

Safeonline™ Application Form For SafeBusiness™



SafeBusiness insurance is arranged by RK Harrison Insurance Brokers Limited and underwritten by certain Underwriters at Lloyds, London.

Please answer all the questions on this form. Before any question is answered please carefully read 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) Email of contact
name at Insured _____

Section 2 – Your business

- 4) Date established _____

- 5) Description of operations _____

- 6) Actual turnover in last 12 months _____

- 7) Number of users provided with a company Email address _____

Safeonline™ Application Form For SafeBusiness™



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, firearms, medical or other drugs, or liquor?
(Please circle) Yes No
- 9) Does your Internet Acceptable Use policy provide guidance to your employees with regard to opening of Emails and their attachments, prohibit viewing and forwarding of inappropriate material from the Internet and form part of your employment contract?
(Please circle) Yes No
- 10) Does your Company employ firewall protection at every link between the Internet and your internal systems?
(Please circle) Yes No
- 11) Is your anti-virus software updated in accordance with the software provider's recommendations and attached to all desktops and portable computer devices, including home computer systems where used for work purposes?
(Please circle) Yes No
- 12) Do you backup your computer(s) on at least a weekly basis and store your backups off site?
(Please circle) Yes No
- 13) If your Web site is hosted or operated by a third party does your agreement with them make it clear you are not responsible for their actions?
(Please circle) Yes No
- 14) 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?
(Please circle) Yes No

Safeonline™ Application Form For SafeBusiness™



Section 4 – Cover

15) What level of insurance cover do you require?

- (Please check) \$250,000 3rd party and \$20,000 1st party
 \$500,000 3rd party and \$35,000 1st party
 \$1,000,000 3rd party and \$75,000 1st party

16) From what date should the policy be effective? (mm/dd/yy) _____

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, 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.

Web www.cpgins.com

Email jamaurer@cpgins.com

Fax (610) 370 2779

Phone (610) 370 1200

© Copyright Safeonline LLC. All rights reserved. Version 2.1 10/02.



Safeonline™ Application Form For **SafeBusiness™**



In respect of Insureds domiciled in California only

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 “NON ADMITTED” OR “SURPLUS LINE” INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES 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.
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.

DATE _____

INSURED _____

01/02
LSW1146