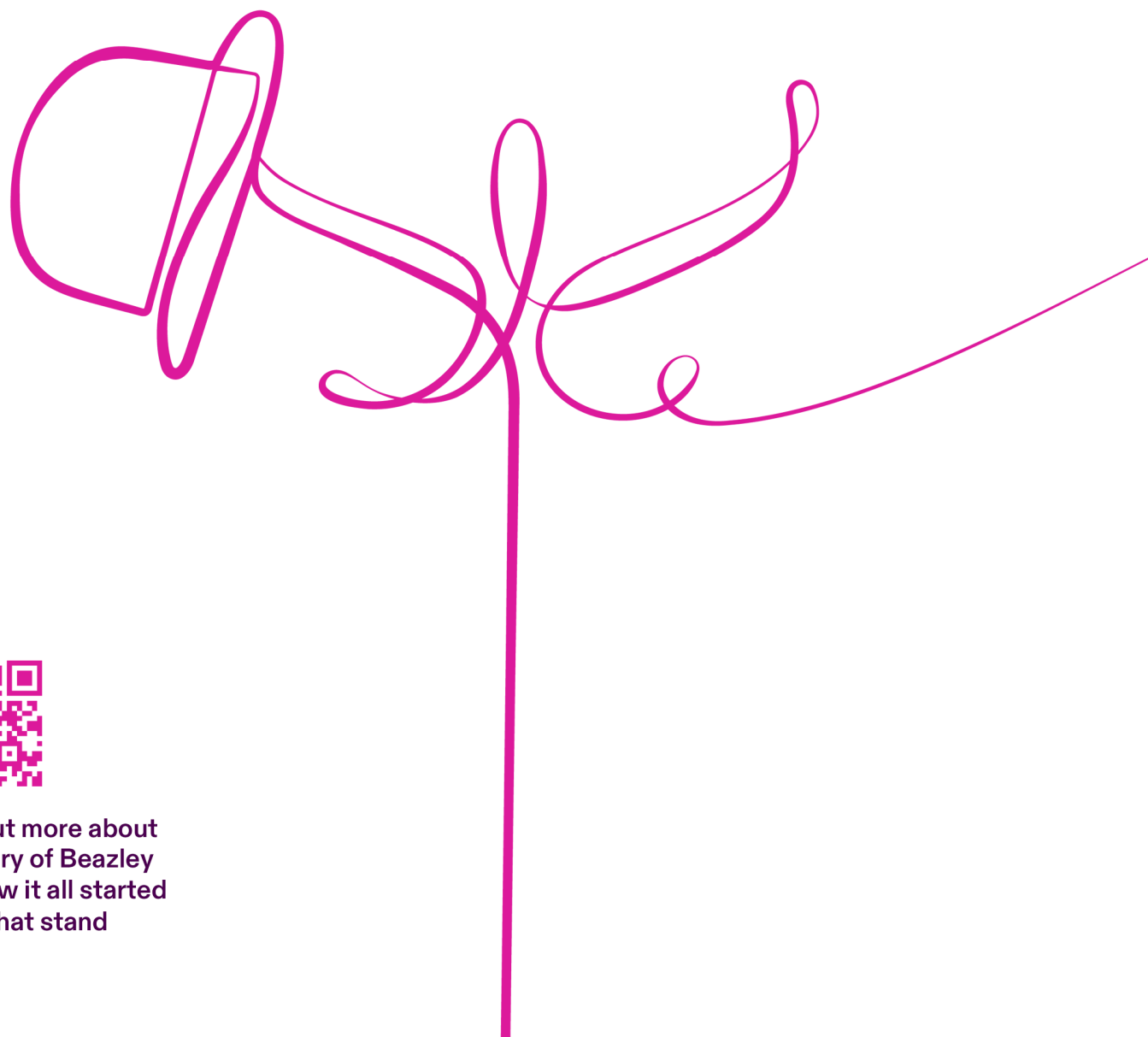


beazley

Application Form

MPL SECURE



Find out more about
the story of Beazley
and how it all started
with a hat stand

MPL Secure: Miscellaneous Professional, Information Security & Privacy, Personal Injury and Website Media Content Liability Insurance Policy Application – NORTH CAROLINA

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THE POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. THE UNDERWRITERS ARE NOT LIABLE FOR CLAIMS EXPENSES OR DAMAGES ONCE THE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker.

Section 1 – General Information

1. Legal Name of Entity:

Street Address:

City:

State:

ZIP:

Website:

Contact Name:

Title:

Telephone:

2. The Entity has been in existence since: _____ and is a Corporation Partnership LLC Other

3. Is the Applicant controlled or owned by, associated or affiliated with, or does it own, any other business enterprise? Yes No

If Yes, please explain



Section 2 – Professional Services & Operations

4. Please describe in detail the nature and types of professional services the Applicant is engaged in and indicate the gross revenues derived from each:

| Service | Past Fiscal Year ending / / | Estimated Next 12 mos |
|--------------|--------------------------------|--------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total | \$ | \$ |

5. Are any significant changes in the nature or size of the Applicant's business anticipated over the next twelve (12) months? Or have there been any such changes in the past twelve (12) months?

Yes No

If Yes please explain:

6. Does the Applicant provide any services or operate outside the United States? Yes No

If Yes please explain

7. Does the Applicant use subcontractors? Yes No

- a. Are subcontractors required to carry professional liability insurance? Yes No

- b. Describe services provided by such subcontractors

- c. Please provide the following

| Name of Principals & Qualified Employees | Professional Qualification/ Designations | Years in Practice | Years with Applicant |
|---|---|-------------------|-------------------------|
|---|---|-------------------|-------------------------|

Section 4 – Multimedia & Advertising

12. List the websites or domain names used by or under the control of the Applicant:
13. What percentage of content published, displayed or distributed by or on behalf of the Applicant is:
- a. Original content created by the Applicant? %
 - b. Original content created by third parties for the Applicant? %
 - c. Previously published content republished, displayed or distributed by the Applicant? %
14. Does the Applicant
- a. have a process for obtaining the necessary licenses, rights, releases and consents for all content created, displayed or published? Yes No
 - b. have a procedure for responding to allegations that content created, displayed or published is libelous, infringing or in violation of a third party's privacy rights? Yes No
 - c. require third parties providing content to provide written indemnification for claims arising out of the use of such content? Yes No
 - d. have a process to review all content prior to publishing, displaying or distributing, including screening the content for disparagement issues, copyright and trademark infringement and invasion of privacy? Yes No

Section 5 – Historical and Prior Insurance Information

Does the Applicant currently have errors or omissions or professional liability insurance?

If yes, please provide the following:

Yes No

| | | | | | |
|---------|--------|------------|---------------|---------|------------------|
| Insurer | Limits | Deductible | Policy Period | Premium | Retroactive Date |
|---------|--------|------------|---------------|---------|------------------|

If 'Yes' to any of the Questions 15-21 below, please provide a description that includes the details of prior coverage changes or fee disputes; or venue of the action, the parties, the amount and nature of dispute, the status of the action(s) and how the action(s) was resolved, including all defense expenses and costs incurred.

15. Has the Applicant filed suit against any of its customers for non-payment of fees or have any customers either failed to pay for or requested a refund for a product or service you provided due to an alleged problem? Yes No

16. Has any errors and omissions or professional liability insurance ever been declined or cancelled, or have the Applicant's insurers formally indicated intent not to offer renewal terms? **NOTE:** Applicants located in Missouri are not required to answer Yes No
17. Has the Applicant or any director, officer, partner or principal been a party to any lawsuit or other legal proceeding or been the subject of a disciplinary action as a result of their professional activities? Yes No
18. Is the Applicant aware of any errors, omissions or claims; release, loss or disclosure of personally identifiable or confidential information in its care, custody or control, (including any circumstances reported to previous insurers that have not developed into **Claims**) or any known security breaches during the past five (5) years? Yes No
19. a. Has the Applicant or any director, officer, employee or other proposed **Insured** given written notice under the provisions of any prior or current errors or omissions, professional liability, media or network security policy of specific facts or circumstances which might give rise to a **Claim** being made against any proposed **Insured**? Yes No
- b. **For Minnesota applicants only**, please indicate if the Applicant or any director, officer, employee or other proposed **Insured** has given written or oral notice under the provisions of any prior or current errors or omissions, professional liability, media or network security policy of specific facts or circumstances that might give rise to a **Claim** being made against any proposed **Insured**? Yes No
20. Have any Loss payments been made on behalf of any proposed Applicant under the provisions of any prior or current errors or omissions, professional liability, media or network security policy or similar insurance? Yes No
21. No Applicant, director, officer, employee or other proposed **Insured** has knowledge or information of any fact, circumstance, situation, event or transaction that may give rise to a **Claim** under the proposed insurance except as follows: None
22. If available, please attach the following materials regarding the Applicant:
- The latest financial statements
 - Copies of standard customer contracts/service level agreements
 - Information systems policies and procedures

Signature section

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDERWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. FOR NORTH CAROLINA APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF PHYSICALLY ATTACHED TO THE POLICY AT ISSUANCE.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING ATTACHMENT "A" AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

Fraud warning disclosure

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

Signed:

Print name:

Title:

Date: (dd/mm/yyyy)

/ /

*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer

Attachment “A”

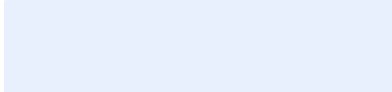
MPL SECURE: MISCELLANEOUS PROFESSIONAL, INFORMATION SECURITY & PRIVACY, PERSONAL INJURY AND WEBSITE MEDIA CONTENT LIABILITY INSURANCE POLICY APPLICATION

Claims Schedule

Please complete this form if the Applicant is aware of any **Claims** as indicated in Questions 18-21 of the **Application** (including any circumstances reported to previous Underwriters which have not developed into claims) during the last five (5) years.

1. Name of Applicant:
2. Name of Member of Staff involved in **Claim**:
3. Name of (potential) claimant:
4. Date of incident: _____ Date **Claim** was made: _____
5. Under which policy was the **Claim** made?
Carrier: _____ Policy No.: _____
6. Status of **Claim** ? Closed Open
If Closed, please indicate Total Loss Paid: _____ (including defense expenses)
If Open, please indicate:
 - i) Total defense costs and expenses to date:
 - ii) Damages or other relief sought by the claimant(s):
 - iii) Underwriters loss reserve:
7. Please provide the following details:
 - i) the specific act, error or omission upon which the claimant bases the **Claim**.
 - ii) a brief description of the **Claim**.
 - iii) details of the current status and proposed strategy for handling the **Claim**.

Authorized Signature of Applicant:



Printed name:

Title:

Date: (dd/mm/yyyy)

/ /