



CONVERGING RISK LIABILITY APPLICATION

NOTICE: THINKRISK'S COVERGING RISK LIABILITY POLICY IS A MODULAR POLICY THAT CAN BE CUSTOMIZED TO PROVIDE COVERAGE FOR MEDIA LIABILITY, ADVERTISING LIABILITY, ERRORS AND OMISSIONS AND NETWORK SECURITY. PLEASE DESCRIBE YOUR BUSINESS OPERATIONS BY COMPLETING THIS APPLICATION. WE WILL PROVIDE AN INSURANCE PROPOSAL AND WORK WITH YOU AND YOUR INSURANCE AGENT TO PUT TOGETHER A CONVERGING RISK INSURANCE POLICY THAT BEST SUITS YOUR NEEDS.

NOTE THAT CERTAIN COVERAGE PARTS OF THIS POLICY APPLY ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. IN SUCH CASES NO COVERAGE EXISTS FOR CLAIMS MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE DISCOVERY PERIOD APPLIES. COSTS OF DEFENSE INCURRED UNDER THE LIABILITY COVERAGE PARTS OF THIS POLICY ARE IN EXCESS OF ANY APPLICABLE RETENTION AND SHALL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY ALL OTHER LOSS.

A. APPLICATION INSTRUCTIONS

To obtain a quote for insurance, simply follow these steps:

- 1. Fill out the General Information Section.
2. Fill out all additional sections that pertain to the Applicant's business. When filling out this Application, please be sure to include all requested information and supply attachments where requested.
3. Fill out the Summary Information Section. Be sure to sign and date this form on the last page.

B. GENERAL INFORMATION

- 1. Name of Applicant:
2. Street Address:
3. City, State, Zip:
4. Website Address:

5. The Officer designated as agent of the Applicant and of all Insured Persons to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

Name: Title:

Email address: Phone:

6. The Applicant has continuously operated since: State of Incorporation:

7. Please describe the nature of the Applicant's business:

8. Primary SIC Code(s):

9. In the space below or by attachment to this Proposal Form, provide the name, percentage of direct or indirect ownership, and nature of operations of all Subsidiaries for which coverage is sought under this Policy (including Subsidiaries of Subsidiaries).

If "None", please indicate: None

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS LISTED IN THE ATTACHMENT REQUESTED ABOVE.

10. If the Applicant is owned by another company, indicate the name and principal address of the other company:

11. Total revenues of the Applicant at the most recent year end: _____

12. Total assets of the Applicant at the most recent year end: _____

13. Total employees of the Applicant at the most recent year end: _____

C. MEDIA ACTIVITIES

14. Is the Applicant in the business of publishing, broadcasting, cablecasting, or otherwise producing or distributing content?

Yes No

If "Yes," please answer questions 15-19.

15. Please describe in the space below the types of content that you produce or distribute, following the examples in the first two lines. Please provide separate entries for print and online versions of publications. Please provide sample copies of print publications where possible.

Name	Description	Approximate Circulation	Frequency of Distribution	Region of Distribution	Summary of Content
<i>Sample 1—The Daily Standard</i>	<i>Newspaper</i>	<i>15,000 Sunday circulation</i>	<i>Daily</i>	<i>Local</i>	<i>General news and information</i>
<i>Sample 2 – TRUA</i>	<i>Radio Station</i>	<i>4,000 Peak Listeners</i>	<i>24 Hours Per Day</i>	<i>Regional</i>	<i>Easy listening with occasional news and talk radio</i>

16. What is the total annual revenue generated by all of the Applicant’s media activities for the most recent 12-month period:

\$ _____

a. What are your anticipated revenues for these media activities for the upcoming 12-month period:

\$ _____

17. With respect to each of the media activities set forth above, please identify approximately what percentage of the content is created by the Applicant (or the Applicant’s employees) and what percentage is supplied by third parties. With respect to the third-party content, please identify the sources of such content and state whether or not the Applicant has obtained the necessary licenses or releases with respect to such content.

Name	Percentage of content created by Applicant	Percentage of content supplied by third-parties	Source(s) of third-party content	Have all licenses to such third parties been obtained?

18. Does the Applicant have access to experienced in-house or outside legal counsel for consultation regarding the Applicant’s media activities? Yes No

If “Yes”, please provide name and address: _____

19. Does Applicant provide training and continuing education for persons involved in creating or distributing content with regard to legal risks and responsibilities? Yes No

If “Yes”, please describe: _____

20. Does the Applicant accept user-generated content on any of its websites? Yes No

If “Yes”, is the Applicant compliant with the safe harbor provisions of the Digital Millennium Copyright Act, including designating an agent with the U.S. Copyright Office? Yes No

Explain if necessary: _____

D. ADVERTISING AND DESIGN

21. Does the Applicant engage in advertising or marketing of its products and/or services? Yes No

If “Yes,” please answer questions 21-29.

22. What is your annual advertising budget for the most recent 12-month period: \$ _____

a. What is your projected advertising budget for the next 12-month period: \$ _____

23. Please identify below the types of advertising/marketing activities in which the Applicant engages:

- Print advertising
- Radio/Television Advertising
- Website advertising
- Email blasts
- Traditional mail campaigns
- Facebook, Twitter or other social networking
- Fax campaigns
- Product placement
- Magazine, catalogue or other publishing
- Brochures

- Use of celebrity spokespersons
 Other _____

Film and video

24. Does the Applicant utilize the services of one or more outside advertising/marketing agencies? If so, please identify such agency(ies) and please attach a copy of your contract with such agencies (if any):

25. Does the Applicant utilize in-house or outside legal counsel for consultation regarding the Applicant's advertising and marketing activities? Yes No

If "Yes", please provide name and address: _____

26. Does Applicant provide training and continuing education for persons involved in the Applicant's advertising and marketing activities? Yes No

If "Yes", please describe: _____

27. How many trademarks does the Applicant own? _____

28. Approximately how many new trademarks does the Applicant plan to introduce in the upcoming 12-month period? _____

29. Does the Applicant have a process in place to prevent infringement prior to introducing new trademarks? Yes No

If "Yes", please describe: _____

30. Does the Applicant produce or distribute products? Yes No

If "Yes," please answer questions 30-34.

31. Do the Applicant's products contain any creative design elements? Yes No

If "Yes," please describe: _____

32. Are these products designs created by the Applicant's employees or by third parties? If third parties please explain:

33. Approximately how many competitors produce similar products? _____

34. What is Applicant's approximate market share? _____

35. What safeguards does the Applicant employ to guard against the intellectual property rights of others in connection with the development of these products?

E. PROFESSIONAL/TECHNOLOGY SERVICES

36. Does the Company perform any services for others for a fee, including technology-related services such as the development or distribution of software? Yes No

If "Yes", complete Questions 36-41.

37. Please describe the services that the Applicant provides:

38. What are the total annual revenues generated by the services described above for the most recent 12-month period:

\$ _____

39. What are the Applicant’s anticipated revenues for these services activities for the upcoming 12-month period:

\$ _____

40. What is the total number of customers/clients to whom the Applicant currently provides these services: _____

a. Please identify the Applicant’s three largest clients/customers, the value of the contract and the general nature of the work provided:

Name of Client/Customer	Value of Contract	Nature of Work Provided

41. Do you anticipate providing any new or additional services over the following 12 months? Yes No

If “Yes,” please explain: _____

42. Do you enter into written contracts with all clients? Yes No

If “Yes,” please provide a sample copy of such your standard contract.

If “No,” please explain how you set forth the terms of your engagement with your clients.

F. NETWORK SECURITY

43. Does the Applicant collect or store personal or confidential data regarding employees, customers, suppliers or any other third parties (hereinafter “Data”)?

Yes No

If “Yes,” please answer questions 43-55.

44. What volume of data is transmitted and/or stored by the Applicant?

a. PCI Level Level 1 Level 2 Level 3 Level 4 N/A Unknown

b. How many new customer records are being added this calendar year? _____

c. How many existing customer records are stored within the system? _____

45. Does the Applicant maintain any Data subject to regulation by:

a. Payment Data (Credit Cards, Debit Cards, Checking/Saving Account Numbers) Yes No

b. Third Party Medical Data (Not Including Employee Data) Yes No

c. Government ID Numbers (SSN, Drivers License, Passport, TIN, etc) Yes No

d. Transcripts or Other Educational Data Yes No

e. Personal Financial Data (Income, Assets, Liabilities) Yes No

- f. Usernames or Passwords to Other Systems Not In Your Control Yes No
 - g. Physical Characteristics (Height, Eye Color, Hair Color) Yes No
 - h. Password Validation Information (Mothers Maiden Name, Dog's Name etc) Yes No
 - i. Other Sensitive Information: _____
-

46. Has the Applicant had a vulnerability assessment, penetration test or other network security assessment performed in the past year? Yes No

If "Yes", please provide vendor name and attach copy: _____

47. Which of the following certifications have been completed by the Applicant?

- a. Sarbanes-Oxley (SOX) Yes No
- b. ISO 27001 Yes No
- c. FISMA Yes No
- d. TRUSTe Yes No
- e. Verizon Business Security Management Program (SMP) Yes No
- f. Others: _____

48. Does the Applicant outsource any Data processing, management, or storage to third parties? Yes No

If "Yes", to whom does the Applicant outsource these activities? _____

- a. Does the Applicant have a contract with such third parties that contains a hold harmless provision with respect to breaches of security? Yes No
- b. Does the Applicant have a vendor selection process with respect to such third parties that includes network security as a component? Yes No

49. Does the Applicant rent, sell or otherwise share any Data with third parties? Yes No

If "Yes", does the applicant disclose this usage in a privacy policy or similar to customers? Yes No

50. Does the Applicant conduct any online processing? Yes No

- a. If "Yes", does the Applicant write any of the applications used in connection with such online processing?
 Yes No

- b. Does the Applicant store any data relating to such online processing on its own systems? Yes No

51. Does the Applicant have a written Information Security Policy? Yes No If "Yes", please attach a copy.

52. Does the Applicant conduct regular employee training with regard to network security and data privacy? Yes No

53. Does the Applicant utilize a firewall to protect its network from intrusion? Yes No

If "Yes", what manufacturer and model? _____

54. Does the Applicant utilize intrusion detection software or systems to protect its network? Yes No

If "Yes", what manufacturer and model? _____

55. Does the Applicant have a Response Plan in place in the event of a breach of network security or other data breach?

Yes No

If "Yes", does the Response Plan mandate referral of the incident to appropriate law enforcement personnel? Yes No

If "Yes", please supply a copy of the plan.

56. Does the Applicant have a formal data retention program and/or policy? Yes No

If "Yes", please supply a copy of the plan or policy.

57. Has the applicant suffered any privacy or data security breach in the last five years? Yes No

If "yes", please provide a detailed description of the breach, including a description of the costs of damages associated with the breach: _____

G. CLAIMS EXPERIENCE

58. Have there been during the last five years, or are there now pending, any claims brought against the Applicant arising out of the activities described in this Application? Yes No

59. Is the Applicant, the individual signing this Application, or any of the Applicant's principals, officers or directors aware of any fact or circumstances reasonably likely to give to a claim arising out of the activities described in this Application?

Yes No

If "Yes" to either of the above, provide details in an attachment to this Proposal Form including the total defense costs, judgments and/or settlements.

IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING, OR KNOWN FACT OR CIRCUMSTANCES, IS EXCLUDED FROM THE PROPOSED COVERAGE.

H. DESIRED COVERAGES

60. Does the Applicant currently have in place, or has the Applicant had in place in the past, any media liability, advertiser's liability, or professional errors and omissions coverage? Yes No

If "Yes," please provide the information below:

Type of Coverage	Carrier	Limit of Liability	Retention	Most Recent Policy Period

61. Please set forth the limit of liability and retention options that the Applicant is interested in considering:

Limit of liability options:

\$1 million
 \$3 million

\$5 million
 \$10 million

Other _____

Retention Option: \$ _____

I. FALSE INFORMATION

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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 reported by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

Also provide: Agent Name: _____ License Number: _____

IOWA APPLICANTS:

Submitted by: _____ (PRODUCER) Date: _____

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO NEW MEXICO APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 and 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 (\$5,000.00) and the stated value for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

J. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application prior to the inception date of any policy that may be issued, the Company must notify the Insurer in writing and any outstanding quotation or binder may be modified or withdrawn.

The undersigned Officer of the Applicant declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director and Officer proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Application and the effective date of the Policy, which would render this Application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

With respect to any Liability Coverage Part, it is agreed by the Company and the Insured Persons that the particulars and statements contained in this Application and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed by the Company and the Insured Persons that the statements in this Application or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Application, any misstatement or omission in this Application or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or their cognizance of any matter which they have reason to suppose might afford grounds for a future Liability Claim against them shall not be imputed to any other Insured Person for purposes of determining the validity of this Policy as to such other Insured Person.

This Application must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company.

Signature Title Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

**Please submit this Application including appropriate documentation to:
ThinkRisk Underwriting Agency
310 West 20th Street
Kansas City, MO 64108
(816) 994-6400
Submissions@thinkriskins.com**