

New Life Agency, Inc. Lloyd's Coverholder

PO Box 5948, Fresno, CA 93755 • Tel (877) 952-5433 (LIFE) • Fax (877) 952-5589

Underwritten by Certain Underwriters at Lloyd's

APPLICATION WEB/CLIENT PRIVACY INSURANCE THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

APPLICANT'S INSTRUCTIONS:

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. CALCULATE THE PREMIUM FROM THE PREMIUM CHART BELOW.
3. SIGN AND DATE (MUST BE WITHIN 45 DAYS PRIOR TO BINDING) AND RETURN THE COMPLETED APPLICATION TO YOUR BROKER WITH YOUR CHECK FOR THE PREMIUM, PLUS STATE TAXES, POLICY ISSUANCE FEE AND ANY APPLICABLE BROKER FEE.

Section One – Applicant

1. Name of Applicant: _____
(as it should appear on the policy)
- Mailing Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone: _____ Email: _____
- Web Site: _____ No. of years in business _____
- Number of users provided with a company email address: _____
- Is firm: Corporation Partnership Individual LLC Other

For question 2 if the answer is "Yes", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for a "Yes" answer.

2. Does your company use the internet or 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 No

For questions 3.-7., if the answer is "No", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "No" answers.

3. Are you HIPAA compliant? Yes No
4. Does your company employ firewall protection at every link between the Internet and your internal systems? Yes No
5. If you store personally identifiable or confidential information on laptops or other portable devices, is such data encrypted to industry standards? Yes No

6. 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 No

7. Does your company have a formal process to disable or restrict access to information systems upon termination of employees? Yes No

Claims History:

For Question 8., if the answer is "Yes", coverage cannot be bound per the terms and conditions of this program. If you desire an indication outside the program, please provide details for a "Yes" answer.

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

Section Two – Coverage Selection (*Check options desired*):

LIMIT DESIRED

PREMIUM

\$250,000 / \$25,000

\$ _____

\$500,000 / \$50,000

\$1,000,000 / \$100,000

*** Deductible for all policies is \$5,000.**

Requested effective date (no backdating): _____

Section Three – Notice to the Applicant

- A. The applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.
- C. The applicant further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage.

Signed: _____ Date: _____
Authorized signature of a Principal or Officer
Must be signed and dated no more than 45 days prior to binding)

Print Name: _____ Title: _____

Section Four Payment Instructions:

RETURN THE COMPLETED APPLICATION TO YOUR BROKER WITH YOUR CHECK OR CC PAYMENT ONLINE FOR THE PREMIUM, PLUS STATE TAXES, POLICY ISSUANCE FEE AND ANY APPLICABLE BROKER FEE.

| | |
|----------------------|-------------------------------|
| Premium: | \$ _____ |
| CA Taxes & Fees: | \$ _____ (3.125% in addition) |
| | \$ _____ (.225% in addition) |
| Broker fee: | \$ _____ (in addition) |
| TOTAL PAYMENT | \$ _____ |

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.”**

Name of Applicant: _____

Title: _____

Date: _____

Signature of Applicant _____