

General Liability Supplemental Application

Applicant Information

1. Applicant Name:
2. Principal Business Address:
3. Number of Years in Operation:
4. Number of Full-time staff: Part-time:
5. Nature of Your Business:
6. What is your gross sales estimate? \$
7. What is your total payroll? \$

Applicant Facilities

#	Name & Location Address	Single Occupancy or Multiple?	Owner/ Lessee/ Tenant?	Square Footage Occupied	# of Stories	Type of Construction

General Information

9. Are all of the applicant's locations equipped with:
 - (a) Complete sprinkler system Yes No
 - (b) Smoke detectors Yes No
 - (c) Properly maintained fire extinguishers Yes No
 - (d) At least two clearly marked exits on each floor Yes No
 - (e) Self-closing fire doors on each floor Yes No
 - (f) Automatic fire alarm system connected to a local fire department Yes No

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- (g) Emergency electrical system Yes No
- (h) Heat sensors Yes No
- (i) Fire escape(s) Yes No
- (j) Posted emergency evacuations procedures Yes No
- If "no" to any of the above, please provide additional details in the Additional Comments section below.
10. Does the applicant have a written safety program in place? Yes No
11. Does the applicant have written procedures in place for incident reporting? Yes No
12. Does the applicant have any:
- (a) Exposure to flammables, explosives, chemicals? Yes No
- (b) Catastrophe exposures Yes No
- (c) Exposure to radioactive materials Yes No
- (d) Firearms on the premises? Yes No
- (e) Animals on the premises? Yes No
- (f) Machinery/equipment loaned/rented to others Yes No
- (g) Any storing, treating, discharging, applying, disposing or transporting hazardous materials? Yes No
- (h) Lake, pond, river, swimming pool or other body of water? Yes No
- (i) Any watercraft, docks, floats owned, hired, or leased? Yes No
- (j) Camp, adventure/wilderness, ropes courses or any type of recreational program? Yes No
- (k) Any parking facilities owned/rented? Yes No
- (l) Sporting/social events sponsored? Yes No
- (m) Steam rooms or saunas? Yes No
- If "yes" to any of the above, please provide additional details in the Additional Comments section below.
13. Does the applicant sell or lease any medical equipment or products to patients/clients or others in connection with this operation? Yes No
- If "yes", please provide the following information:
- Annual gross revenue from medical equipment sales /rental:

\$	
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- Types of medical equipment:

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14. Does the applicant perform any maintenance or repairs on equipment sold or leased? Yes No
15. Is the Applicant named as an Additional Insured or vendor on the manufacturer or distributor's policy for all products? Yes No

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Insurance & Claims History

16. Has any insurer declined, cancelled or nonrenewed any General Liability policy for any person(s) or entity(ies) proposed for this insurance? Yes No
If "yes", please provide additional details in the Additional Comments section below.
17. Has (have) any General Liability judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance? Yes No
If "yes", please provide additional details in the Additional Comments section below.
How many claims have been made in the last five (5) years?
18. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any facts, circumstances or situations which might afford grounds for any General Liability claim? Yes No
If "yes", please provide additional details on in the Additional Comments section below.
- 19a. List prior Commercial General Liability insurers for the past five years (if none, please tick box) None

Insurer	Dates Covered From – To (mm/dd/yy)	Limits of Liability per Claim / Aggregate	Deductible	Premium	Coverage Type: Occurrence or Claims Made

- 19b. If the current/expiring policy is on a claims-made form, what is the retroactive date?
- 19c. If expiring coverage exists, does coverage include products and completed operations coverage? Yes No

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Additional Comments

It is understood and agreed that with respect to all questions involving past claims history or known incidents,, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

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 false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Name/title of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.

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Data Breach and Privacy Security Liability Insurance

Application form

Completion of this application in no way will be considered a binder of coverage and underwriters do not guarantee that a policy will actually be issued upon receipt of a completed application. If a policy is issued, it will provide coverage only for claims that are first made against the insured and reported to underwriters during the policy period, or any extended reporting period, if applicable. Notice: This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount. Whoever fills out this application must be a principal/partner/director/officer or senior manager authorized to do so and should make all the proper inquiries to enable the questions to be answered. The application should be completed for the applicant inclusive of every **Subsidiary***.

ATTENTION: YOU MUST READ, COMPLETE, SIGN AND DATE THE ENTIRE APPLICATION FORM. IF YOU ARE UNABLE TO FULLY COMPLETE, SIGN AND DATE, PLEASE SUBMIT ADDITIONAL DETAILS SO THAT YOU MAY STILL BE CONSIDERED FOR COVERAGE.

Your details

Name

Subsidiaries

Please list each **Subsidiary*** you wish to include in the policy.

Qualifying Conditions

Declarations of **You*** - You declare that:

- Your gross revenue for the last fully completed financial year (or your good faith estimate of this year's gross revenues if you are a start-up) did not (or will not) exceed \$100,000,000;
- You are not a:
 - a) Depository Institution (savings bank, commercial bank, savings and loan, credit union, or similar); investment bank, securities underwriter, securities broker-dealer, or similar;
 - b) Payment card processor or gateway; payroll processor; or credit rating agency;
 - c) Insurance company;
 - d) Social or professional networking site or service; dating site or service;
 - e) Franchisee or franchisor;
 - f) Producer, distributor, advertiser, or broadcaster of pornography; or gambling operation including casinos;
 - g) Data warehouse, direct marketer, data aggregator, or information broker;
 - h) Family planning or substance abuse center/service, adoption agency, or abortion clinic;
 - i) Mobile application or video game developer or publisher;
 - j) Utility provider;
- You transact no more than 1,000,000 payment card transactions annually;
- You store, at any one time, no more than 1,000,000 records containing **Personally Identifiable Information***;
- All laptops and tablet computers storing **Personally Identifiable Information*** are encrypted;
- You have either confirmed you are compliant with or confirmed you are not subject to the Payment Card Industry Data Security Standards (PCI/DSS) regarding the secure handling of credit and other payment cards;
- You are not aware of any matter that is reasonably likely to give rise to any **Breach*** or **Claim***, nor have you suffered any **Breach***, nor has any **Claim*** been made against you in the last five years;
- No regulatory, governmental, or administrative action has been brought against you, nor any investigation or information request, concerning any handling of **Personally Identifiable Information***.

If the You* are not able to make any of these declarations above, please submit additional details for further consideration. The inability to make these declarations does not automatically mean Hiscox will not offer coverage terms.

Acceptance

Coverage will only start after acceptance and confirmation of coverage by us.

Data Protection Act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Data Breach and Privacy Security Liability Insurance Application form

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading. I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance. I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of principal/partner/officer/director as authorized representative of the applicant

Signatory's title:

Date

* **Breach, Claim, Personally Identifiable Information, Subsidiary, and You** have the meaning as defined in the policy form. If you do not have a copy, please obtain from your insurance advisor.