

Notice: part or all of the policy for which this application is made is written on a claims made and reported basis, which means that the policy applies only to any claim first made against the insureds and reported in writing to the insurer during the policy period or the optional extension period, if applicable. Amounts incurred as claims expenses shall reduce and may exhaust the limit of liability and are subject to the deductible. Please read this application carefully.

1. Applicant Information

a. Name of Applicant/Entity(s) _____

b. Principal Address _____
 City _____ State _____ Zip _____

c. Telephone _____ Website _____

d. Legal Structure: Individual Partnership LLC Non-Profit Governmental

e. Year entity Established _____ Operator's Years of Experience _____

f. Confirm total number of employees (*include full, part time, seasonal, leased, etc*) _____

g. Provide name, nature of operations, and relationship of the Company of all entities to be covered.

Additional Entity	Nature of Operations	Relationship to Company

h. List any/all accreditation and/or association memberships held _____

2. Financial Information

Please attach most current financial statements.

	Last Fiscal Year	Current Fiscal Year (Projection)	Next Fiscal Year (Projection)
Total Assets			
Gross Revenues			
% revenues from e-commerce			

3. Prior Coverages

Coverage Line	Policy Period	Carrier	Retention	Limits	Premium	CM or Occ Form	Retroactive Date

3. Prior Coverages Continued

Yes No

1. Has the insured ever had coverage declined, cancelled, or non-renewed for any of the requested coverage parts?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please detail:		

4. Services Profile

a. Please provide a full description of services rendered (use separate page, if needed).

b. Operations: (for the next 12 months, provide a breakout of projected services by their percentage of total gross revenue. Total must equal 100%.)

	Percentage		Percentage
Adult Day Care		Medical Spa Services	
Allied Training School		Mental Health Counseling	
Behavioral Health Services		Optical/Eye Care	
Blood/Plasma Banking		Massage Therapy	
Community Health Clinic		Pathology Services	
Dental Clinic		Pharmacy Services	
Fitness Instruction/Training		Physical/Occupational/Speech Therapy	
Nutritionist/Dietician		Product Sales	
Home Healthcare – Skilled		Remote Patient Monitoring	
Home Healthcare – Non-Skilled		Social Services	
Healthcare Staffing		Substance Abuse Services	
Dialysis		Telemedicine Services	
Hospice Care Services		Urgent Care Center	
Imaging Services		Weight Loss Services	
Laboratory Services		All Other Services: <i>Describe below</i>	

All Other Services _____

c. Does the insured provide any of the following types of care? What is the percentage relative to overall services?

Service	Percentage	Service	Percentage
Pediatrics		Anesthesia – Local	
Correctional Care		Anesthesia – General	
Surgery		Prenatal/Pregnancy care	
Tracheostomy/Ventilator Care		Abortion	
Wound Care		Care in Nursing Homes/Assisted Living Facilities	

4. Services Profile *Continued*

d. Please provide the number of patient visits or encounters:

Patient Visits/Encounters	Last Fiscal Year	Current Fiscal Year (Projection)	Next Fiscal Year (Projection)
Clinical setting (<i>in-person</i>)			
Laboratory (<i>tests</i>)			
Tele-visits			
Prescriptions Fulfilled			
Other (<i>specify</i>) _____			
Total Visits			

e. How many total active patients do you anticipate for the next 12 months? _____

	Yes	No
f. Does the insured have any inpatient/residential exposure? If yes , please detail including number of beds and average occupancy:	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
g. Does the insured prescribe any narcotics/opioids/controlled substances? If yes , please detail:	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
h. Does the applicant anticipate making any significant changes in the services/products provided within the next 12 months? If yes , please explain:	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
i. Does the insured sell any products? If yes , please explain:	<input type="checkbox"/>	<input type="checkbox"/>

5. Medical Professionals

1. Physicians/Surgeons/Dentists (*please attach roster separately, if needed*)

Name	Specialty	Average Weekly Hours	Role with organization	Employed or Contracted?	Coverage needed under entity policy?

	Yes	No
a. Projected total Physician FTEs during the policy period _____		
b. Does the insured have a formal credentialing process in place? If yes , please attach.	<input type="checkbox"/>	<input type="checkbox"/>
c. Have any physicians had any board actions brought against them? If yes , please detail.	<input type="checkbox"/>	<input type="checkbox"/>

5. Medical Professionals *Continued*

2. Other Medical Professionals:			
Profession	Employees (FTE)	Independent Contractors (FTE)	
Healthcare Aide/Assistant			
Home Care Companion			
Registered Nurse			
Nurse Practitioner			
Physician Assistant			
Physical Therapist			
Occupational Therapist			
Speech Therapist			
Pharmacist			
Technician			
CRNA			
EMT/Paramedic			
Optometrist			
Consultant			
Dental Hygienist/Tech			
Licensed Practical Nurse			
Social Worker			
Mental Health Counselor			
Other – Please Detail _____			
		Yes	No
a. Do you require contracted staff to carry their own Professional Liability insurance? If yes, what are the minimum limits and do you obtain certificate of insurance for each? _____		<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a formal credentialing process in place prior to hire? How often are professionals re-credentialed? _____		<input type="checkbox"/>	<input type="checkbox"/>
c. Do you perform comprehensive background checks on all staff prior to hire?		<input type="checkbox"/>	<input type="checkbox"/>
i. Federal?		<input type="checkbox"/>	<input type="checkbox"/>
ii. State?		<input type="checkbox"/>	<input type="checkbox"/>
iii. Local?		<input type="checkbox"/>	<input type="checkbox"/>
iv. Sex offender registries?		<input type="checkbox"/>	<input type="checkbox"/>

6. Territory of Operations

Breakout percentage of services by venue below. Must equal 100%.

State	Percentage	State	Percentage
Alabama		Montana	
Alaska		Nebraska	
Arizona		New Hampshire	
California – Rest of State		New Jersey	
California – LA, Orange, San Diego		New Mexico	
Colorado		New York City – 5 Boroughs	
Connecticut		New York – Rest of State	
Delaware		North Carolina	
Florida – Rest of State		Ohio – Rest of State	
Florida – Miami-Dade, Broward, Palm		Ohio – Cuyahoga	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania – Philadelphia, Delaware, Bucks, Montgomery	
Illinois – Rest of State		Pennsylvania – Rest of State	
Illinois – Cook County		Rhode Island	
Indiana		South Carolina	
Iowa		South Dakota	
Kansas		Tennessee	
Kentucky		Texas – Rest of State	
Louisiana		Texas – Cameron, Hidalgo, Starr, Willacy	
Maine		Utah	
Maryland – Rest of State		Vermont	
Maryland – Baltimore County		Virginia	
Massachusetts		Washington DC	
Michigan – Rest of State		Washington State	
Michigan – Wayne County		West Virginia	
Minnesota		Wisconsin	
Mississippi		Wyoming	
Missouri – Rest of State		Puerto Rico/Other US Territories	
Missouri – St. Louis		Rest of World <i>(please detail separately)</i>	

7. Technology E&O

This section is only required if requesting terms for this coverage part.

Activities

1. Please describe in detail *(use separate page, if needed)*:
 - a. the nature and types of technology services you are engaged in

 - b. the types of technology products developed, manufactured, licensed, or sold

2. Are your technology services used for diagnosis, treatment or prevention of diseases or other conditions?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Contracts

1. What is the size of the insured's 3 largest active customer contracts in terms of annual revenue? \$ _____

Client	Nature of Contract/Service	Contract Value & Duration

2. What is the insured's average contract value? \$ _____
3. What is the insured's average contract length in months? _____
4. From what percentage of customers does the insured obtain written contracts, purchase orders, or user acceptance agreements? _____%

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 5. Does the insured require an attorney to review and approve all modifications to its standard contract/agreement? | <input type="checkbox"/> | <input type="checkbox"/> |

If no, please detail what procedures are in place to review such changes & which individual/role has the authority to approve such modifications:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6. What percent of the insured's customer contracts, purchase orders, or user agreements contain: | | Yes | No |
| a. Specific descriptions of the professional services being provided _____% | | | |
| b. A limitation of liabilities to cost of products or services or some dollar amount? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A warranty disclaimer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hold harmless or indemnity agreements inuring to the benefit of the Insured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hold harmless or indemnity agreements inuring to the benefit of customers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Formalized change order processes requiring signoff by both parties? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Conditions of customer acceptance of product/services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Acceptance of consequential damages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Provisions of liquidated damages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Provisions for the ownership of intellectual property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Technology E&O Continued

Yes No

Independent Contractors

If the applicant uses independent contactors and/or subcontractors:

- 1. What percentage of the insured’s revenue is derived from work subcontracted to others? _____ %
- 2. Does the insured always use a written contract upon engagement of contractor? Yes No
- 3. Does the insured require that subcontractors carry professional liability or technology E&O insurance with limits of at least \$1,000,000? Yes No
- 4. Does the insured obtain written contracts from subcontractors containing indemnification or hold harmless agreements in favor of the insured? Yes No
- 5. Do all contracts with independent contractors including provisions for the ownership of intellectual property? Yes No

Quality Control

- 1. Does the insured have formal customer acceptance, milestone management and customer signoff procedures, including obtaining final acceptance letters? Yes No
- 2. Does the insured have a process in place to handle & resolve client complaints? Yes No
- 3. Does the insured have a written & formalized quality control program, including software development methodologies, if applicable? Yes No

8. Cyber Loss and Liability

This section is only required if requesting terms for this coverage part.

Social Engineering

- 1. Indicate which of the following controls you have implemented with respect to electronic funds transfers:
 - Callback procedures to verify funds transfer requests or changes to banking information
 - Dual authorization for funds transfers greater than \$2,500
 - Other (please describe) _____

Personal Device Usage

- 2. What percent of your employees handle Company business from their personal devices (select one)?
 - We prohibit it I don’t know Less than 25%
 - 25 – 75% More than 75%

8. Cyber Loss and Liability *Continued*

Personally Identifiable Information (PII) Security

3. a. Please estimate the annual volume of each type of information you process or store, taking into account both electronic and paper files as well as employee and customer information:

- SSN, individual taxpayer ID, driver's license, passport or federal ID numbers _____
- Payment card data (*credit or debit cards*) _____
- Protected health information _____
- Other confidential or protected information _____

b. How long do you store the above records? _____ **Yes** **No**

c. Do you have a record retention/destruction policy in place?

d. Which controls are in place to protect PII in the Company's care, custody and control?

- Physical controls on access to computer systems and sensitive documents.
- Network segmentation of sensitive data
- Encryption policies
- Privilege management
- Annual employee security awareness training

I Don't Know **Yes** **No**

4. Do you use Sender Policy Framework (SPF)?

5. How often is phishing training conducted to all staff:

- Never I don't know Semiannually Annually

6. Do you use an email filtering tool to detect and/or block SPAM, malicious links, and attachments?

7. Do you require multifactor authentication (MFA) to access email?

End Point Security

8. Please indicate below the endpoint (*PC's, laptops, Smartphones, tablets, etc.*) security controls your Company is using:

- Password/passcode protected
- Encryption
- Firewalls enabled/turned on
- Traditional antivirus products on all endpoints
- Next generation antivirus on all endpoints

9. Who is primarily responsible for patching end points?

- A managed services provider The Company's IT department The user/employee

Network Security

Yes **No**

10. Is your network WiFi enabled?

If yes, please indicate level of WPA protocol: WPA WPA2 WPA3 I don't know

8. Cyber Loss and Liability *Continued*

11. Who monitors the Company's networks for intrusions or other unusual activity (<i>select one</i>)?			
<input type="checkbox"/> Nobody/we do not monitor			
<input type="checkbox"/> Somebody in the Company's IT department			
<input type="checkbox"/> A third party/managed security provider			
<input type="checkbox"/> Somebody in the Company's IT department AND a third party/managed security provider			
	I Don't Know	Yes	No
12. Are your firewalls configured according to the principles of least privileges?		<input type="checkbox"/>	<input type="checkbox"/>
13. Do you regularly review firewall rules and alerts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is multi-factor authentication required to remotely connect to the network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When did the Company last have a comprehensive (<i>i.e. inclusive of vulnerability scanning and penetration testing</i>) network security assessment conducted by a third party (<i>select one</i>)?			
<input type="checkbox"/> Last 6 months <input type="checkbox"/> Last 18 months <input type="checkbox"/> Last 36 months <input type="checkbox"/> Never			
16. Does the Company maintain a formal program for evaluating the security posture of its vendors?		<input type="checkbox"/>	<input type="checkbox"/>

Web Hosting

17. Do you outsource your web hosting?		<input type="checkbox"/>	<input type="checkbox"/>
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Compliance

18. Are you compliant with the Payment Card Industry Data Security Standard (PCI-DSS) (<i>select one</i>)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> We do not process ANY payment card transactions			
19. Does the Company maintain documented compliance programs for applicable laws/rules/regulations such as HIPAA, GLBA, GDPR, etc?		<input type="checkbox"/>	<input type="checkbox"/>

9. Media Content

1. The Company's attempts to mitigate its exposure to media liability by using the following controls (<i>select all that apply</i>):	
<input type="checkbox"/> Obtaining all necessary rights to use third party content	<input type="checkbox"/> Take-down procedures
<input type="checkbox"/> Social media policy	<input type="checkbox"/> Legal review of all materials

10. Claims/Loss History

	Yes	No
1. Has any occurrence been reported, or claim/suit ever been made against you, your organization, or any person working on your behalf which it would be subject of this proposed insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please detail each.		

10. Claims/Loss History *Continued*

Yes No

2. Have you experienced any of the following situations in the last five years?

Privacy Incident and/or Claims?

Media Incident and/or Claims?

Network Incident and/or Claims?

If yes to any of the above, please provide full and complete details.

3. Are you or any proposed insured for this insurance aware of any claim or suit, or any act, error, omission, fact, circumstance, or records request from any attorney which it would be subject of this proposed insurance?

If yes, has each of these been reported to the current or any prior insurer?

How many? _____

Complete a copy of our Supplemental Claim form for each.

4. Has the applicant or any staff ever:

a. been the subject of disciplinary/investigative proceedings or reprimand by a governmental/administrative agency or professional association?

b. been convicted for an act committed in violation of any law or ordinance other than traffic offenses?

c. had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refuses or accepted only on special terms or ever voluntarily surrendered same?

If yes, please provide an explanation on any/all incidents.

Fraud Warning

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.

Arkansas, Louisiana, and West Virginia: 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 fines and confinement in prison.

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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 benefits, and/or civil damages. In Colorado, 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.

Fraud Warning Continued

D.C.: 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.

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.

Kansas: 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, which is a crime and subjects such person to criminal and civil penalties.

Kentucky: 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.

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 denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

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.

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.

Ohio: Any person who, with the 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.

Oklahoma Applicants: 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.

Oregon: 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 may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

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.

Tennessee: 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.

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.

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.

The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

This Application must be signed by the Applicant.

Applicant Name _____

Title _____

Applicant Signature _____

Date _____

Agent/Broker Name _____