

WESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURANCE COMPANY

NOTICE: This Application is for a CLAIMS-MADE AND REPORTED COVERAGE FORM. The Coverage Form you are applying for is limited to liability for only those "claims" that are first made against you and reported to us during the policy period.

1. Name of Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____
2. Website: _____ Date Established: _____
3. How long have you been engaged in current occupation or business? _____ Years
4. Is the firm owned by, associated with or controlled by any other business, or are you engaged in any other profession or business? Yes No
 If Yes, give details: _____

5. Are you seeking insurance coverage for any other business? Yes No
6. Describe in detail the nature of the professional or business activities for which insurance is desired.

7. Gross Revenue: *Indicate year in spaces provided.* Current Year: _____ \$ _____
 Prior Year: _____ \$ _____ Next Year: _____ \$ _____
8. Do you use independent contractors? Yes No
 If Yes, how many and what percent of your total receipts are subcontracted?
 # of subcontractors: _____ % of total receipts
 Does the Applicant require its subcontractors to maintain professional liability insurance? Yes No
 Do contracts with subcontractors have hold harmless or indemnity agreements that benefit the Applicant? Yes No
 Explain what types of services are subcontracted: _____

9. What percentage of the Applicant's services are provided under written agreement? _____ %
10. Are Applicant's contracts reviewed by an outside law firm that you hire? Yes No
11. Does the Applicant maintain and adhere to formalized corporate governance procedures which control the Applicant's business activities to ensure compliance with all federal, state and local statutes which pertain to the conduct of the Applicant's business? Yes No
12. Does the Applicant have a process in place to handle and resolve client complaints? Yes No
13. Does the Applicant require continuing education for all professional employees? Yes No
14. Does the Applicant provide formalized in-house training for all professional employees? Yes No
15. Does the Applicant have any risk management procedures established and in use? Yes No

16. Provide details of General Liability insurance in force.

Company	Limit	Deductible	Policy Term

17. Please provide details of Errors and Omissions insurance carried during the last three (3) years.

Company	Limit	Deductible	Premium	Policy Term

Is your expiring Policy/Coverage Form a **CLAIMS-MADE AND REPORTED COVERAGE FORM**? Yes No
 If Yes, give Retroactive Date. _____

CYBER-LIABILITY SUPPLEMENTAL QUESTIONS

If Cyber-Liability coverage is desired, check Limit of Insurance \$25,000 \$50,000 \$100,000 \$250,000 and respond to Questions 18 - 27.

- 18. Total Number of Clients: _____
- 19. Do you have written policies in place which address records and information management compliance? Yes No
- 20. Do you have written policies in place which address network security? Yes No
- 21. Has a network security assessment or audit been conducted within the past 12 months? Yes No
- 22. Is firewall technology used at all internet points-of-presence to prevent unauthorized access to internal networks? Yes No
- 23. Does your company use antivirus software on all desktops, portable computers and mission critical servers? Yes No
- 24. Do you have a written disaster recovery and business continuity plan for your network? Yes No
- 25. Does the Applicant follow established procedures for carrying out and confirming the destruction of client or employee data and/or sensitive information? Yes No
- 26. Do you have a written data breach response plan? Yes No
- 27. During the last three years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised, as a result of your activities? Yes No

CLAIMS QUESTIONS

28. Has any Application for Errors and Omissions or similar insurance been made on your behalf, your firm or present partners, owners, officers or employees, or has any insurance ever been cancelled or refused renewal? Yes No
 If Yes, give details below or attach an information sheet.

29. Have any claims, suits or proceedings been made during the past five (5) years against you, your firm, your predecessors in business or against any present partners, owners, officers or employees? Yes No
 If Yes, give details below or attach an information sheet.

30. Are you aware of any alleged act, circumstance, situation or error or omission which may result in a "claim" being made against you or any of the persons or firm described on this application? Yes No
If Yes, give details below or attach an information sheet.

31. During the past five years, has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes No
If Yes, give details below or attach an information sheet.

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

YOU HEREBY DECLARE that the above statements and particulars are true and that you have not suppressed or misstated any material facts and you agree that this Application will be the sole basis of any subsequent contract or insurance with us. Signature on the Application does not bind you or us to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

Date

Signature of Applicant

Title

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE COVERAGE FORM. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.