

After Completing Please fax to (412) 325-1657  
or email to apps@kelins.com



## PortfolioSelect<sup>SM</sup> Application

**NOTICE: IF A POLICY IS ISSUED, CERTAIN COVERAGE SECTIONS SHALL BE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER AS REQUIRED BY THE TERMS OF THE POLICY. COVERED DEFENSE COSTS SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND SUBLIMITS OF LIABILITY AND ARE SUBJECT TO APPLICABLE RETENTIONS. THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND UNLESS SUCH COVERAGE IS EXPRESSLY PROVIDED WITHIN A COVERAGE SECTION. PLEASE READ THIS APPLICATION CAREFULLY AND REVIEW IT WITH YOUR INSURANCE AGENT OR BROKER.**

References in this Application to "Insurer" shall mean the insurance company that issues the policy to the Applicant based on the Application.

Instructions: Please complete the General Information, Current Coverage Details, Coverage Requested, Passport, Claim Reporting Procedures and Financial Information sections below as well as the portions of this Application related to the Coverage Sections that the Applicant is applying for. The Application must be signed by the Applicant as indicated below.

---

### General Information

1. Applicant: \_\_\_\_\_

Address of the Applicant: \_\_\_\_\_

City: \_\_\_\_\_ Domicile State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Website: \_\_\_\_\_

2. State of Formation: \_\_\_\_\_

3. Years of Operation: \_\_\_\_\_

4. Type of Business Entity (please check applicable description):

Corporation     Limited Liability Company     Sole Proprietorship

Other (please specify: \_\_\_\_\_)

5. Applicant's Primary Nature of Business: \_\_\_\_\_

6. Applicant's Primary SIC Code: \_\_\_\_\_

7. Number of Locations: Domestic (within the U.S., Canada and territories): \_\_\_\_\_

Foreign: \_\_\_\_\_

What percentage of your revenues are generated outside the United States of America? \_\_\_\_\_%

8. Name of Parent Corporation (if not Applicant): \_\_\_\_\_

If not applicable, please check here .

Address of Parent Corporation: \_\_\_\_\_

9. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Risk Manager

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

General Counsel

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

**Current Coverage Details**

1. Please provide the following details with respect to any of the following coverages:

Coverage	Does the Applicant currently have such insurance?	Current Policy Expiration Date	Current Limit	Current Retention	Current Premium	Current Carrier	Continuity Date or Retro Date
Public Company Directors & Officers Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Employment Practices Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Fiduciary Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Network Interruption Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Security and Privacy Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Cyber Extortion Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Event Management Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Cyber Media Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Corporate Counsel Professional Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Fidelity and Crime Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		
Kidnap, Ransom and Extortion Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$	\$	\$		

2. Has any insurance carrier refused, canceled or non-renewed any executive liability or other insurance coverage listed above? Yes  No  **\*MISSOURI APPLICANTS NEED NOT REPLY**  
(If "Yes," please attach complete details including when and reason(s).)

**Coverage Requested**

- Aggregate Limit of Liability requested for all Coverage Sections other than Fidelity & Crime and Kidnap & Ransom/Extortion: \$\_\_\_\_\_
- Fidelity & Crime Deductible: \$\_\_\_\_\_ Limit of Insurance Per Occurrence: \$\_\_\_\_\_
- Kidnap & Ransom/Extortion Deductible: \$\_\_\_\_\_ Coverage Section Aggregate: \$\_\_\_\_\_
- Kidnap & Ransom/Extortion Each Insured Event Limit: \$\_\_\_\_\_
- Kidnap & Ransom/Extortion Loss Component Limits: \$\_\_\_\_\_
- Please indicate the desired Limits of Liability and Retention for each coverage Applicant is requesting:

Coverage	Separate Limit of Liability Requested	Shared Limit of Liability Requested	Limit to be shared with	Requested Retention
----------	---------------------------------------	-------------------------------------	-------------------------	---------------------

Public Company Directors & Officers Liability	\$	\$		\$
Employment Practices Liability	\$	\$		\$
Fiduciary Liability	\$	\$		\$
Network Interruption Insurance	\$	\$		\$
Security and Privacy Liability	\$	\$		\$
Cyber Extortion Insurance	\$	\$		\$
Event Management Insurance	\$	\$		\$
Cyber Media Liability	\$	\$		\$
Corporate Counsel Professional Liability	\$	\$		\$

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

## Passport

1. Passport is a service available to facilitate compliance with local insurance and premium tax requirements outside the U.S. Would you like information on that service provided with your quote? Yes  No

## Claim Reporting Procedures

1. Within the Applicant and its subsidiaries, where or to whom are lawsuits, administrative charges and demand letters reported?  General Counsel  Human Resources  Risk Management  Other: \_\_\_\_\_
2. Does the Applicant have a mechanism in place for its subsidiaries and operating companies to immediately report lawsuits, administrative charges and demand letter to a corporate office of General Counsel, Human Resources or Risk Management or other office designated above? Yes  No

## Financial Information

Please provide the following financial information for the Applicant and its subsidiaries. Information must be based on the most recent audited financials or interim financials if audited financials are not available.

1. Financial details (note, if the Applicant files this information with the Securities and Exchange Commission, please check here , and this section does not need to be completed):

Based on Financial Statements Dated:	(Year/Month)
Total Assets	\$
Current Assets	\$
Total Liabilities	\$
Current Liabilities	\$
Total Revenues	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Long-Term Debt with Maturity Date within next 18 months	\$
Cash flow from Operations	\$

2. Has the Applicant or any of its subsidiaries changed auditors in the past year? If “Yes,” please attach complete details. Yes  No
3. Has any auditor issued a “going concern” opinion for the Applicant’s or any of its subsidiaries’ financial statements or is the Applicant or any of its subsidiaries declaring bankruptcy or has the Applicant or any of its subsidiaries declared bankruptcy or operated under a different name in the last seven (7) years? If “Yes,” please attach complete details. Yes  No

## Please Provide the Following Additional Information

1. Completed, Signed and Currently Dated Original Application.
2. Mainform Application from current carrier (if applicable).
3. Any additional information listed in the questions for the individual Coverage Sections.
4. Any and all additional information or documentation the Insurer may require to underwrite this policy.

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

**EXECUTIVE EDGE® PUBLIC COMPANY DIRECTORS & OFFICERS LIABILITY**

Please complete this section if applying for this coverage.

**Subsidiaries and Insured Persons**

- 1. Ticker: \_\_\_\_\_
  
- 2. Please list all entities for which coverage is sought that are NOT: (i) for-profit subsidiaries controlled by the Applicant (having more than 50% of the voting, appointment or designation power for the selection of or the right to elect, appoint or designate, a majority of the senior management body of the Applicant) (“Subsidiary”); or (ii) a not-for-profit entity sponsored exclusively by the Applicant or a Subsidiary (Attach a list or organization chart if more convenient):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. Please list any persons (and the capacities) for whom coverage is sought only if they are not an executive of the Applicant, one of its Subsidiaries or an entity listed above (Attach a list if more convenient):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4. Are there any plans being considered for a public offering, merger, acquisition or consolidation of or by any entity proposed for coverage? if “Yes”, please attach complete details. Yes  No

**Claims Information**

- 5. Does any person or entity proposed for coverage know of or have information about any pending or prior claim, suit, regulatory action or other proceeding, inquiry or investigation (any of which being a “Known Claim”) of or against any proposed insured? If “Yes”, please attach complete details. Yes  No
  
- 6. Has any person or entity proposed for coverage (check all that apply and attach full details):
  - Been involved in any antitrust, copyright or patent litigation?
  - Been charged in any civil, criminal, administrative or regulatory action or proceeding with a violation of any federal, state or foreign law, rule or regulation governing antitrust or fair trade?
  - Been charged in any civil, criminal, administrative or regulatory action or proceeding with a violation of any federal, state or foreign law, rule or regulation governing securities?
  
  - Been involved in any representative actions, class actions, or derivative suits?

Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law?

(any of the above being a “Prior Action”)

7. Answer the following question only if the Applicant does not currently maintain Public Directors and Officers Liability insurance. If Applicant currently maintains Public Directors and Officers Liability insurance, check the N/A box):

Does any person or entity proposed for coverage know of or have information about any act, error, omission or circumstance (any of which being a “Potential Exposure”) which would lead a reasonable person to believe that such Potential Exposure might give rise to a claim, suit, regulatory action or other proceeding, inquiry or investigation of or against any proposed insured? If “Yes”, please attach complete details.

Yes  No  N/A

IT IS AGREED THAT IF ANY SUCH KNOWN CLAIM, PRIOR ACTION OR POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH KNOWN CLAIM, PRIOR ACTION OR POTENTIAL EXPOSURE.

**Additional Public Company Directors & Officers Liability Information**

Please provide the following for the Applicant and, to the extent available, each of its Subsidiaries - indicate whether the information is attached or available on the Applicant’s website, (please also provide the website address): \_\_\_

-

Requested Information	“Attached”	“Website”
a) Latest annual report.	<input type="checkbox"/>	<input type="checkbox"/>
b) Latest 10K report filed with the Securities and Exchange Commission (SEC) (or similar state or foreign agency).	<input type="checkbox"/>	<input type="checkbox"/>
c) Latest interim financial statement available.	<input type="checkbox"/>	<input type="checkbox"/>
d) All proxy statements and notices of Annual Meeting of Stockholders within the last twelve (12) months.	<input type="checkbox"/>	<input type="checkbox"/>
e) All registration statements filed with the SEC (or similar state or foreign agency) within the last twelve (12) months.	<input type="checkbox"/>	<input type="checkbox"/>
f) Latest CPA management letter along with Applicant’s responses to any recommendations made therein.	<input type="checkbox"/>	<input type="checkbox"/>
g) Please attach indemnification language from any corporate indemnification agreement of the corporate formation documents (charter, by laws, articles of incorporation or similar documents).	<input type="checkbox"/>	<input type="checkbox"/>
h) Copy of Registration Statement(s).	<input type="checkbox"/>	<input type="checkbox"/>

After Completing Please fax to (412) 325-1657  
or email to apps@kelins.com



**EMPLOYMENT EDGE® EMPLOYMENT PRACTICES LIABILITY**

Please complete this section if applying for this coverage.

**Contact and Subsidiaries**

- 1. Contact name and title for receipt of employment practices client alerts, loss prevention offerings and event invitations: \_\_\_\_\_
- 2. Proposed Insured Companies. Please attach a list of all companies proposed to be insured under this coverage section. For any such companies that are not majority owned subsidiaries of the Applicant (such as joint ventures), please provide details of the relationship between the Applicant and such entity.

**Workforce Characteristics**

- 3. In the schedule below list the number of each type of employee located in the jurisdictions listed. For employees that operate in more than one location, use the location in which they spent the most time in the last twelve (12) months.
  - a) Total number of independent contractors: \_\_\_\_\_
  - b) Total number of employees (other than independent contractors): \_\_\_\_\_

United States of America		Full Time		Part Time (include outside directors, seasonal, temporary and leased employees in "Non-Union")	
		Non-Union	Union	Non-Union	Union
America	California				
	Florida, Texas, Michigan, D.C.				
	Elsewhere in the USA				
Foreign	Canada				
	All others (Foreign)				

- 4. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?

Year	Domestic	Foreign
1		
2		
3		

**Human Resources**

- 5. Name of the office, department or unit that handles the human resources function for each of the prospective insureds (i.e. "Human Resources", "Personnel Department", etc.): \_\_\_\_\_  
If none, or if such functions are not centralized for all insureds, provide full details on how such function is handled in an attachment.

6. Is there a human resources manual(s) or equivalent(s) applicable to the companies listed in Question 2, above? Yes  No

7. For each of the following issues, does the human resources manual (or equivalent) provide guidance?
- a) Compliance with the Americans with Disabilities Act Yes  No
  - b) Compliance with the 1991 Civil Rights Act Yes  No
  - c) Compliance with the Family Medical Leave Act Yes  No
  - d) Early retirements Yes  No
  - e) Employee appraisals/reviews Yes  No

If "No," please attach complete details on how such issues are handled and by whom.

8. a) Do the companies listed in Question 2 have an Employee Handbook that is distributed to all employees or maintained on an Internet location informing employees of their employment rights? If so, include a copy of such Employee Handbook. Yes  No
- b) Are employees required to certify that they have reviewed HR material and will comply with its terms and conditions? Yes  No

9. Has legal counsel reviewed the HR Guidelines in the last two (2) years? Yes  No

### Loss Prevention and Incident Management

10. Are all of the companies listed in Question 2 required to conduct employee training with regards to discrimination and harassment? Yes  No

11. Is there a formalized process in place for reporting complaints by employees? Yes  No

If "Yes," are employees advised that this action will not result in a retaliatory action? Yes  No

### Workforce Management

12. Attach details of the standard operating procedure for the handling of terminations, employee discipline, allegations of discrimination and sexual harassment, layoffs, transfers, or promotions for each of the companies listed in Question 2 above.

13. If any of the companies listed in Question 2 are currently undergoing or contemplating any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing), then, for each such company, please answer the following:

- a) Have there been any structured layoffs in the past twenty-four (24) months? Yes  No   
If "Yes," what percentage of employees? \_\_\_\_\_%
- b) Did the company consult outside counsel during the layoff procedure? Yes  No
- c) Were severance packages offered in exchange for releases of employee claims? Yes  No
- d) Will severance packages and releases be used for future layoffs? Yes  No
- e) Does the company have procedures in place to assist terminated or laid off employees find new employment? Yes  No

## Claims Information

14. Does any person or entity proposed for coverage know of or have information about any pending or prior claim, suit, regulatory action or other proceeding, inquiry or investigation (any of which being a “Known Claim”) of or against any proposed insured in connection with employment practices, discrimination or harassment? If “Yes”, please attach complete details. Yes  No
15. Have the companies proposed to be insured or any director or employee of such company been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law (any of which being a “Prior Action”)? If “Yes”, please attach complete details. Yes  No
16. Please provide on a separate attachment full details of all inquiries, investigations, grievance filings or other administrative hearings filed during the last five (5) years or currently before any local, state or federal agency, governing employer responsibility to employees (if none, check here )
17. Answer the following question only if the Applicant does not currently maintain Employment Practices Liability insurance. If Applicant currently maintains Employment Practices Liability insurance, check the N/A box):  
Does any person or entity proposed for coverage know of or have information about any act, error, omission or circumstance (any of which being a “Potential Exposure”) which would lead a reasonable person to believe that such Potential Exposure might give rise to a claim, suit, regulatory action or other proceeding, inquiry or investigation of or against any proposed insured? If “Yes”, please attach complete details.  
Yes  No  N/A

IT IS AGREED THAT IF ANY SUCH KNOWN CLAIM, PRIOR ACTION OR POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH KNOWN CLAIM, PRIOR ACTION OR POTENTIAL EXPOSURE.

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

**FIDUCIARY LIABILITY INSURANCE EDGE® EMPLOYEE BENEFIT PLAN FIDUCIARY LIABILITY**

Please complete this section if applying for this coverage.

**Plan Information**

1. List of Plans for which coverage is requested.

Full Name of Plan	Current Market Value of Assets	Total # of Participants	Type of Plan*	(S)ingle Employer or (M)ultiple Employer	Does the Plan Hold or Permit Investment in Employer Securities?
	\$				
	\$				
	\$				
	\$				

\*Type of Plan: DC=Defined Contribution, DB=Defined Benefit, W=Welfare, SO=Stock Option, O=Other

List any additional Plans in an attachment.

FOR LISTED PLANS, PLEASE ATTACH THE FOLLOWING:

- For the five largest (by asset size) pension Plans, copies of the latest CPA-audited financial statements, with investment portfolios. (If Plan assets are held in a master trust, submit master trust investment portfolio.)
- For each Plan whose assets at any time within twelve (12) months prior to the inception date of this policy was comprised of 10% or more of Employer Securities, the latest CPA-audited financial statement (with investment portfolio). If such Plan holds Employer Securities that are not publicly-traded, then also submit a summary of the most recent independent appraisal of such securities.
- For non-publicly-traded companies, the latest annual report and the latest interim financial statement for the Sponsor Organization.
- Written Plan description and latest financial statement, if applicable, for any Applicant non-qualified Plans.

**Plan Changes**

2. In the past twenty-four (24) months, have any amendments to any Plan been made or contemplated that will result in or are expected to result in any reduction of benefits, including, but not limited to an increase in participants' share of costs? Yes  No

If "Yes", please identify the affected Plan(s) and provide a description of the amendments.

3. Has any Plan or part of a Plan been transferred, merged or terminated or is any transfer, merger or termination under consideration? Yes  No

If "Yes," please attach complete details, including date of transfer, merger or termination, whether assets have been fully distributed to participants or beneficiaries, or reverted to a party other than participants affected by the transaction, and name of annuity provider if benefits have been secured by annuities.

**Defined Benefit Plans**

4. Are all defined benefit Plans adequately funded in accordance with ERISA or applicable similar common or statutory law of the U.S., Canada or any state or other jurisdiction anywhere in the world, as attested to by an actuary? If “No”, please attach complete details. Yes  No
5. Are there any overdue employer contributions for any Plan, or has any Plan requested or contemplated filing a request for a waiver of contributions? If “Yes,” please attach complete details. Yes  No
6. Is any Plan a cash balance plan, or is any conversion to a cash balance plan being considered? If “Yes,” please attach complete details. Yes  No

### Plan Investment and Governance

7. How often do the fiduciaries establish or amend the investment manager’s guidelines and goals for the Plans?  At least annually  Less than annually If less than annually, please describe.
8. How often is the performance of the investment managers reviewed?  
 At least annually  Less than annually If less than semi-annually, please describe.
9. Do the Plans’ fiduciaries and advisers adhere to written investment guidelines? Yes  No
10. Is there a written procedure that is followed to assess the reasonableness of investment management, consulting or other fees charged to or paid by the Plans, including a procedure to assess fees related to investments recommended by investment advisers? Yes  No

### Third Party Service Providers

11. Please attach a list of third party service providers, including, but not limited to investment managers or advisers, actuaries, lawyers, administrators and benefit consultants, the Plans for which they provide services, and the services provided.

### Claim Information

12. Does any proposed Insured know of or have information about any pending or prior claim, suit, regulatory action or other proceeding, inquiry or investigation (any of which being a “Known Claim”) of or against any proposed Insured arising out of any plan? If “Yes”, please attach complete details. Yes  No
13. Answer the following question if the Applicant does not currently maintain Fiduciary Liability insurance. If Applicant currently maintains Fiduciary Liability insurance, check the N/A box):  
Does any proposed Insured know of or have information about any act, error, omission, circumstance, or violation of ERISA or any similar common or statutory law of the U.S., Canada or any state or jurisdiction anywhere in the world to which a Plan is subject (any of which being a “Potential Exposure”) which would lead a reasonable person to believe that such Potential Exposure might give rise to a Claim, suit, regulatory action or other proceeding, inquiry or investigation under the proposed policy? If “Yes”, please attach complete details.

Yes  No  N/A

IT IS AGREED THAT IF ANY SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE.

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

**CYBEREDGE® CYBER LIABILITY**

Please complete this section if applying for any of the following coverages: Security and Privacy Liability, Event Management Insurance, Network Interruption Insurance or Cyber Extortion Insurance.

**Confidential Information**

1) a) Does the Applicant maintain any Confidential Information under their care, custody, or control or with an Information Holder? Yes  No

If “Yes,” please identify the forms of Confidential Information maintained in either digital or hard copy:

Forms of Confidential Information Maintained	Maintained by Applicant	Maintained by Information Holder	Estimated Number of Records	
Personal Identifiable Information (PII)			<input type="checkbox"/> 0-25K <input type="checkbox"/> 25K-100K <input type="checkbox"/> 100K-1M	<input type="checkbox"/> 1M-3M <input type="checkbox"/> 3M-5M <input type="checkbox"/> Over 5M
Protected Health Information (PHI)			<input type="checkbox"/> 0-25K <input type="checkbox"/> 25K-100K <input type="checkbox"/> 100K-1M	<input type="checkbox"/> 1M-3M <input type="checkbox"/> 3M-5M <input type="checkbox"/> Over 5M
Financial Account Information			<input type="checkbox"/> 0-25K <input type="checkbox"/> 25K-100K <input type="checkbox"/> 100K-1M	<input type="checkbox"/> 1M-3M <input type="checkbox"/> 3M-5M <input type="checkbox"/> Over 5M
Intellectual Property / Trade Secrets				
Other:				

- b) If maintained by Applicant, please check all controls in place to manage access to confidential information:
- An information handling and labeling policy dictating what information may be collected and how information should be stored
  - A data retention policy outlining when data may be disposed of appropriately
  - A policy of least privilege defining who may be granted access to information
  - A process for reviewing user access privileges on a regular basis, including when a user changes positions internally
  - A process for removing access privileges upon termination before the user leaves the premises

2. a) Does the Applicant outsource any part of their information handling, network, computer system, or information security function? Yes  No

If “Yes,” indicate the name of the vendor providing applicable services:

<input type="checkbox"/> Data Center Hosting: _____	<input type="checkbox"/> Managed Security: _____
<input type="checkbox"/> Data Processing: _____	<input type="checkbox"/> Alert Log Monitoring: _____
<input type="checkbox"/> Application Service Provider: _____	<input type="checkbox"/> Intrusion Detection: _____

- b) Please check all due diligence that applies before engaging with a new vendor:
- Formal assessment of the security risks associated with the vendor

- A means to assess the vendors' security posture such as SAS70, CICA Section 5970, BITS or otherwise
  - Contractual provision to indemnify the organization in the event of a security failure or loss of confidential information
- c) Does the Applicant have a formal process in place to verify that the services are being performed as dictated by the contract? Yes  No

3. Check the following that applies to the Applicant's information security program:

- A formal risk assessment methodology which includes at least an annual review of organizational risks
- Individual officially designated as a responsible security officer (CISO, CSO, etc...)
- An Information Security Policy communicating how information is protected by the organization
- An Acceptable Use Policy communicating appropriate use of data to users

### Systems

4. Check each of the following technologies used by Applicant:

- Firewalls at the perimeter of the network
- Firewalls in front of sensitive resources inside the network
- Corporate antivirus/anti-malware software
- Intrusion detection systems
- Centralized log collection and monitoring
- Proactive vulnerability scanning/penetration testing
- Physical controls preventing access to the devices themselves

5. Does the Applicant have a formal process in place to automatically push updates to all computing resources for critical updates, patches and security hot-fixes? Yes  No

If "No", please describe. \_\_\_\_\_

6. Does the Applicant have processes in place to ensure that all confidential data is encrypted? Yes  No

If "Yes," check all of the scenarios in which data is encrypted:

- Data at rest     Data in transit
- Data transferred to removable media (backup tape, CDs, removable hard drives, etc...)

### Compliance

7. Is the Applicant subject to any laws or regulations dictating information security? Yes  No

If "Yes," check all that apply:

- Health Insurance Portability and Accountability Act
- Gramm-Leach-Bliley Act
- Sarbanes-Oxley
- Payment Card Industry Data Security Standard
- Federal Educational Rights Privacy Act
- Federal Information Security Management Act
- Red Flags Rule



Other (Please Describe) \_\_\_\_\_

If "Yes," has your organization undertaken any third-party security audits and complied with all recommendations? Yes  No

If "No", please describe. \_\_\_\_\_

## Business Continuity/Training

8. Does the Applicant have:

a) A Documented Business Continuity and Disaster Recovery Plan. Yes  No

If "Yes," based upon formal testing, what is your proven recovery time objectives for critical systems to restore operations after a computer attack or other loss/corruption?

NA - have not formally tested       Less than 4 hours       5 hours to 8 hours

9 hours to 12 hours       13 hours to 24 hours       More than 24 hours

b) Formal backup process for backing up, archiving and restoring confidential data. Yes  No

If "Yes," does the Applicant have formal processes in place to test backup data for integrity on a periodic basis? Yes  No

c) Documented Incident Response Plan Yes  No

9. a) Does the Applicant have formal processes in place to communicate, educate and train employees on data privacy and security issues? Yes  No

If "Yes," please describe the frequency and type of training.

\_\_\_\_\_

b) Are employees trained on their personal liability and any potential ramifications if they aid, abet, or participate in a data breach incident involving the Applicant? Yes  No

10. Does the organization have processes in place to ensure that all employees, third parties, contractors and vendors with potential access to confidential data receive background screening? Yes  No

Check all that apply:

Criminal convictions

Educational background

Credit check

Drug testing

Work history

Reference check

## Claims Information

11. During the past three (3) years, has the Applicant experienced any occurrences, claims or losses related to a failure of security of the Applicant's computer system or has anyone filed suit or made a claim against the Applicant with regard to invasion or interference with rights of privacy, wrongful disclosure of confidential information or does the Applicant have knowledge of a situation or circumstance which might otherwise result in a claim against the

Applicant with regard to issues related to the insurance sought? If "Yes", please attach complete details.

Yes  No

IT IS AGREED THAT IF ANY SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE.

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

**CYBEREDGE® CYBER MEDIA LIABILITY**

Please complete this section if applying for this coverage.

**Content**

1. Does the Applicant’s website(s) include chatrooms, bulletin boards, web 2.0, or otherwise allow users or employees to post or upload content? Yes  No

If “Yes”:

a) When, if ever, is such content reviewed?

- Prior to Publication       After Publication (Indicate Standard Time Lag): \_\_\_\_\_
- Never       Other: \_\_\_\_\_

b) Are third parties provided with a readily accessible means of notifying the Applicant should any offending material be posted? Yes  No

c) Does the Applicant have measures to promptly remove or restrict access to offending material once discovered or notified there of? Yes  No

2. Does the Applicant disseminate, stream or transmit music or songs? Yes  No

If “Yes”, does the Applicant ensure that they have the appropriate license(s) to use the music/songs based on the intended usage, duration of song, frequency of use, and time period used? Yes  No

**Clearance & Review Procedures**

3. What procedures are followed by the Applicant prior to the dissemination of material on its website(s)?

- Written     Ad Hoc     None

If “Written” or “Ad Hoc” does the Applicant’s media clearance and compliance procedures include:

a) Measures to ensure acquisition of all necessary intellectual property (IP) rights and publicity rights of all content disseminated (including but not limited to images, photographs and music) through releases, licenses or consents? Yes  No

b) Standard procedures to handle complaints concerning disseminated material? Yes  No

c) Training of employees regarding copyright and trademark issues? Yes  No

d) Periodic IP audits done by legal/business staff or outside counsel? Yes  No

4. Please indicate the percentage of disseminated or created content which is cleared by:

In-house counsel:       100%  75%  <75%  0%

Outside counsel:       100%  75%  <75%  0%

Trained employees (non-attorneys):       100%  75%  <75%  0%

5. Does the Applicant screen material for the following offenses prior to any dissemination on its website(s)?  
 If “Yes”, check all that apply. Yes  No
- Copyright Infringement
  - Libel or Slander
  - Trademark Infringement
  - Privacy Violations
  - Domain Name Infringement
  - Violation of Rights of Publicity (including commercial appropriation of a celebrity’s name, image or likeness)
6. Does the Applicant have procedures to remove infringing, libelous, or otherwise controversial material from its website(s)? Yes  No
7. Does the Applicant comply with the safe harbor provisions of Section 512 of the Digital Millennium Copyright Act (DMCA) or equivalent? Yes  No  N/A   
 If “Yes,” is the Applicant’s compliance with the DMCA or equivalent regularly reviewed by an attorney?  
Yes  No  N/A
8. Are content providers who supply the Applicant with material, including advertising content, by agreement required to:
- a) Assign or license the Applicant their rights to the use of the material? Yes  No 
    - i. If “Yes,” are these rights assigned on a blanket basis? Yes  No  N/A
    - ii. If “No,” please explain how rights are limited: \_\_\_\_\_
  - b) Warrant that their work does not violate another party’s IP rights? Yes  No
  - c) Indemnify the Applicant when an IP infringement claim is made against them based on the material provided?  
Yes  No

**Insurance**

9. Does the Applicant maintain commercial general liability insurance coverage including personal and advertising injury liability coverage? Yes  No

If “Yes”, please provide the following information with respect to such coverage:

- a) Limits of Liability: \_\_\_\_\_
- b) Personal and Advertising Injury Sublimit of Liability: \_\_\_\_\_
- c) Insurance Carrier: \_\_\_\_\_

**Claims Information**

10. During the past three (3) years, has the Applicant experienced any occurrences, claims or losses with respect to any of the Applicant’s media content including, without limitation, electronic, digital or digitized media content displayed on the Applicant’s website or does the Applicant have knowledge of a situation or circumstance which

might otherwise result in a claim against the Applicant with regard to issues related to the insurance sought? If “Yes”, please attach complete details. Yes  No

IT IS AGREED THAT IF ANY SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE.

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

**CORPORATE COUNSEL PREMIER® CORPORATE COUNSEL PROFESSIONAL LIABILITY**

Please complete this section if applying for this coverage.

**Legal Staff**

- 1. Please provide the number of lawyers employed by the Applicant in their capacity as such and the number of independent contractors contracted by the Applicant (please include subsidiaries if seeking coverage for such):  
Employed \_\_\_\_\_ Subcontracted \_\_\_\_\_
  
- 2. Please enter the percentage of legal staff with the following levels or overall legal experience:  
0-5 years \_\_\_\_\_ 5-10 years \_\_\_\_\_ 10+ years \_\_\_\_\_
  
- 3. Are there any employed lawyer’s outside of the Applicant’s Legal Department, Office of the General Counsel or equivalent department or office? If “Yes”, please attach complete details. Yes  No

**Legal Services**

- 4. Please describe the type of work performed by Employed Lawyer’s in the following areas:

Moonlighting	
<i>Pro Bono</i>	
Corporate	

- 5. Does any employed lawyer serve on the Board of Directors or equivalent governing body of the Applicant or any of its subsidiaries? Yes  No
  
- 6. Does the Applicant or any of its subsidiaries permit or require employed lawyers to issue written legal opinions to outside parties in connection with sales, acquisitions or other transactions? Yes  No
  
- 7. Does any employed lawyer serve on a due diligence committee or perform legal services regarding any merger, acquisition or a consolidation of or by the Applicant or any of its subsidiaries? Yes  No
  
- 8. Do the Applicant’s employed lawyers appear in court on behalf of the Applicant or any of its subsidiaries or any other party? Yes  No
  
- 9. Does the employed lawyer provide personal legal services with respect to criminal, matrimonial or intellectual property law or estate/financial planning? Yes  No

## Claim Information

10. Does any person or entity proposed for coverage know of or have information about any pending or prior claim, suit, regulatory action or other proceeding, inquiry or investigation (any of which being a "Known Claim") of or against any proposed insured? If "Yes", please attach complete details. Yes  No

11. Answer the following question only if the Applicant does not currently maintain Employed Lawyers Professional Liability insurance. If Applicant currently maintains Employed Lawyers Professional Liability insurance, check the N/A box):

Does any person or entity proposed for coverage know of or have information about any act, error, omission or circumstance (any of which being a "Potential Exposure") which would lead a reasonable person to believe that such Potential Exposure might give rise to a claim, suit, regulatory action or other proceeding, inquiry or investigation of or against any proposed insured? If "Yes", please attach complete details.

Yes  No  N/A

IT IS AGREED THAT IF ANY SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH KNOWN CLAIM OR POTENTIAL EXPOSURE.

**CRIMEGUARD CHOICE® FIDELITY AND CRIME INSURANCE**

Please complete this section if applying for this coverage.

**Operations**

1. Attach a list of all welfare and pension plans and subsidiaries to be covered.
2. Describe your principal business activity: \_\_\_\_\_
3. Total number of employees: U.S. \_\_\_\_ Canadian \_\_\_\_\_ Foreign \_\_\_\_\_

**EMPLOYEES LOCATED IN THE UNITED STATES, ITS POSSESSIONS AND CANADA:**

(Please include Canadian Personnel only in column provided)

	U.S.	Canada		U.S.	Canada		U.S.	Canada
Chairman of the Board			Assistant Sales Managers			Payroll Clerks		
President			Branch Sale Manager			Collectors		
Vice President			Purchasing Agents			Outside Messenger		
Treasurer			Buyers			General Superintendent		
Asst. Treasurer			Assistant Purchasing Agent			Asst. or Factory Superintendent		
Secretary			Asst. Buyers			Timekeepers		
Asst. Secretary			Salesmen			Paymasters		
Comptroller			Outside & Collecting			Traffic Managers		
Assistant Comptroller			Salesman			Receiving Clerks		
Advertising Managers			Outside & No Collecting			Shipping Clerks		
Office Manager			Cashiers			Watchmen		
Department Managers			Accountants & Auditors			Gatemen & Guards		
Branch Managers			Bookkeeper			Drivers (Collections)		
Assistant Branch Managers			Credit Managers			Drivers (No Collections)		
Sales Managers			Cash Handling Clerk					
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		



**OTHER EMPLOYEES**

Please use the table below to list the total number of the following types of employees: office clerks, secretaries, stenographers, typists, telephone operators, inside salesmen, inside messengers, business machine operators, porters & other like personnel.

	U.S.A	CANADA	FOREIGN	GRAND TOTAL
<b>TOTAL</b>				

Total numbers of locations: U.S. \_\_\_\_\_ Canadian \_\_\_\_\_ Foreign \_\_\_\_\_

- 4. Total number of retail locations \_\_\_\_\_
- 5. Do you have cash or precious metal exposure that exceeds the lowest request deductible amount? If “Yes,” attach details of exposure and controls relevant to that exposure. Yes  No
- 6. Is your organization involved in the trading of stocks, bonds, commodities or currency? If “Yes,” please complete the Supplemental Trading Questionnaire Yes  No
- 7. Describe any others that you are looking to include as employees. Include number, job function as well as control procedures for these individuals. \_\_\_\_\_  
\_\_\_\_\_

**Audit/Internal Control Procedures**

- 8. How many employees do you have within the following departments?  
 Internal Audit \_\_\_\_\_ Loss Prevention \_\_\_\_\_ Corporate \_\_\_\_\_ Security \_\_\_\_\_  
 IT Auditors (not included above) \_\_\_\_\_
- 9. Has the internal audit department audited all domestic and foreign locations during the prior two years or will it be during the current year? If “No,” please explain in a separate attachment Yes  No  N/A   
 (Provide a copy of the current internal audit plan or executive summary)
- 10. Regarding your annual financial statement audit, have you changed CPA firms during the past seven years? If “Yes,” please explain the reason in a separate attachment. Yes  No
- 11. Is the company compliant with the Sarbanes Oxley guidelines regarding internal controls and related reporting? If “No,” please explain in a separate attachment. Yes  No  N/A
- 12. Please describe similar regulatory and non-regulatory efforts at foreign locations.  
\_\_\_\_\_

13. Were any material weaknesses or significant deficiencies in internal controls identified by your CPA firm or internal audit staff during the current or prior year? Yes  No  N/A

If "Yes," please attach a description and corrective measures and implementation timeframe.

14. Briefly describe the company's fraud reporting mechanisms (e.g., telephone hotline or anonymous reporting mechanism) used to report allegations of fraud at domestic and any foreign locations.

---

15. Are background checks performed on all new hires? Yes  No

Please check all that apply:

Criminal       Credit       Prior Employment       References       Drug Testing

16. Are mid-employment background checks or screenings performed (e.g., when employees are promoted to managerial or sensitive positions)? Yes  No

17. Are your Code of Ethics and/or Code of Conduct policies distributed to all domestic and foreign employees? Yes  No

18. Do you have a procedure in place to ensure the Code of Ethics / Conduct policies have been read and understood by all employees (e.g., employee signatures, electronic testing)? Yes  No

19. Do you provide specific fraud awareness training for managers and employees? Yes  No

20. Do you train employees on privacy, information security and related issues annually or more frequently? Yes  No

If "Yes," please describe the training provided.

---

21. Are all expense reports reviewed by a supervisor or by someone knowledgeable of the employee's work and travel itineraries? Yes  No

22. When an employee is terminated or resigns, does the company immediately cancel and deny access to sensitive data (building access, corporate credit cards, computer systems, etc)? Yes  No

23. Are perpetual inventory systems maintained at all domestic and foreign locations? Yes  No  N/A

24. Are complete physical inventory counts conducted at least annually and independently reconciled to recorded / book quantities at all locations? Yes  No  N/A

25. Are physical and other inventory controls consistent at all warehouse and branch locations? Yes  No  N/A
26. Does anyone within the payroll area perform more than one of the following duties: payroll preparation, approval, recording, and reconciling? Yes  No
27. Is payroll distributed to any employees at domestic or foreign locations via cash or using a cash envelope system? Yes  No
- If "Yes," please describe the process and controls in place.
- 
28. Does the company receive rebates or sales incentives from manufacturers or third parties? Yes  No
- If "Yes," when was the most recent audit of this area and by whom?
- 
29. Does the company utilize a Positive Pay system to reduce the risk of unauthorized payments presented to and paid by its banks? Yes  No
30. Do any employees responsible for reconciling bank statements also perform the following?
- |                                 |  |
|---------------------------------|--|
| Approve or disburse payments    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Access the master vendor file   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Receive checks or make deposits | Yes <input type="checkbox"/> No <input type="checkbox"/> |
31. Is countersignature (dual signature) of checks required at all locations? Yes  No
- a) If "Yes," at what dollar threshold is countersignature required? \$ \_\_\_\_\_
- b) If "No," describe the system in effect to prevent unauthorized issuance of checks (e.g., countersignatures of purchase orders or invoices) \_\_\_\_\_
32. Are summary disbursements reports or audit exception reports prepared that list payments made via check and wire and reviewed by management or internal audit staff for unusual payments ("data mining")? Yes  No
33. Do the above controls differ for foreign locations? If "Yes," please explain in a separate attachment. Yes  No
34. Describe any other relevant company programs, policies, or procedures designed to reduce the risk of fraud and abuse within the company not discussed above? \_\_\_\_\_

## Vendor Information

35. Are background checks performed on vendors prior to doing business with them to determine:
- a) Ownership? Yes  No
- b) Physical address? Yes  No

- c) Tax ID (or SSN)? Yes  No
- d) Financial capability? Yes  No

36. Are employee databases searched to determine whether there are unusual matches between the vendor data obtained above and employee data? Yes  No

37. Which department maintains and updates the authorized / pre-approved listing of vendors (e.g., accounts payable, procurement)? \_\_\_\_\_

38. Do any of these department employees (from previous question) have invoice approval, check / payment approval, signature, or bank account reconciliation responsibilities? If "Yes," provide details. Yes  No

39. Does the company utilize a purchase order or payment requisition system requiring two signatures prior to ordering all goods and services? Yes  No

40. Are vendors provided with a statement of your conflict of interest and gift policy (prohibiting gifts of any significant value)? Yes  No

41. Are vendors asked to disclose any gifts or favors offered or requested or other questionable behavior by employees? Yes  No

42. Do the same controls apply to locations outside the United States? Yes  No   
If "No," please explain.

\_\_\_\_\_

**Funds Transfer/Computer System**

43. What is the daily average number and dollar amount of wire transfers?  
Domestic: Number \_\_\_\_\_ Dollar \$ \_\_\_\_\_ Foreign: Number \_\_\_\_\_  
\_\_\_\_\_ Dollar \$ \_\_\_\_\_

44. Is approval by more than one person required to initiate a wire transfer? Yes  No

45. Does anyone within the wire transfer area perform more than one of the following duties: requesting, initiating, recording, and reconciling? Yes  No

46. Are similar internal controls established surrounding vendor set-up, requesting, approving, recording, and reconciling within the wire transfer area as with the accounts payable area? Yes  No

47. For non-repetitive (non-routine) wire transfers, are internal controls in place that are similar to the regular cash and check disbursement procedures (e.g., required approval signatures, supporting documents, etc.)?

Yes  No

48. Do internal controls surrounding wire transfers vary among domestic and foreign locations?

Yes  No  N/A

49. When was the most recent wire transfer department audit performed by:

Internal auditors? \_\_\_\_\_ External auditors? \_\_\_\_\_

50. Are computer access codes and passwords changed every ninety (90) days or less?

Yes  No

51. Do any non-employees have access to the company's computer systems?

Yes  No

If "Yes," provide details and control information. \_\_\_\_\_

52. Has the company had a theft of or unintended release of sensitive personal information of employees or customers in the past three (3) years? Yes  No

If "Yes," did you notify the individuals whose information was stolen or released? Yes  No

If "Yes," please describe the nature and size of the release and any corrective action taken:

53. When was the most recent IT / computer system audit performed by:

Internal auditors? \_\_\_\_\_ External auditors? \_\_\_\_\_

## Client Assets

54. Describe the type of services/work will you perform for your client(s)? \_\_\_\_\_

55. Will you have access to your client's funds/property (including money, securities, inventory, high value property, banking systems, wire transfer systems, computer systems, sensitive computer data, etc.)?

Yes  No

If "Yes," advise to what extent you will have access to this property along with the approximate dollar value:

56. Number of employees who will be performing work for your client(s). \_\_\_\_\_

57. To what extent do you perform background checks on your employees?

Prior employment  Reference checks  Criminal records  Credit history  Drug testing

58. Will you be performing services for your client(s) during normal business hours?

Yes  No

If "No," at what time will you be performing your work? \_\_\_\_\_

59. Will your employees be supervised by your client(s) while performing services?

Yes  No

If "No," what safeguards will be in place? \_\_\_\_\_

60. What physical and internal controls are in place to prevent and detect Employee Theft losses involving your client's funds/property? Provide details:

---

61. To what extent will your client(s) audit the services you provide for them? Provide details:

---

62. Do you have any knowledge of an employee stealing from a client in the past or at this time? Yes  No   
If "Yes," provide complete details including all corrective measures implemented.

---

After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)

63. Total number of client(s): \_\_\_\_\_

Provide a list of the client(s) you will be providing services for. If services are being provided under a contract, indicate the start and completion date and attach a copy of the contract(s).

NAME OF CLIENT	LIMIT OF COVERAGE REQUESTED	START & END DATE OF CONTRACT	DOLLAR AMOUNT OF CONTRACT
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Network Security Information**

64. How is your network security managed?

In-House      or       By a third party vendor      Name of Vendor \_\_\_\_\_

65. If your network security is managed In-House, please check the applicable network security services that you use to safeguard the personal information of your customers/members/employees:

- Physical security     Firewall     Data Encryption     Access control  
 Periodic security assessments     Incident response     Dedicated IT personnel

**Identity Theft Insurance Program**

66. Do you currently have an identity theft insurance program in place?      Yes  No

If "Yes," please attach policy.

67. Have you ever had an application for identity theft insurance declined or has a policy issued to you been cancelled or non-renewed by the insurance carrier?      Yes  No  If "Yes," please give details. \_\_\_\_\_

**Claims Information**

68. List all losses (including loss of any personal identity information of employees or customers) during the last six (6) years:

Date of Loss	Description	Gross Amount	Date Paid	Corrective Measures

69. Answer the following question only if the Applicant does not currently maintain Fidelity and Crime insurance. If Applicant currently maintains Fidelity and Crime insurance, check the N/A box):

Does any person or entity proposed for coverage know of or have information about any act, error, omission or circumstance (any of which being a “Potential Exposure”) which would lead a reasonable person to believe that such Potential Exposure might give rise to a claim, suit, regulatory action or other proceeding, inquiry or investigation of or against any proposed insured? If “Yes”, please attach complete details.

Yes  No  N/A

IT IS AGREED THAT IF ANY SUCH POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH POTENTIAL EXPOSURE.



**KIDNAP & RANSOM/EXTORTION INSURANCE**

Please complete this section if applying for this coverage.

1. List locations of all resident employees and the number of employees at each country. Please include the USA. (A resident employee is any employee who resides in any one country for more then six (6) cumulative months over a one (1) year period of time). Please attach a separate schedule if necessary.

COUNTRY	TOTAL #
USA	

COUNTRY	TOTAL #

Is coverage desired for any of the following: independent contractors, leased or temporary employees, volunteers or students? Yes  No

If "Yes," please include these persons in the overall employee count above and specify classification(s) to be included in the quotations: \_\_\_\_\_

2. List anticipated foreign travel by specific country and number of employees traveling to each country. This would include all Non-US based citizens traveling to the USA. (Travel means less than six (6) months cumulative travel over a one year period of time). Please attach a separate schedule if necessary.

SPECIFIC COUNTRY	# OF EMPLOYEES

Is coverage desired for any of the following: independent contractors, (leased or temporary employees, volunteers or students)? Yes  No

If "Yes," please include these persons in the overall employee count above and specify classification(s) to be included in the quotations: \_\_\_\_\_

3. Has the Applicant or any person(s) to be covered under this policy ever received an actual, attempted or threatened kidnapping, extortion, detention, or hijacking attempt? Yes  No

4. Please state any special security precautions or attach details: \_\_\_\_\_

5. Please list Director of Security and/or Risk Management contacts (Please include telephone number):

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

- The undersigned authorized officer of the Applicant declares that the statements set forth herein are true, and agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the Applicant will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance
- Signing of this application does not bind the Applicant or the Insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.
- All written statements and materials furnished to the Insurer by or on behalf of the Insured in conjunction with this application are incorporated by reference into this application and made a part of it.

**NOTICE TO 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 act, which is a crime and MAY subject such person to criminal and civil penalties.

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES.

**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 PROVIDED 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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 LOUISIANA 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 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 MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 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.

**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 (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND 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.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
(Must be signed by the president)

Insurance Broker: Kelly Insurance Group, Inc. JONATHAN KELLY

Broker Signature: Upon Receipt

Broker License Number: 473090 & 60301

Address:

700 River Avenue Suite 433

Pittsburgh, PA 15212

**After Completing Please fax to (412) 325-1657  
or email to [apps@kelins.com](mailto:apps@kelins.com)**