



BEAZLEY BREACH RESPONSE

APPLICATION

NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED TO THE UNDERWRITERS IN ACCORDANCE WITH THE TERMS THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information.

GENERAL INFORMATION:

| | | | |
|---|--|------------------------------|-----------------------------|
| Full Name: | | | |
| Mailing Address: | | State of Incorporation: | |
| City: | | State & Zip: | |
| # of Employees: | | Date Established: | |
| Website URL's: | | | |
| Authorized Officer ¹ : | | Telephone: | |
| | | E-mail: | |
| Breach Response Contact ² : | | Telephone: | |
| | | E-mail: | |
| Business Description: | | | |
| Does the Applicant provide data processing, storage or hosting services to third parties? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REVENUE INFORMATION:

*For Applicants in Healthcare: Net Patient Services Revenue plus Other Operating Revenue

*For all other Applicants, please provide Gross Revenue information

| | Most Recent Twelve (12) months: (ending: ___/___) | Previous Year | Next Year (estimate) |
|-----------------|---|---------------|----------------------|
| US Revenue: | USD | USD | USD |
| Non-US Revenue: | USD | USD | USD |
| Total: | USD | USD | USD |

Please attach a copy of your most recently audited annual financial statement.

¹ This is the officer of the Applicant that is authorized make statements to the Underwriters on the Applicant's behalf and to receive notices from the Insurer or its authorized representative(s).

² This is the employee of the Applicant that is designated to work with the insurer in response to a data breach event.

| | |
|---|--|
| What percentage of the Applicant's revenues is business to business? % Direct to consumer? % | |
| Are 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 within the past twelve (12) months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please explain: | |
| Has the Applicant within the past twelve (12) months completed or agreed to, or does it contemplate entering into within the next twelve (12) months, a merger, acquisition, consolidation, whether or not such transactions were or will be completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please explain: | |

PRIVACY

Please identify the types of personal information of individuals that you collect, process or store (check all that apply) along with an estimate of the number of records held for each type of information:

| Type of Information | Number of Records (Estimated) |
|---|--|
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Consumer Financial Information | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Payment Card Information | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Protected Health Information | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |
| <input type="checkbox"/> Biometric Information | <input type="checkbox"/> <100K; <input type="checkbox"/> 100K-500K; <input type="checkbox"/> 500K-1M; <input type="checkbox"/> 1M-2M; <input type="checkbox"/> 2M-5M; <input type="checkbox"/> >5M |

Other (please describe):

Has the Applicant designated a Chief Privacy Officer? Yes No

If 'No' please indicate what position(s) (if any) are responsible for privacy issues:

Does the Applicant require third parties with which it shares personally identifiable or confidential information to indemnify the Applicant for legal liability arising out of the release of such information due to the fault or negligence of the third party? Yes No

PAYMENT CARDS

Does the Applicant accept payment cards for goods sold or services rendered? Yes No

If 'Yes': How many payment card transactions does the Applicant transact per year?

Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (e.g. PCI standards)? Yes No

Is payment card data encrypted at the point of sale (e.g., payment card reader or e-commerce payment portal) through transmission to the payment processor? Yes No

If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion:

COMPUTER & NETWORK SECURITY

Has the Applicant designated a Chief Information Security Officer as respects computer systems and data security? Yes No

If 'No', please indicate what position is responsible for computer and data security:

| | |
|---|---|
| Does the Applicant publish and distribute written policies and procedures regarding computer and information security to its employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant conduct computer and information security training for every employee that has access to computer systems or sensitive data? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant enforce a process for the timely installation of software updates/patches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', are critical updates/patches installed within thirty (30) days of release? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant restrict user rights on computer systems such that individuals (including third party service providers) have access only to those areas of the network or information that is necessary for them to perform their duties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where does the Applicant have a firewall? (check all that apply) | |
| <input type="checkbox"/> At network perimeter <input type="checkbox"/> Internally within the network to protect sensitive resources | |
| Which of the following procedures does the Applicant employ to test computer security controls? | |
| Testing | Frequency of Testing |
| <input type="checkbox"/> Internal Vulnerability Scanning <input type="checkbox"/> External Vulnerability Scanning against internet-facing IP addresses <input type="checkbox"/> Penetration Testing | <input type="checkbox"/> Continuously <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Continuously <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually |
| <input type="checkbox"/> Other (please describe): | |
| Does the Applicant have network intrusion detection systems that provide actionable alerts if an unauthorized computer system intrusion occurs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please describe: | |
| Does the Applicant store data in any of the following environments, and is such stored data encrypted? (check all that apply) | |
| <input type="checkbox"/> Laptops <input type="checkbox"/> Portable Media <input type="checkbox"/> Back-up Tapes <input type="checkbox"/> "at rest" within computer databases | <input type="checkbox"/> Encrypted <input type="checkbox"/> Not Encrypted <input type="checkbox"/> Encrypted <input type="checkbox"/> Not Encrypted <input type="checkbox"/> Encrypted <input type="checkbox"/> Not Encrypted <input type="checkbox"/> Encrypted <input type="checkbox"/> Not Encrypted |
| Does the Applicant outsource any of the following? (Check all that apply and please identify the vendor(s)) | |
| <input type="checkbox"/> Data Center Hosting: | <input type="checkbox"/> Managed Security: |
| | <input type="checkbox"/> Alert Log Monitoring: |

BUSINESS CONTINUITY

| | |
|---|--|
| Does the Applicant have : | |
| A. a disaster recovery plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No Date last tested: |
| B. a business continuity plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No Date last tested: |
| C. an incident response plan for network intrusions and virus incidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No Date last tested: |
| If the Applicant has a business continuity plan, does the plan contain recovery time objectives for the amount of time within which business processes and continuity must be restored? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', what are the current stated and tested recovery time objectives? | |

| | |
|---|--|
| Does the Applicant have centralized log collection and management that allows for review of all access and activity on the network? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For how long are logs maintained? | |
| What is Applicant's process for backing up data? (check all that apply) | |
| <input type="checkbox"/> Full backup <input type="checkbox"/> Incremental <input type="checkbox"/> Differential <input type="checkbox"/> Mirror <input type="checkbox"/> Other: | |
| How often is Applicant's data backed up? | |
| Where are data backups stored? (check all that apply) <input type="checkbox"/> Secure offsite <input type="checkbox"/> Secondary Data Center <input type="checkbox"/> Other: | |
| If necessary, how quickly can backed up data be accessed and restored? | |

MEDIA LIABILITY

| | |
|--|---|
| Please describe the media activities of the Applicant or by others on behalf of the Applicant | |
| <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Print <input type="checkbox"/> Applicant's Website(s) <input type="checkbox"/> Internet Advertising <input type="checkbox"/> Social Media <input type="checkbox"/> Marketing Materials <input type="checkbox"/> Audio or Video Streaming | |
| <input type="checkbox"/> Other (please describe: _____) | |
| Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content), for intellectual property and privacy compliance prior to any publication, broadcast, distribution or use? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Are such reviews conducted by, or under the supervision, of a qualified attorney? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the Applicant allow user generated content to be displayed on its website(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

E-CRIME

| | |
|--|--|
| Are all employees that are responsible for disbursing or transmitting funds provided anti-fraud training, including detection of social engineering, phishing, business email compromise, and other scams on at least an annual basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Before processing fund transfer requests from internal sources, does the Applicant confirm the instructions via a method other than the original means of the instruction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do the Applicant's procedures require review of all requests by a supervisor or next-level approver before processing fund transfer instructions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When a vendor/supplier requests any change to its account details (including routing numbers, account numbers, telephone numbers and contact information) and prior to making any changes: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant first confirm all requested changes requested by the vendor/supplier with a person other than the requestor prior to making any changes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant confirm requested changes via a method other than the original means of request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do the Applicant's processes and procedures require review of all requests by a supervisor or next-level approver? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please identify your telecommunications carrier:

Have you established strong alphanumeric passwords for administrative controls of your telecommunications system?

Yes No

Have you configured your telecommunications system to disable (check all that apply):

Remote system administration and Internet Protocol (IP) access Dialing via remote system access (DISA)

PRIOR CLAIMS AND CIRCUMSTANCES

Does the Applicant or other proposed insured (including any director, officer or employee) have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim, loss or obligation to provide breach notification under the proposed insurance?

Yes No

If yes, please provide details:

During the past five (5) years has the Applicant:

a. received any claims or complaints with respect to privacy, breach of information or network security, or, unauthorized disclosure of information?

Yes No

b. been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation?

Yes No

c. received a complaint or cease and desist demand alleging trademark, copyright, invasion of privacy, or defamation with regard to any content published, displayed or distributed by or on behalf of the Applicant?

Yes No

d. notified consumers or any other third party of a data breach incident involving the Applicant?

Yes No

e. experienced an actual or attempted extortion demand with respect to its computer systems?

Yes No

f. experienced an unexpected outage of a computer network, application or system lasting greater than four (4) hours?

Yes No

If 'Yes' to any of the above, please provide details regarding such incident(s) or event(s):

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.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. 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.

FRAUD WARNING DISCLOSURE

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

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO 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 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 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.

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 IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: 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 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 COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, 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 CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

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 MARYLAND APPLICANTS: 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.

NOTICE TO 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.

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER 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 BECOME PART OF THE POLICY.

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. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Signed*: _____ Date: _____

Print Name: _____ Title: _____

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Signature*: _____

Agent's Printed Name: _____

Florida Agent's License Number: _____