

AdmiralPro Delta® TEC RENEWAL APPLICATION

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.

Signature:

Print Name & Title: Date:

Let's Get Reacquainted

1. Legal Name of Applicant (eg. Best Tech, Inc.):

2. Please list all subsidiaries:

3. Applicant's address:

City: State: Zip code:

4. Where can we find you on the Internet?(Please list all URLs registered in your name)

5. Desired coverage for the coming policy term:

Limits of Liability: / Desired Deductible:

Coverages	Yes
E&O	
3rd Party Cyber	
1st Party Cyber	
Media	
Business Interruption	
Payment Card Industry	
Cyber Extortion	

Is this insurance required by contract? Yes No If yes, please submit a copy of the contract including the scope of work document.

6. Have you experienced any mergers, acquisitions, or divestitures in the last 5 years?

Yes No Do you plan any? Yes No

If yes, please provide the entity name, date of transaction, and type of transaction.

Entity Name Date Transaction type

Entity Name Date Transaction type

7. REVENUES: (Revenues include sales, capital funding, grants, etc.)

	Actual Prior Year	Current FY Projection	Next Year Projection
U.S. Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of Goods Sold	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capital Funding	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Average contract details:

Industry of Client	Project Duration	Revenue Derived
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. How is your organization comprised? Please list the number of each.

Principals, Partners, Officers	
Technical Personnel	
Independent Contractors	
Clerical & Support	
Sales & Marketing	
Other (Describe)	

10. How many of the following comprise your IT Network and Systems?

Servers	
Desktop Computers	
Laptop Computers	
Mobile Devices (incl. Tablets & Phones)	
Wearable Devices	

11. List all owned mobile applications and the app stores in which they are available:

Mobile Application	App Store

12. Do you currently maintain General Liability insurance? Yes No
 If yes, then provide the below information:

Limits of Liability	/
Expiration Date	
SIR/Deductible:	
Retro Date (If Applicable)	
Insurance Co.	
Premium	

13. Desired General Liability Coverage for the Coming Policy Term.

Limits of Liability: / Desired Deductible:

	Yes
Occurrence	<input type="checkbox"/>
Claims Made	<input type="checkbox"/>
Products & Completed Operations	<input type="checkbox"/>
Premises/Operations	<input type="checkbox"/>

14. Has any insurer declined, cancelled, or non-renewed any similar insurance for which you are applying? Yes No If Yes, please provide complete details.

15. Have any claims, suits, or regulatory proceedings been made against you during the past 5 years? Yes No If yes, please provide details on a separate attachment along with 5 years of currently-valued carrier loss runs.

16. Are you aware of any actual or alleged fact, circumstance, situation, or error or omission that might give rise to a claim or regulatory proceeding against you? Yes No If yes, please provide details on a separate attachment.

17. In the past 5 years, have you received a complaint concerning the content of your websites or electronic communications, domain name infringement, or 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, please provide complete details.

18. Have you ever been sued, threatened with suits, or had a claim made against you for libel, slander, invasion of privacy, plagiarism, infringement of copyright, trademark, or trade name? Yes No If Yes, please provide complete details.