



SafeBusiness™

APPLICATION FORM

International Brokerage and Surplus Lines, Inc.

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Please answer all the questions on this form. Before any question is answered please read carefully the declaration at the end of the application form. Underwriters will rely on the statements that you make on this form. In this context, **ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.**

ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS FIRST MADE AND REPORTED COVERAGE.

Section 1 – Your details

- 1) Company name
- 2) Address
- 3) Contact Email address

Section 2 – Your business

- 4) Date established
- 5) Description of operations
- 6) Most recent revenue in the last 12 months
- 7) Number of users provided with a company Email address

Section 3 – Risk mitigation

- 8) Does your company use the internet or an intranet for political, fundraising or cause activities; for gambling; for pornography; or for the sale of prohibited, regulated or restricted items such as tobacco, fire arms, medical or other drugs? (Yes or No)
- 9) Does your company have a written acceptable use policy on Email and Internet use? (Yes or No)
- 10) Do you use Microsoft Operating System environments for your public-facing systems and/or services, such as IIS (web server) or other Microsoft Operating System servers such as for database, email or DNS? (Yes, No or N/A)

If yes, do you have a formal patch management process in place, and have installed the latest available security vulnerability alert and service pack? (Yes or No)
- 11) Does your company have an established procedure for editing or removing from your Web site or Internet Service libellous or slanderous content, or content that infringes the Intellectual Property rights of others (copyright, trademark, trade name, trade secrets etc.)? (Yes, No or N/A)
- 12) Does your Company employ firewall protection at every link between the Internet and your internal systems? (Yes or No)



13) Does your company use anti-virus software on all desktops / portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations? (Yes or No)

14) Do you backup your server(s) on at least a weekly basis and store your backups off site? (Yes or No)

15) Is there a requirement for you to be HIPAA compliant? (Yes or No)
If yes, please confirm that all standards have been complied with; (Yes or No)

16) In the last 3 years have you experienced any security breaches? (Yes or No)

17) In the last 3 years have you experienced any claims or are you aware of any circumstances that may give rise to a claim that would have been covered by this policy? (Yes or No)

Section 4 – Cover

18) What level of insurance cover do you require (US Dollars)?

3rd Party Cover

_____ None
_____ \$250,000
_____ \$500,000
_____ \$1,000,000
_____ Higher: _____

1st Party Cover

_____ None
_____ \$20,000
_____ \$35,000
_____ \$75,000
_____ Higher: _____

19) From what date should the policy be effective? (mm/dd/yyyy) _____/_____/_____

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

Signed:* _____ Name: _____

Position:* _____ Date: _____

*the signatory should be a director or senior officer of, or a partner in, the Applicant.

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