



CONVERGING RISK LIABILITY
RENEWAL APPLICATION

NOTICE: THIS IS AN APPLICATION FOR THE RENEWAL OF YOUR THINKRISK COVERGING RISK LIABILITY POLICY. PLEASE DESCRIBE ANY CHANGES IN 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 RENEWAL 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 renewal of your insurance, simply follow these steps:

- 1. Fill out the **General Information Section**.
- 2. Fill out all additional sections that pertain to the coverage you wish to renew and any new coverage that applice to your 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. SIC#(if known) _____

6. 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: _____

Phone: _____ Email: _____

7. Please describe any significant additions or changes to the nature of the Applicant’s business including any new services offered or new content being created or disseminated:

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8. In the space below or by attachment to this Application, provide the name, percentage of direct or indirect ownership, and nature of operations of all new Subsidiaries created or obtained by the applicant in the past 12 months 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.

9. If the Applicant has been purchased by another company in the past 12 months, indicate the name and principal address of the other company and the date of purchase:

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

11. Total revenues expected in the next 12 months: _____

C. MEDIA ACTIVITIES

12. Have the applicants media activities changed significantly since the inception date of your current policy? If so, please explain in detail below:

13. 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:

\$ _____

D. ADVERTISING AND DESIGN

14. 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: \$ _____

15. Are there any new types of advertising/marketing activities in which the Applicant has engaged in the past 12 months or anticipates in the next year: _____ If yes, please describe below:

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E. PROFESSIONAL/TECHNOLOGY SERVICES

16. Please describe any new or different services that the Applicant has started providing in the last year or intends to provide in the coming year:

17. What are the total annual revenues generated by the applicants services for the most recent 12-month period:

\$ _____

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

\$ _____

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

If “Yes,” please explain: _____

F. NETWORK SECURITY

20. Has the Applicant begun to collect or store any new or different personal or confidential data regarding employees, customers, suppliers or any other third parties (hereinafter “Data”) in the last 12 months or do you anticipate doing so in the next year?

Yes No

If “Yes,” please indicate what new types of information you are storing and the approximate volume of those records:

21. 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: _____

22. Has the applicant suffered any privacy or data security breach in the last year? 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

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

24. 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.

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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

25. Does the Applicant wish to change the current type of coverage, limits or retention currently in place? Yes No

If "Yes," please indicate the desired limits, retention and any new coverage sought:

Limits Desired: \$ _____

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: _____ Date: _____
(PRODUCER)

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.

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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**

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