



SafeLiability+™

APPLICATION FORM

International Brokerage and Surplus Lines, Inc.

122 East Pine Street, Suite 11 · Lakeland, Florida 33802 · Telephone (863)687-2940 · Facsimile 1(240)371-6447

249 Pinewood Drive · Tallahassee, Florida 32303 · Telephone (850)893-8099 · Facsimile 1(617)507-6038

Internet: www.ibsl.com Service Email: service@ibsl.com

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 which you are required to sign. 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) Applicant(s):

2) Address:

3) Website home page, plus other websites to be insured (including subsidiaries) if any:

Section 2 – Your business

4) Does total number of staff exceed 50: (Yes or No)

5) Split of turnover: (i) Hardware/Software sales

(ii) Consulting

(iii) Integration

(iv) Data Processing

(v) Other

6) Date Established:

7) Total revenues for your last financial year:

8) Please detail any mergers and acquisitions undertaken in the last 3 years

Name of Entity Retro Date or N/A

9) Do you have customers that represent more than 50% of your revenue? (Yes, No or N/A)

10) Please indicate the end-user application of your company's products/services by market sector. (Yes, No or N/A)

a) Aerospace

b) Financial Trading

c) Adult entertainment/pornography

d) Gambling

e) Religious

f) Political

g) Military

11) Are outside consultants/contractors utilized? (Yes, No or N/A)

If yes, do you typically require all consultants/contractors to hold professional indemnity insurance as a condition of work? (Yes or No)

12) Do you always contract with all clients in writing? (Yes, No or N/A)

13) Do you typically undertake contract engagements that are in excess of two years duration? (Yes, No or N/A)



Section 3 – Risk mitigation

14) Does your company have an established procedure for the formal review of content/material for your Web site(s) or Internet Service(s) and is reviewed by a qualified attorney? (Yes, No or N/A)

15) Does your company have an established procedure for editing or removing from your Web site or Internet Service libelous 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)

16) Does your company have firewalls in place as part of your security system to prevent unauthorized access? (Yes, No or N/A)

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

18) Are system backup and recovery procedures documented and tested for all mission-critical systems? (Yes, No or N/A)

19) Does your company have a written policy on Email and Internet use? (Yes, No or N/A)

20) Has your company ever been declined for Errors and Omissions, Professional Liability or Media Liability insurance or had an existing policy cancelled? (Yes or No)

21) Have any customers refused to pay or requested a refund or invoked contract penalty clauses outside the normal course of business and after any requested remedial work? (Yes or No)

22) In the last 5 years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that may have been covered by this policy? (Yes or No)

23) In the last 5 years has your company been the subject of any cease and desist orders or been the subject of official admonishments, critical directives or comments by regulators? (Yes or No)

24) Does your company currently have any Errors or Omissions or similar insurance in force? (Yes or No)
If yes, please provide details:

Limits of Liability	Expiry Date	Retroactive Date
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25) What level of insurance cover do you require (US Dollars)?

26) 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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