mines | <input type="checkbox"/> Mortars | <input type="checkbox"/> Rockets | <input type="checkbox"/> Saxons |
| <input type="checkbox"/> Wheels | <input type="checkbox"/> Salutes | <input type="checkbox"/> Waterfall, Falls, Park Curtains | |
| <input type="checkbox"/> Other, please list: _____ | | | |

OUTDOOR PYROTECHNICS

(only complete if outdoor pyrotechnic displays are staged)

1. Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) Yes No
2. Is there fencing to keep spectators away from restricted areas during the fireworks shooting? Yes No
 If yes, distance of spectators fencing from launch site: _____
 Distance of spectator parking area from launch site: _____
 Distance of closest building or structure from launch site: _____
3. Will there be firefighting equipment on site during the event? Yes No
 If no firefighting equipment on site, give distance to nearest fire station: _____
4. Will the Applicant 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

(Only complete if indoor pyrotechnic displays are staged)

1. Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? Yes No
2. Is the facility sprinklered? Yes No
3. What other form of fire fighting equipment is available at the facility?

4. Does the facility have an emergency evacuation plan? Yes No
 If yes, how often is the staff drilled on emergency evacuation?

5. Number of accessible (not locked) emergency exits at the facility: _____
6. What steps are taken to inform patrons of the locations of all emergency exits?

7. Maximum capacity of the facility: _____
8. Has the fire marshal approved the use of pyrotechnics at the facility? Yes No
 If yes, as of what date: _____

HIRED & NON-OWNED AUTO

1. Does the Applicant have any owned automobiles? Yes No

NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is required:

2. Does the Applicant allow employees to use their own personal vehicles for business purposes? Yes No

If yes, how many employees use their own personal vehicles? _____

If yes, how often? Daily Weekly Monthly Other: _____

3. Does the Applicant obtain Motor Vehicle Reports? Yes No

If yes, how often? Annually Every other year Other: _____

4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No

If yes, what minimum limits are required? _____

5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period:

6. Is hired auto physical damage required? Yes No

If yes, what is the maximum value of hired vehicle the Applicant would like insured? \$ _____

NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing
 - a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A
 - i. If yes, approximately what percentage (%) of the building is sprinklered? _____%
 - ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both
 - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? Yes No N/A
 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

 - iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A
 - v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A
2. 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
3. Automatic Water Shutoff Devices
 - a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A
4. 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
5. Unheated Areas (attics, crawl spaces, exterior wall joists)
 - a. Are all domestic water lines located in areas heated to at least 45°F? Yes No N/A
 - i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

6. General Comments:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE) _____

TITLE _____
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE _____

DATE _____

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER _____
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY _____

PRODUCER LICENSE NUMBER _____
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP) _____



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Website: www: _____

Nature of Operations: _____

-
1. Annual sales or revenue: \$ _____

 2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

 3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

Allen Financial Insurance Group
12424 N 32nd St #101 Phoenix, AZ 85023
800-874-9191 602-992-1570 FAX 602-992-8327
WWW.EQGroup.com ballen@eqgroup.com

ADDRESS (STREET, CITY, STATE, ZIP)