

**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
FEDERAL INSURANCE COMPANY (THE "COMPANY")**

NOTICE: THE COVERAGE AFFORDED UNDER THIS COVERAGE SECTION DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organization and all organizations applying for coverage.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Name and Title of Primary Contact: _____
5. Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
6. **Applicant's** State of Incorporation: _____ and date established: _____

II. SPECIFIC INFORMATION:

1. Limits of Liability Requested: \$_____ and Deductible Amount: \$_____
2. Policy Period Requested:
 From _____ to _____ both days at 12:01 a.m. at the principal address of the Parent Organization.
3. Please attach a description of the **Applicant's** operations.

4. Please complete the following regarding **Applicant's** risk profile:

List Countries in which you have operations	Type of Operation	Number of Locations	Number of Employees	Revenues
U.S. and Canada				\$
				\$
				\$
				\$
				\$
				\$
TOTAL:				\$

5. Please complete the following information regarding the foreign travel of the **Applicant's** employees:

Travel Destination by Country	Number of trips per year	Average length of stay	Number of Employees Traveling

6. Please identify:

a. Any countries noted in Questions 4 & 5 above that you believe present your operations or employees with above average risk to kidnapping, extortion, political instability or other acts of terrorism:

b. Any precautions taken to protect those individuals or facilities noted in Question 6(a) above:

c. The individual at your firm responsible for the corporation's security:

Name: _____ Title: _____ Email Address: _____

7. Does the **Applicant** or any individual or entity proposed for coverage have knowledge of any fact, circumstance, situation, transaction, event, or act that may or could reasonably be foreseen to give rise to any claim that would fall within the scope of the proposed coverage?

Yes No

If yes, please provide details:

8. Please provide details on all network security precautions taken to secure sensitive client data that exists on your corporate networks or databases. If you do not keep client data on your networks or databases, check none:

9. List all kidnapping, extortion threats, cyber extortion, hijacking, wrongful detention or political threats discovered by the **Applicant** in the last 5 years which would have been covered under the proposed coverage, itemizing each loss separately: Check if none:

Date of loss, threat or event	Description of loss, threat or event	Total amount of loss	Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name

III. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IV. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was 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 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 and Rhode Island 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, 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to 5`UVUa U`UbX`Maryland Applicants: Any person who knowingly [] willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly [] 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 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 Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

This Application must be signed by the risk manager or a senior officer of the Parent Organization, acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

<u>Produced By:</u> Agent: _____ Agency: _____		
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____		
Address: _____		
City: _____	State: _____	Zip: _____
<u>Submitted By:</u> Agency: _____		
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____		
Address: _____		
City: _____	State: _____	Zip: _____