



AXIS PRO TechNet Solutions
Renewal 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:

Years In Business



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List the following information for all subsidiaries of the entity identified above that are intended to be included as part of this application for insurance:

<u>NAME</u>	<u>YEARS IN BUSINESS</u>	<u>WEBSITE HOME PAGE</u> <i>(If different from above.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the past year has any applicant changed its name, acquired, merged or consolidated with any entity? ☐ Yes ☐ No

PRIOR, CURRENT AND REQUESTED COVERAGE

Responses made on behalf of all applicants.

Are you requesting any changes to the Limit of Liability or Retention? ☐ Yes ☐ No

If Yes, provide details: _____

Do you have Commercial General Liability Insurance? ☐ Yes ☐ No

FINANCIAL INFORMATION

Responses made on behalf of all applicants.

REVENUE	Prior 12 Months	Current 12 Months	Estimate for Next 12 Months
Domestic Gross:	\$ _____	\$ _____	\$ _____
Foreign Gross:	\$ _____	\$ _____	\$ _____

ACTIVITIES, PRODUCTS AND SERVICES

Responses made on behalf of all applicants.

1. Have there been any changes in the nature of the activities, products or services of the entities identified in APPLICANT INFORMATION section?

☐ Yes ☐ No

If Yes, describe: _____

2. Have you discontinued or recalled any activities, products or services within the past year? ☐ Yes ☐ No

3. Has there been a significant change in the percentage of time you use written contracts or agreements related to the activities, products or services provided? ☐ Yes ☐ No

4. Has there been any change in your process to review and approve contracts and modifications? ☐ Yes ☐ No

5. Do enter into contracts where you accept liability for consequential damages? ☐ Yes ☐ No

6. Have your procedures changed for handling customer complaints or requests for corrections including the escalation process?

☐ Yes ☐ No

7. Has your business continuity/disaster recovery plan been reviewed and tested in the past year? ☐ Yes ☐ No

8. Do you obtain your client's written acceptance of systems or software prior to production or implementation?

☐ Yes ☐ No



9. **Do your products or services comply with any widely accepted industry standards such as ISO/ANSI/UL or others?**
☐ Yes ☐ No ☐ Not Applicable
10. **Have your procedures to safeguard against copyright infringement arising out of systems and/or software changed in the past year?**
☐ Yes ☐ No ☐ Not Applicable
11. **Within the past year have you or your independent contractors experienced any project delays or past due contract issues?**
☐ Yes ☐ No ☐ Not Applicable
12. **Is there a significant change in the percentage of your revenue attributed to services provided by subcontractors and independent contractors?** ☐ Yes ☐ No ☐ Not Applicable
13. **Do you require subcontractors, independent contractors and third party vendors to provide evidence of errors and omissions liability coverage?** ☐ Yes ☐ No ☐ Not Applicable

CONTENT

Responses made on behalf of all applicants.

1. **In the past year have you increased the number of website addresses and domain names used by you or under your control?**
☐ Yes ☐ No
2. **Is there a significant change in the types of content you disseminate on-line?** ☐ Yes ☐ No ☐ Not Applicable
3. **Is there a significant change in the percentage of content on your website(s) or in other material which is printed, broadcast, published or distributed by you or on your behalf that is your original content, original content created by others for you, or previously published, released or archived content republished by you and/or retrievable by you?**
☐ Yes ☐ No ☐ Not Applicable
4. **Do you have a formal process for obtaining the necessary rights, licenses, releases and consents applicable to the content designated in Question 3. above?** ☐ Yes ☐ No
5. **Do parties providing content to you provide written indemnification for claims arising out of the use of the content provided?**
☐ Yes ☐ No ☐ Not Applicable
6. **Do you have a formal written procedure for identifying, editing or removing controversial, offensive, and potentially defamatory or infringing content from material distributed, broadcast, posted on websites, or published by you or by someone on your behalf?**
☐ Yes ☐ No
7. **Do you have procedures for licensing the uploading/downloading of content, including music and software?**
☐ Yes ☐ No ☐ Not Applicable
8. **Do you exercise editorial control over user-generated content posted on your websites or websites under your control?**
☐ Yes ☐ No ☐ Not Applicable

DATA SECURITY AND PRIVACY INFORMATION

Responses made on behalf of all applicants.

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?

Medical or Healthcare Data	YES <input type="checkbox"/>	Number of records: _____
	NO <input type="checkbox"/>	
Credit Card, Bank Account, or other Financial Data	YES <input type="checkbox"/>	Number of records: _____
	NO <input type="checkbox"/>	
Social Security Numbers or Tax Identification Numbers	YES <input type="checkbox"/>	Number of records: _____
	NO <input type="checkbox"/>	
Driver's License Numbers	YES <input type="checkbox"/>	Number of records: _____
	NO <input type="checkbox"/>	

Total number of protected records in your care, custody or control: _____

- 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 <input type="checkbox"/>	No <input type="checkbox"/>
Computer system (comprising a network of computing equipment and servers owned or leased by you)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Laptops, personal portable or mobile devices (including mobile storage, e.g., USB flash drives)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical files and premises (non-electronic)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| iii. Do you require such third parties to provide evidence of network security and privacy liability coverage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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

B. Payments and Transactions Security

Do you transact business utilizing debit, credit, pre-paid, Automatic Teller Machine (ATM), Point of Sale (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 ☐

What is your PCI Merchant Level: 1 ____, 2 ____, 3 ____, or 4 ____

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:

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 ☐



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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?

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.