



NOTICE

MOST OF THE LIABILITY COVERAGE PARTS ARE WRITTEN ON A CLAIMS MADE BASIS, AND AS SUCH, TO ALL PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. Complete Sections I, II and III along with the attached Renewal Application(s) for the coverages that are being renewed.

Applicants that answer "Yes" to questions asked below may require substantially different terms and conditions at renewal. Please provide detailed information to any questions answered "Yes" with in the space provided at the end of this application. In addition, please attach the documents requested in the Specify Attachments Sections.

I. GENERAL INFORMATION:

1. a. The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Name of Subsidiaries that are applying for coverage: _____

Street Address (No P.O. Box): _____

City: _____ State: _____ Zip: _____

Website: _____

b. Within the past 12 months or during the next year does the Applicant plan on any actual or proposed merger, acquisition or divesture? Yes No

c. Within the past 12 months or during the next year does the Applicant plan on creating or acquiring any new business, subsidiary or division? Yes No

d. Total number of locations for the Applicant and its Subsidiaries? _____

II. INTERNAL CONTROLS

1. a. Within the last 12 months, has the Applicant's and any Subsidiaries' outside auditors stated that there are weaknesses in the Applicant's or any Subsidiaries system of internal controls? Yes No

III. FINANCIAL INFORMATION

1. As of the most recent fiscal year-end, please provide the following information for Applicant and Subsidiaries:

Most recent Fiscal year-end	as of: _____	Prior Fiscal year-end	as of: _____	
Total Assets: \$	_____	Total Assets: \$	_____	
Total Long Term Debt: \$	_____	Total Long Term Debt: \$	_____	
Total Liabilities: \$	_____	Total Liabilities: \$	_____	
Total Equity: \$	_____	Total Equity: \$	_____	
Total Revenue: \$	_____	Total Revenue: \$	_____	(Next Year): \$ _____
Net Income (Net Loss): \$	_____	Net Income (Net Loss): \$	_____	
Total Pension Plan Assets: \$	_____	Total Pension Plan Assets \$	_____	



MANAGEMENT LIABILITY SECTION

I. REQUESTED LINES OF COVERAGE

Please answer this question only if the Applicant is applying for limits of insurance that exceed the expiring coverage currently written with CNA:

Table with 3 columns: Coverage Part, Limit of Liability, Retention. Rows include Directors & Officers Liability, Employment Practices Liability, Fiduciary Liability, and Network Security & Protection.

None of the individuals to be insured under any Coverage Part (the "Insured Persons") have a basis to believe that any wrongful act, event, matter, fact, circumstance, situation, or transaction, might reasonably be expected to result in or be the basis of a future claim? Yes No

Without prejudice to any other rights and remedies of CNA, any claim arising from any facts, circumstances or situations required to be disclosed is excluded from the portion of any renewal limit of liability that exceeds the expiring limit of liability in the proposed insurance.

PLEASE COMPLETE THE QUESTIONS BELOW FOR THE LINES OF COVERAGE THAT THE APPLICANT IS RENEWING

II. DIRECTORS & OFFICERS LIABILITY

- a. Over the past 12 months has there been any change in the Board of Directors or senior management?
b. Has there been any changes in the number of shareholders; shareholders that own(ed) greater than a 10% interest within named company?
c. Does the Applicant or any Subsidiary plan on offering any private or public debt or equity offerings of securities?

III. EMPLOYMENT PRACTICES LIABILITY

- a. What is the total number of full time employees for the Applicant and all Subsidiaries?
Part-time/seasonal employees? Independent Contractors? Volunteers?
b. During the past 12 months has the Applicant or any Subsidiary made any amendments to any Human Resources policies, procedures or employee handbook?
Have you distributed the amendments to your employees?
If No, Please explain:
c. Has the Applicant or any Subsidiary had any layoffs, staff reductions, facility closings and/or any other increase or decrease to the employment count of more than 15%; or are any planned over the next 12 months?
d. How many employees are highly-compensated individuals? (\$100,000 or more per year)
e. How many employees are in the following jurisdictions?
California: Outside the U.S.
e. How many employees have left the Applicant or any Subsidiary over the past 12 months? Voluntary: Involuntary:

IV. FIDUCIARY LIABILITY

- a. In the past 12 months have there been any changes to any pension plan's eligibility or have any plans (other than ESOP) invested more than 10% of the total plan assets in any security of, or loan to, the Applicant or in any real estate?
b. Has any plan been under-funded by more than 20%?
c. Has the Applicant or any Subsidiary created any new plans?
d. Have there been 401K matching contributions made in company stock?
e. In the past 12 months or with in the next year does the Applicant plan on terminating, suspending, merging, dissolving any pension plan(s) or converting such plan(s) into a cash balance plan?



V. NETWORK SECURITY & PRIVACY

a. During the past year, has there been any changes regarding the security and protection for Applicant's Facility and Network? Yes No

If Yes:

(i) Has the Applicant experienced a Security Breach? Yes No

Specific Attachments Instructions	Please provide audited financials for limits greater than \$1M or assets that exceed \$50M
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Within the space provided, please provide full details to any of the questions in which you answered "Yes".

[Empty text box for providing details]

PROFESSIONAL LIABILITY SECTION

I. REQUESTED LINES OF COVERAGE

Please answer this question only if the Applicant is applying for limits of insurance that exceed the expiring coverage currently written with CNA:

Coverage Part	Limit of Liability	Retention
Miscellaneous Professional Liability	\$ _____	\$ _____
Media Professional	\$ _____	\$ _____
Technology & Telecommunications E&O	\$ _____	\$ _____
Network Security & Protection	\$ _____	\$ _____

None of the individuals to be insured under any Coverage Part (the "Insured Persons") have a basis to believe that any wrongful act, event, matter, fact, circumstance, situation, or transaction, might reasonably be expected to result in or be the basis of a future claim? Yes No

Without prejudice to any other rights and remedies of CNA, any claim arising from any facts, circumstances or situations required to be disclosed is excluded from the portion of any renewal limit of liability that exceeds the expiring limit of liability in the proposed insurance.

PLEASE COMPLETE ALL OF THE QUESTIONS BELOW FOR YOUR PL COVERAGE PART(S)

- 1. a. Within the past 12 months or during the next year does the Applicant plan on any actual or proposed merger, acquisition or divestiture? Yes No
- b. Within the past 12 months or during the next year does the Applicant plan on creating or acquiring any new business, subsidiary or division? Yes No
- c. Has any portion of the current operations, products, services been discontinued or recalled within the last year? Yes No



2. Please provide the total gross revenues for the years indicated which are derived from the Applicant's & any Subsidiaries professional services:

Next Year	This Year	Last Year
\$ _____	\$ _____	\$ _____

- 3. a. Has there been any change in the amount of work subcontracted out by the applicant? Yes No
- b. Within the past 12 months has the Applicant's three largest clients changed? Yes No
- c. Have there been any changes in the use of contracts or agreements with subcontractors? Yes No
- 4. a. Has there been any changes regarding the Applicant's Quality Control Procedures? Yes No
- b. Have there been any changes regarding the Applicant's use of standard contracts with clients over the past year? Yes No
- c. Within the past 1 year, have you sued any customers for non-payment of contracts? Yes No
- 5. Within the past 1 year, have any customers withheld payment or requested a refund because the Applicant's products/services:
 - (i) did not meet customer's performance expectations? Yes No
 - (ii) did not perform in compliance with the Applicant's warranty or guarantee? Yes No
 - (iii) Are any contracts currently past due acceptance? Yes No
- 6. During the past year, has there been any changes regarding the security and protection for Applicant's Facility and Network? Yes No
- If Yes:
 - a. Has the Applicant experienced a Security Breach? Yes No

Specific Attachments Instructions	A sample contract for any new professional service being provided.
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Within the space provided, please provide full details to any of the questions in which you answered "Yes".



CRIME SECTION

I. APPLICANT INFORMATION:

1. a. Have your primary products or services changed since the last renewal? Yes No

If Yes, please explain and also list the new SIC code:

New SIC code: _____

II. CHANGES TO RENEWAL COVERAGE

3. Please answer this question only if the Applicant is applying for limits of insurance that exceed the expiring coverage currently written with CNA:

<u>Required Coverages:</u>	Limit	Deductible
A. Employee Theft; or	\$ _____	\$ _____
O. Per Occurrence Government Employee Dishonesty	\$ _____	\$ _____

<u>Optional Policy Coverages:</u>	Limit	Deductible
A.1 Employee Theft of Client Property (only w/ Cov. A)	\$ _____	\$ _____
B. Forgery or Alteration	\$ _____	\$ _____
C. Theft & Disappearance of Money and Securities	\$ _____	\$ _____
D. Robbery & Safe Burglary of Other Property	\$ _____	\$ _____
E. Counterfeit Money Orders and Currency	\$ _____	\$ _____
F. Computer and Funds Transfer Fraud	\$ _____	\$ _____

<u>Optional Endorsed Coverages:</u>	Limit	Deductible
Proof of Loss Expense	\$ _____	\$ _____
K. Guests Property- Safe Deposit Legal Liability	\$ _____	\$ _____
L. Guests Property- Premises Legal Liability	\$ _____	\$ _____

III. RENEWAL RATING INFORMATION

4. a. Required Rating Data for All Applicants:

(i) Annual Revenues: \$ _____

(ii) Total Employees: Domestic (U.S. Virgin Islands, Puerto Rico & Canada): _____ Foreign: _____

(iii) Foreign Countries: _____

b. Optional Coverage Rating Data:

(i) Coverages C and D: Total Domestic & Foreign **Retail** Locations: _____

(ii) Coverage A.1.: Total Employees on the Client Premises: _____

(iii) Would you like to convert to a "Loss Discovered" basis? Yes No

IV. INTERNAL/PURCHASING CONTROLS AND PHYSICAL SECURITY

5. Has the quality of your internal/purchasing controls, or physical security lowered since the last renewal? Yes No
If "Yes" please explain:



V. CLAIMS HISTORY

6. Have there been any claims or incidents that could lead to a claim under this insurance? Yes No

If "Yes" provide details including the following on a separate sheet:

- Discovery Date
- Loss Amount
- Circumstances
- Corrective Action Taken to Prevent a Recurrence

The employees of the Applicant have all, to the best of the Applicant's knowledge, always performed their respective duties honestly. The Applicant has no knowledge, except as stated herein, of any information that any employees have committed dishonest acts prior to their employment by the Applicant.

FRAUD NOTICE - Where Applicable Under The Law of Your State

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: 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.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

Please complete only if the Applicant is requesting an increase in their current limit of Insurance. This Application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or by the General Counsel.

Signed: _____

Title: _____

Corporation: _____

Date: