



FAILSAFE® APPLICATION

Errors & Omissions (E&O), Professional Liability, Media Liability & Cyber Risk Coverage

NOTICE: THIS POLICY CONTAINS CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

The words "You," "Your" and "Yours" in this application means all of the following: the entity indicated in response to the Name of Applicant Company question below (the "Applicant"); all subsidiaries in which the Applicant has more than a 50% ownership interest; and all officers, directors, owners, partners and employees of the aforementioned entities.

SCREENING QUESTIONS

Is the Applicant or those that purchase their software, products or services involved in any of the below?

YES NO

If **YES** to any of these, unfortunately, the Applicant doesn't qualify for The Hartford's FailSafe® coverage.

- Social networks
- Gambling technology
- Any utilities infrastructure (not related to telecommunications)
- Financial technology directly involved in funds transfer or trading
- Search engines
- Distribution of unsolicited advertising or content
- Use of obscenity or pornography

Is the Applicant or those that purchase their software, products or services involved in any of the below?

YES NO

YES to any of these will trigger underwriting review. Please check if applicable and continue completing the application.

<input type="checkbox"/> Data aggregation	<input type="checkbox"/> Online tracking
<input type="checkbox"/> Data mining	<input type="checkbox"/> Surveillance
<input type="checkbox"/> White hatting	<input type="checkbox"/> Video / PC / VR gaming
<input type="checkbox"/> Ethical hacking	<input type="checkbox"/> Focus on minors as a market
<input type="checkbox"/> Machinery / equipment control, manufacturing process control, factory automation or robotics	<input type="checkbox"/> Products or services that are specifically intended to enable others to engage in cryptocurrency mining, exchange, trading, initial offerings or storage

ABOUT THE APPLICANT'S BUSINESS

GENERAL INFORMATION

Name:

Address:

Website Address:

Federal Employer Identification Number (FEIN / EIN):

North American Industry Classification System (NAICS) Code & Description:

If the Applicant currently has Spectrum or E&O coverage with The Hartford, what is the policy number?

FINANCIALS

Most Recent Fiscal Year Ended (Month / Year): ____ / 20 ____

Gross Revenue: \$ Total Expenses: \$

NEXT FISCAL YEAR PROJECTIONS

Gross Revenue: \$ Total Expenses: \$

ABOUT THE APPLICANT'S CURRENT E&O COVERAGE

	Errors & Omissions (E&O)	Cyber (First Party)	Media Liability
Limit	\$	\$	\$
Retroactive date	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
No current coverage			

Requested Limit from The Hartford: \$ _____

ABOUT THE APPLICANT'S INFORMATION SECURITY PROCEDURES

Do the Applicant's products and/or services perform any of the security functions below on behalf of third parties? Check all that apply.

Identification and authentication Other information security None of these
 Intrusion detection Monitoring

Which of the following management controls does the Applicant have in place? Check all that apply.

Attorney review of contracts Customer sign-off at each phase of the project
 Written quality control program None of these

Does the Applicant handle personally identifiable information (PII) and/or protected health information (PHI) of third parties?

YES NO If YES, the total number of records handled Over 100,000 Under 100,000

Does the Applicant use any of the following technical measures, devices, or tools and techniques to prevent unauthorized access, modifications, or corruption of their network, laptops, mobile devices, data storage etc? Check all that apply.

<input type="checkbox"/> Firewalls	<input type="checkbox"/> Automatic system security updates	<input type="checkbox"/> Multifactor authentication for emails
<input type="checkbox"/> Data back-up at least weekly	<input type="checkbox"/> Encryption of portable devices	<input type="checkbox"/> Anti-virus software
<input type="checkbox"/> None of these		

ABOUT THE APPLICANT'S INTELLECTUAL PROPERTY PROCEDURES

Other than advertising the Applicant's own product, does the Applicant **publish** original works or content, including for third parties (eg: media, software, gaming)?

YES NO

If **YES**, does the applicant ...

perform searches to ensure no infringement of the intellectual property rights of others (eg: trademark, copyright, patent)	<input type="checkbox"/> YES <input type="checkbox"/> NO
promptly address complaints of inaccurate, defamatory or infringing content within their work product, media activities or other content designed by them or for which they have responsibility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
require their employees and independent contractors to declare in writing that they will not disseminate or use a previous employer's or client's trade secrets or other intellectual property?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ABOUT THE APPLICANT'S SUBSIDIARIES, MERGERS & ACQUISITIONS

Within the past 24 months, has the Applicant gone through any merger or acquisition activities, sold any assets or been involved in similar transaction(s)?

YES NO

Does the Applicant have any subsidiaries or foreign locations? YES NO

If **YES**, please complete the below and attach a separate sheet if necessary

Business Name	NAICS Code & Description	Date Created Or Acquired	% Owned By Applicant	Primary Address (Country)

ABOUT THE APPLICANT'S E&O CLAIMS

Has the Applicant had any prior claims, potential claims, notice of claims or conditions that could result in a claim or lawsuit?

YES NO

If **YES**, please provide details below and attach a separate sheet if necessary

Claimant Name	
Date of claim & Amount paid	
Details of claim	
Additional controls implemented	
Has the Applicant had more than 1 claim or potential claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach a separate sheet with details.

THANK YOU FOR ANSWERING THE APPLICATION QUESTIONS!

Following the Required State Disclosures is the signature page. Please review the cover letter which includes instructions on how to submit this application.

Again, thank you for choosing The Hartford. We appreciate your business!

REQUIRED STATE DISCLOSURES

Maryland Applicants Only. A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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.

ATTENTION 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.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A "FRAUDULENT INSURANCE ACT" MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

ATTENTION KENTUCKY, OHIO AND 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.

ATTENTION LOUISIANA, 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.

ATTENTION NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

SIGNING THE APPLICATION

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. 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 DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.

ATTENTION 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.

Print Name: _____

Signature: _____

Title: _____ Date: _____

ADDITIONALLY REQUIRED OF APPLICANTS IN FLORIDA, IOWA & NEW HAMPSHIRE

Name Of Agent: _____
(Required: Florida, Iowa & New Hampshire Only)

Agent License #: _____
(Required: Florida Only)

Print Name: _____

Name Of Agency: _____

Address: _____

Date: _____

Agent Signature: _____
(Required: Florida & New Hampshire Only)