

RV PARK & CAMPGROUND APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years. If unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.).
- Pet Rules, Park Rules or Membership Agreements.
- Documentation that the Applicant's LP fill station meets code, if applicable
- Special Events application in fireworks, concerts, fairs or other similar activities take place

GENERAL INFORMATION

Named Insured:
Principal Contact:
Mailing Street Address:
Mailing City: State: Zip:
Location Street Address:
Location City: County: State: Zip:
Phone Number: Fax Number:
Website: www.
Risk Management Contact:
Risk Management's Phone Number: Risk Management's Email:
Business Form: Corporation Partnership Individual LLC Other:
Effective Date:
Limit of Liability Requested: \$ 300,000 Occurrence
\$ 500,000 Occurrence
\$ 1,000,000 Occurrence

1. Does the Applicant operate any other business from this location? Yes No
(List information below for each business, use a separate sheet to list information if necessary)
If yes, type of entity:
Corporation Partnership Individual LLC Other:
Description of other business:

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY:
CONTACT:
TELEPHONE: E-MAIL:

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

PROPERTY SECTION	N/A
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Premises Information

- | | | |
|--------------------------------------------------------------------------------------------------------------|-----|--------|
| 1. Distance to fire station? | | Miles |
| 2. Is the responding fire department: staffed or volunteer | | |
| 3. Distance to fire hydrant? | | Feet |
| 4. Are there other fire control water sources available?
Pool Pond/ Lake Water Tank Other: | | |
| 5. Are there buildings at the Applicant's facility with limited access due to forest terrain or season? | Yes | No |
| 6. Are the Applicant's buildings located in heavily wooded areas? | Yes | No |
| 7. Is the clearing from forest/ wooded areas greater than 150 feet? | Yes | No |
| 8. Is the Applicant's business operational year round? | Yes | No |
| 9. If no, provide the number of months the Applicant is operational: | | Months |
| 10. Are the Applicant's buildings occupied year round? | Yes | No |
| 11. If no, is there a caretaker on site? Yes No or contracted? | Yes | No |
| 12. If no, are buildings winterized? | Yes | No |

Building Information

- | | | |
|-------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are there smoke alarms in all corridors and bedrooms? | Yes | No |
| 2. What types of smoke alarms are installed? Battery Hardwired | | |
| 3. Is there a CO alarm installed? | Yes | No |
| 4. Do any buildings have cooking facilities?
If yes, list building numbers: | Yes | No |
| 5. Do any buildings have wood burning fireplaces and/ or woodstoves?
If yes, list building numbers: | Yes | No |
| If yes, are the chimneys and flues cleaned annually? | Yes | No |
| 6. Do any buildings have any ACTIVE Knob & Tube and/ or Aluminum wiring?
If yes, list building numbers: | Yes | No |

DOCK INFORMATION

- | | | |
|---------------------------------------------------------------------------------------------------------|------|----|
| 1. Number of docks: | | |
| 2. Number of boat slips:
Complete the questions below only if property coverage is requested. | | |
| 3. Construction: Frame Metal Floating Fixed Roofed | Age: | |
| If roofed, has proper engineering for wind/ snow loads been assessed? | Yes | No |
| 4. Does the water around the Applicant's dock freeze?
If yes, what date on average: | Yes | No |
| 5. Are the docks removed? | Yes | No |

ACCOUNT INFORMATION

Management Information

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|
| 1. How long has the Applicant owned this park? | | Years |
| 2. Does the Applicant or the Applicant's manager live on premises? | Yes | No |
| 3. Does the Applicant have a dog(s)?
If yes, what breed(s)?
If yes, is the Applicant's pet ever allowed into guest areas or around guests? | Yes | No |
| 4. Does the Applicant have a guest dog breed restriction policy in place? | Yes | No |
| 5. Does the park have security patrol?
If yes, is the security patrol armed? | Yes | No |
| 6. Is the park fenced or gated? | Yes | No |
| 7. Is there a formal maintenance program for the grounds and landscaping? | Yes | No |

8. Is the electrical installation and maintenance done by a licensed electrician? Yes No
9. Does the park/ resort service or repair engines (RV, Marine, Auto)? Yes No
10. Does the Applicant sell beer/ wine/ liquor? Yes No
11. Is there a bar/ lounge on the premises? Yes No
If yes, is it open to the general/ non-camping public? Yes No
12. Is the Applicant's park a member of any state or regional association or franchise? Yes No
If yes, please list:
13. Does the Applicant have, or has the Applicant ever had fuel storage on-site? Yes No
If yes:
a. Specify the type of fuel:
b. What is the containment method (cans, tanks, drums etc.):
c. What is the maximum volume at any one time:
14. Does the Applicant have or has the Applicant ever had a dumping station? Yes No
If yes:
a. What are the acceptable classes of waste?

b. How is the waste contained?

c. What are the Applicant's disposal practices?
15. Does the Applicant have or has the Applicant ever had On-Site Pump Out available? Yes No
If yes:
a. Please specify the containment method of waste:

b. How does the Applicant dispose of the waste?
16. Has the Applicant, in the past 5 years, had a release of waste or pollutants of any sort that resulted in clean-up that was mandated or over-seen by federal, state or local authorities, or claims for Bodily Injury or Property Damage? Yes No
If yes, please provide details.

PARK INFORMATION			
# of Units	Type of Guest Unit	Type of Clientele, check and give percent of each:	
	RV Pads	Residential (annual)	%
	Tent Sites	Seasonal (monthly)	%
	Single Cabins	Vacation (weekly/daily)	%
	Duplex Cabins		
	Park Model/ Modulars		
	Lodge Units		
	Other:		
1.	Does the Applicant require guests and/ or visitors to sign an acknowledgement of risk or liability waiver?		Yes No

ACTIVITY SECTION	
Actual Total Receipts for Prior 12 Months:	\$
Estimated Total Receipts for Next 12 Months:	\$

Activities Conducted	Number of Units	Revenues
General Store		\$
Restaurant		\$
What % of sales from non-camping guests?		%
Snack Bar		\$
Liquor		\$
LP Gas		\$
Gasoline		\$
Laundry		\$
Gun/ Archery Range		\$
Horseback Riding		\$
Hay, Sleigh or Wagon Rides		\$
Bicycle Rentals		\$
Tennis/ Basketball Court		\$
Athletic Fields		\$
Playground		\$
Canoes		\$
Float Tubes		\$
Go-karts		\$
Golf Carts		\$
Miniature Golf		\$
RV or Travel Trailer Storage		\$
RV or Travel Trailer Sales & Service		\$
Special Events: weddings, reunions, etc.		\$
Petting Zoo		\$
Is petting zoo area fenced off from guests?	Yes No	
Trails for guest owned ATV touring		\$
Are trails on the Applicant's premise?	Yes No	
Trampolines or Jump Houses		\$
Jumping Pillow		\$
Water Skiing		\$
Waverunners and Jet Skis		\$
Hobby Shops or Classes, explain:		\$

1. What recreational and sporting activities, other than those listed above, are conducted or take place at the Applicant's park/ resort?

2. Is the Applicant's premise open to the general public for day use other than camping? Yes No
 If yes, for what type of activities?
3. What are the revenues from these activities?
4. Does the Applicant's park have a jumping pillow (or Kangaroo Jumper or similar amusement device)? Yes No
 If yes, please answer the below questions:
 - a. Are all participants required to sign a waiver? Please provide copy for review. Yes No
 - b. Is there a roll off area of Pea Gravel or sand maintained around the entire periphery of the jumper at least 4" above the pillows edge? Yes No
 - c. Are all participants' pockets empty and removal of all cell phones enforced before jumping? Yes No
 - d. Does the jumping pillow have anti-slip surface? Yes No

- e. Is the Applicant's jumping pillow monitored by a staff member (within 50 feet) at all times it is open? Yes No
- f. Is the Applicant's jumping pillow fenced with a locked gate when it is not in use? Yes No
- g. Does the Applicant have a variable speed air pump for the Applicant's jumping pillow?
If yes, does the Applicant utilize it to control the height at which guests can jump? Yes No
- h. Is the Applicant's jumping pillow deflated when not in use? Yes No
- i. Does the Applicant have written procedures in place to advise the Applicant's staff on how to control the size and number of jumpers on the pillow?
If yes, please send those procedures with the submission. Yes No

POOL AND SWIMMING AREAS	N/A
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1. How many of each: Pools: Lakes: Other:
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

2. Are the Applicant's swimming facilities open to the general public? Yes No
3. Fenced? Yes No
4. Diving Board? Yes No
5. Locking Gate? Yes No
6. Is the depth of pool marked? Yes No
7. Are life rings or buoys provided? Yes No
8. Life Guard on Duty? Yes No
9. Pool Rules posted? Yes No
10. Is there signage "No life guard, swim at your own risk, no diving"? Yes No
11. Is a trained employee available for emergencies? Yes No
12. Does the Applicant have a waterslide? Yes No
If yes, what is the length & height of slide? Length /Height

WATERCRAFT LIABILITY SECTION	N/A
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Boat Schedule <i>if necessary use another sheet of paper</i>							
Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

WATERCRAFT GENERAL INFORMATION

1. What type of operation does the Applicant have?
Boat Rentals Fishing Trips Tube or Canoe Rentals Hunting Other:
2. On what bodies of water does use take place?
Rivers Lakes Ocean Bays/ Inlet
3. If Rivers, what classes are boated:
Class I Class II Class III Class IV Class V
4. Are life vests (PFD's) required? Yes No
5. Are life vests (PFD's) provided? Yes No

CANOE, KAYAK, AND/ OR RIVER TUBING INFORMATION	N/A
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Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. Number of guides:
2. What percent of the Applicant's operations are unguided? %

LP GAS DISTRIBUTION – FILL STATION		N/A
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- | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does the Applicant have documentation that LP Fill Station meets all state and Local LP codes for training, equipment etc.? | Yes | No |
| 2. Are employees certified and trained to fill LP gas tanks? | Yes | No |
| 3. Is fill station fenced or secured? | Yes | No |
| 4. How many fixed LP gas tanks does the Applicant have on premise? | | |

LOSS HISTORY		
Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$
		\$

- | | | |
|-------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does the Applicant have knowledge of any incident which may lead to a claim?
If yes, please describe: | Yes | No |
|-------------------------------------------------------------------------------------------------------------|-----|----|

AUTOMOBILE

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does the Applicant have a formal driving policy in place with MVR standards?
If yes: | Yes | No |
| a. Is driving policy communicated in writing to all employees? | Yes | No |
| b. Is a signed acknowledgement form kept on file?
If yes, please provide a copy of signed acknowledgement. | Yes | No |
| c. Do driving standards include the following: | | |
| i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter? | Yes | No |
| ii. No more than 2 moving violations within past 3 years? | Yes | No |
| iii. No more than 1 at fault accident within past 3 years? | Yes | No |
| 2. How often does the Applicant check MVR reports? | | |
| 3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? | Yes | No |
| 4. Describe any ongoing training provided to drivers: | | |
| 5. Does the Applicant have GPS tracking capability? | Yes | No |
| 6. Does the Applicant allow employees to drive personal vehicles for company purposes?
If yes: | Yes | No |
| a. Are the driving policy and standards for these drivers the same as in questions 1-3? | Yes | No |
| b. Does the Applicant require these employees to have adequate personal insurance limits? | Yes | No |

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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



Allen Financial Insurance Group
 12424 N. 32nd Street, STE 200, Phoenix, AZ 85032
 Toll Free: (800) 874-9191
 Fax: (602) 992-8327
 Contact us at: www.eqgroup.com

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

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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)