

# ADMIRAL TECHNOLOGY PROFESSIONAL LIABILITY RENEWAL APPLICATION

## SECTION I – INTRODUCTION

1. Full Name of Applicant:  
(Include all prior names, DBAs and subsidiaries seeking coverage under the policy for which you are applying)
  
2. Applicant's Address (include mailing address if different than physical address):
  
3. Website Address(es):
4. FEIN:
5. In the last 12 months have you experienced any mergers, acquisitions, or divestitures? Yes    No  
 Do you plan on any within the next 12 months? Yes    No  
 If Yes to either of the above, provide complete details:

## SECTION II – GETTING TO KNOW YOU – WHAT'S CHANGED?

6. REVENUES:

	Actual Prior Year	Current FY Projection	Next Year Projection
U.S. Revenue	\$	\$	\$
Total Revenue	\$	\$	\$
Capital Funding	\$	\$	\$

7. Provide the percentage (%) of Total Revenue attributed to foreign locations/operations: %  
 If greater than 0%, provide details including list of countries, number of employees in each and percentage of revenue associated with each country:
  
8. Within the last 12 months, have you added any new technology services and products or made any changes to your current offerings?

9. Have any of your products or third-party products you provide to clients been subject to a product recall? Yes No  
If Yes, provide details including product recall costs to you, the remedy and if any third-party claims or litigation related to the product recall:
10. Have you discontinued any software, product, or service in the last year? Yes No  
If Yes, provide details including whether you continued to provide maintenance and software patching services:
11. Within the last 12 months, have you made any significant changes or improvements to your data privacy and risk management practices?
12. Provide the estimated record count of sensitive information you maintain on your servers, store with a cloud provider and host for others:

	Number of Records
Medical Records	
Financial Records (credit/debit cards, bank account #'s, etc.)	
Other Protected Personally Identifiable Information (SSN's, Driver's License #, etc.)	
Biometric Information	
Protected Personally Identifiable Information of Minors	
TOTAL RECORD COUNT	

## SECTION III – CLAIMS HISTORY

### PROVIDE 5 YEARS OF CURRENTLY VALUED LOSS RUNS.

13. Has any insurer declined, cancelled or non-renewed any similar insurance for which you are applying? Yes No  
If Yes, provide complete details:
14. After inquiry, is the applicant, any predecessor, or any other person for whom coverage is requested been subject to any actions or investigations by any regulatory or administrative body for violations arising out of your advertising or electronic communication activities? Yes No  
If Yes, provide complete details:
15. Have any claims, suits or regulatory proceedings ever been made against the Applicant or any of its employees? Yes No  
If Yes, complete a [Supplemental Claim Information Form](#) for each and every claim.
16. Is the applicant aware of any errors, omissions, circumstances, or incidents which may result in a claim being made against them or their employees, or are there any claims that have not yet been reported? Yes No  
If Yes, provide complete details:

17. In the past five (5) years:

a. Have you experienced any:

- |   |     |    |
|---|-----|----|
| i. Known intrusions (i.e. unauthorized access), security incidents, security breaches or cyber-attacks?   | Yes | No |
| ii. Actual or attempted extortion demand with respect to your computer systems?                           | Yes | No |
| iii. Unexpected outage of a computer network, application, or system lasting greater than four (4) hours? | Yes | No |

b. Have you experienced an actual or suspected data breach or cyber-attack? If Yes, provide a detailed description of the event(s) and remediation action(s) taken:	Yes	No
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c. Have you received any complaints concerning the content of your websites or electronic communications? If Yes, provide complete details:	Yes	No
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d. Have you been accused of, made aware of, or had a claim as a result of actual or alleged infringement upon another's domain name, trademark, copyright, services mark or similar intellectual property? If Yes, provide complete details:	Yes	No
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\*For each and every claim, click the link to complete the [Supplemental Claim Information Form](#).

## SECTION IV – COMMENTS

Use this space below to provide us with any other relevant information:

# GENERAL LIABILITY SUPPLEMENTAL APPLICATION

If you want GL coverage, complete the following or submit a signed GL Acord Application.

## SECTION I – YOUR LOCATIONS

IF YOU HAVE MORE THAN FIVE (5) LOCATIONS, PROVIDE A SPREADSHEET WITH THE INFORMATION BELOW FOR EACH LOCATION.

1.

Loc #	Facility Name	Address	Description / Use	Square Footage	How many other occupants do you share the building with?
1					
2					
3					
4					
5					

## SECTION II – FIRE-LIFE SAFETY INFORMATION

2. Are all of your locations equipped with:

- |   |     |    |
|---|-----|----|
| a. Complete sprinkler system?                       | Yes | No |
| b. At least two clearly marked exits on each floor? | Yes | No |
| c. Smoke detectors?                                 | Yes | No |
| d. Emergency electrical system?                     | Yes | No |
| e. Heat sensors?                                    | Yes | No |
| f. Fire escape(s)?                                  | Yes | No |
| g. Posted emergency evacuation procedures?          | Yes | No |
| h. Properly maintained fire extinguishers?          | Yes | No |

## SECTION III – CLAIMS

PROVIDE 5 YEARS OF CURRENTLY VALUED LOSS RUNS.

- |  |                |        |
|--|----------------|--------|
| 3. Has any General Liability claim or suit been brought against you and/or any of your employees?<br>If Yes, complete a <a href="#">Supplemental Claim Information Form</a> for each and every claim or suit.                        | Yes            | No     |
| 4. Are any persons or entities proposed for this insurance aware of any fact, circumstance, or situation which may result in a GL claim, and has not been reported to your current GL insurance carrier?<br>If Yes, provide details: | None to Report | Yes No |
| 5. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product, which may result in a claim or claims against you that are not listed above?<br>If Yes, provide details:                       | None to Report | Yes No |

**NOTICE TO APPLICANT:** By signing this application you agree the answers you give us in this application and any other information you give us as part of the application process are:

1. **Accurate & Complete.**
2. **Given to us to issue you an insurance policy.**
3. **Material to our decision-making process in issuing you an insurance policy.**
4. **A significant part of what we relied upon in making our decision in issuing you an insurance policy.**  
You must agree to notify us, through your insurance brokerage, if during the policy term any material changes to your operations occur.

## **Fraud Notices**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

**Applicable in CO:** 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 Agencies.

**Applicable in FL and OK:** 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)\*. \* Applies in FL only.

**Applicable in KS:** 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 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 commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** 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 and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** 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 by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] 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.

**Applicable in all other States:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

### Other State Notices

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

**If you prefer not to return the questionnaire with an electronic signature, please print and sign.**