



AXIS Insurance
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AXIS PRO® MPL SOLUTIONS
PROFESSIONAL SERVICES LIABILITY APPLICATION

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SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY PROVIDES COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

ABOUT THIS APPLICATION

- The term "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

INSTRUCTIONS

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.



APPLICANT INFORMATION

Applicant Entity Name:
Mailing Address:
Primary Website:
Telephone Number:
Date Established:

If less than 3 years, please attach resumes of principals.

Geographic area in which the Applicant provides service(s):

Local Regional (Multi-State) National International

Is the Applicant owned by or affiliated with other companies? Yes No

- a. If yes, advise who they are:
- b. For which of these does the Applicant wish to extend coverage?

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

If yes, provide the following information:

NAME OF ENTITY	DATE OF TRANSACTION	TYPE OF TRANSACTION (ACQUISITION, MERGER OR CONSOLIDATION)
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Did the Applicant assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity?
Yes No

If yes, provide details of the liability(ies) assumed:

Provide the number of the Applicant's:

- principals, partners or officers:
- technical personnel:
- clerical personnel:

List professional societies and trade associations relating to the services to be insured in which the Applicant or any of the Applicant's officers are a member:

Does the Applicant have any certified or licensed professionals on staff (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary or insurance agent or broker, etc.)? Yes No

If yes, what services are they providing?



OPERATIONS

1. Describe the services the Applicant provides that the Applicant wishes to insure:

2. Does the Applicant use independent contractors or subcontractors for the services described in 1. above?
 Yes No

If yes, estimated percentage of time used:

3. Briefly describe the Applicant's five largest jobs or projects during the past five years:

CLIENT	REVENUE	SERVICE(S) PERFORMED
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

4. a. What does the Applicant see as its potential exposure to E&O claims?

b. What safeguards or procedures does the Applicant employ to avoid these claims or reduce these exposures?

5. a. Does the Applicant use a written contract or agreement describing the services it will provide? Yes No

If yes, attach representative contracts, work orders, license agreements or letters of agreement the Applicant uses with its clients.

If no, explain how the Applicant reaches agreement with its clients regarding the services to be insured:

b. Percentage of time agreements in 9.A. above are used: %

c. Do the Applicant's contracts contain the following:

hold harmless or indemnity agreement inuring to the Applicant's benefit?	Yes	No
hold harmless or indemnity agreement inuring to the Applicant's client's benefit?	Yes	No
guarantees or warranties?	Yes	No
disclaimer inuring to the Applicant's benefit?	Yes	No

d. Has a law firm experienced in the Applicant's field reviewed its:

contracts?	Yes	No
procedures?	Yes	No



FINANCIAL INFORMATION

Provide the following information regarding the Applicant's income:

Table with 4 columns: Category, Past 12 Months, Current 12 Months, Estimate for Coming Year. Rows include Domestic Operations and Foreign Operations.

PRIOR INSURANCE AND CLAIM EXPERIENCE

PRIOR OR CURRENT COVERAGE:

1. a. Provide the following information for similar insurance, if any, carried during the last five years:

Table with 5 columns: INSURER, LIMIT, DEDUCTIBLE, PREMIUM, POLICY TERM.

b. Advise current retroactive date (if claims made):

2. Provide the following information for General Liability coverage currently in force:

Table with 4 columns: INSURER, LIMIT, DEDUCTIBLE, POLICY TERM.

Does the policy above include coverage for Products/Completed Operations Hazards? Yes No

3. Limit of Liability desired: \$
Retention: \$

CLAIM EXPERIENCE:

Have any claims, suits or proceedings been made during the past five years against the Applicant or any of the Applicant's predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sale persons or employees? Yes No If yes, complete a Supplemental Claim Information form for each.

The policy for which the Applicant is applying, if issued, will not insure any claims, suits or proceedings made against the Applicant before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.

Is the Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the Applicant or any of the persons or entities described in above? Yes No If yes, please explain:



The policy for which the Applicant is applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to the Applicant before the inception date of the policy.

Has the Applicant or any of the Applicant's predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of your or their activities? Yes No

If yes, please explain:

SUPPLEMENTAL COVERAGES

To be filled out if the Applicant is requesting any of the following coverages:

- Enterprise Security Liability With PCI-DSS Coverage
• Business Interruption and Data Recovery Coverage

DATA SECURITY AND PRIVACY INFORMATION

Answer the following questions 1.-3. only if you are requesting Enterprise Security Liability With PCI-DSS Coverage

1. Personal and Corporate Data – Category

a. Do you collect, input, store, process, or maintain any of the following Protected Personal Information or Protected Healthcare Information Records in the course of operating your business?

Table with 3 columns: Data Type, Yes, No. Rows include Medical or Healthcare Data, Credit Card, Bank Account, or other Financial Data, Social Security Numbers or Tax Identification Numbers, and Driver's License Numbers.

Estimated Total Number of Unique Protected Personal Information and Protected Healthcare Information Records:

UNKNOWN

b. Do you collect, input, store, process, or maintain any Protected Personal Information or Protected Healthcare Information Records for third party corporate entities? Yes No

c. Do you store, process or maintain any third party corporate confidential information? Yes No

2. Personal and Corporate Data – Location and Transit

a. Is any data noted in Question 1 above processed, stored, inputted, collected or otherwise handled on or in any of the following assets under your control or authorization?

Websites Yes No

Table with 3 columns: Asset Type, Yes, No. Rows include Computer system, Laptops, personal portable or mobile devices, and Physical files and premises.



b. Is any data noted in Question 1 collected, inputted, stored, processed, or maintained off-site via a third party computer system or network on your behalf? Yes No

If “Yes,” please answer the questions below. (You may be asked to provide specimen or actual contracts as part of your application.) Otherwise, you may proceed to question 3.

- i. Do you enter into written agreement* for such third party services that address care, use and control of sensitive or confidential information? Yes No
- ii. Do the written agreements provide you with indemnification in the event of a breach of such third party service provider’s systems, networks or other assets? Yes No
- iii. Do you require such third parties to provide evidence of network security and privacy liability coverage? Yes No

3. Personal and Corporate Data – Data Security, Prevention and Response

a. With respect to Protected Personal Information or Protected Healthcare Information Records and third-party confidential corporate information under your control or authorization, which of the following methods of data security, breach prevention or detection, and data security risk management do you employ in your operations?

Automated Virus scans of computer system	Yes	No
Encryption of laptops or mobile devices	Yes	No
Encryption of network data during file transfers <i>(including back-up files stored off-site)</i>	Yes	No
Password protection for access to network <i>(including on all mobile or portable devices)</i>	Yes	No
Real-time network monitoring for possible intrusions or abnormalities	Yes	No
Automated Patch management program	Yes	No
System Security Audit (performed annually or more frequently)	Yes	No
Written information security policy with annual employee training and certification	Yes	No
Privacy disclosure statement on website	Yes	No
Computer system and data back-ups on a regular basis?	Yes	No

Please describe any other privacy controls:

b. Payments and Transactions Security

Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods? Yes No

If “Yes”, have you been certified compliant within the past twelve (12) months with the Payment Card Industry Standards for data security that are applicable to your business? Yes No

c. Data Breach Response Protocols

In the past three years, have you notified any individual or entity that their data or information was subject to an actual or suspected breach of privacy while in your care, custody or control? Yes No

If “Yes”, please describe:

Do you have written procedures for notifying customers, clients and employees of a breach in security that may affect their information? Yes No

If “Yes”, please provide a short description of your procedures:



BUSINESS INTERRUPTION AND DATA RECOVERY COVERAGE COVERAGES

Answer the following questions 1.-2. only if you are requesting Business Interruption and Data Recovery Coverage:

- 1. Does your organization have a formal incident response plan? Yes No
- 2. a. Does your organization have a formal Business Continuity/Disaster Recovery Plan? Yes No
 - b. If “Yes” to question 2.a. above, was your Business Continuity/Disaster Recovery Plan tested during the past year? Yes No
 - c. If “Yes” to question 2.a. above, what is the greatest expected downtime (in hours) for critical business systems?

SUPPLEMENTAL COVERAGES- CLAIMS AND DATA INCIDENT HISTORY

- 1. Have you experienced a theft or unintended, release, disclosure or loss of personal or corporate data in the past three years? Yes No

If “Yes”, please explain:

- 2. Have any claims, suits or proceedings been made during the past five years against you or any of your predecessors in business, subsidiaries or affiliates, or against any of your past or present partners, owners, officers, or employees arising out of or related to activities described in this application or for which coverage would be available under a policy applicable to network security liability or related liabilities? Yes No

If “Yes”, please explain:

- 3. Is any leader of your legal, finance, or risk management organizations or their functional equivalent, or any partner, director or executive officer aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against any of you? Yes No

If “Yes”, please explain:

- 4. Is any leader of your legal, finance, or risk management organizations or their functional equivalent, or any partner, director or executive officer aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against any of you? Yes No

If “Yes”, please explain:

- 5. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, directors, officers, or employees been investigated and/or cited by any regulatory agency for privacy related violations arising out of your business activities? Yes No

If “Yes”, please explain:



REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING

PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.

Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

Name

Name (signature)

Title

Date



TO BE COMPLETED BY PRODUCERS ONLY:

RETAIL PRODUCER		WHOLESALE PRODUCER	
Producer Name:		Producer Name:	
City, State:		City, State:	
Telephone No.:		Telephone No.:	
License No.:		License No.:	

PRODUCER SIGNATURE:



STATE FRAUD STATEMENT

ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

ARKANSAS

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.

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.

DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

A "fraudulent insurance act" means 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.

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.

LOUISIANA

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.

MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.



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.

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 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

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.



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.

PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND

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.

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

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.

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.

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.