



b.	e.	h.
c.	f.	i.

**Outsourced Services**

3. Do you outsource any of your services? Yes  No   
 If yes, please specify to whom and the percentage of services outsourced: %

	Outsourced Service Provider	Percentage (%)	Outsourced Service Provider's limits of insurance carried	
			Insurance carrier	Limit
a.		%		\$
b.		%		\$
c.		%		\$
d.		%		\$
e.		%		\$

**Contractors vs. Employees**

4. Please describe the relationship between the platform and the providers (e.g. % contractor, employee, other...):  
 5. Are Contractors insured on their own Professional Liability and General Liability policies? Yes  No   
 If yes, please specify what minimum limits your contractors are required to carry: \$

**Sexual Abuse and Misconduct**

1. Please provide the breakdown of platform users/providers by age groups:  
 0 – 18     19 – 65     65+

2. Please check all methods used to screen new employees, contractors, or users/providers (check all that apply):

	Employees	Contractors	Users/Providers	Not Applicable
a. Criminal background checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Verbal reference verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Written reference verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Motor vehicles records review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Abuse registry check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Application including questions regarding past criminal investigation and sexual/abuse related offenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Who performs background checks on behalf of your company?  
 a. If a third party service, do you have a contract that requires they indemnify your company in the event of a loss? Yes  No   
 b. Do you require proof of insurance for that third party? Yes  No   
 c. Are platform users made aware of background checking procedures in the terms of use? Yes  No

4. Are you responsible for the oversight of any staff that you do not employ, contract or have a volunteer agreement with? Yes  No

5. Please indicate which of the following abuse risk prevention methods are used for employees, contractors or users/providers. If these are not applicable or used, please indicate by checking the respective Not Applicable box:

	Employees	Contractors	Users/Providers	Not Applicable
a. Written sexual abuse and molestation prevention policy(ies) that is read and signed-off on by any new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Formal in person training, regarding sexual abuse and molestation prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Zero tolerance policy regarding abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than one person responsible for the welfare of any single client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Written policy (ies) addressing abuse prevention, including accepted code of conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g.	Application including questions regarding past criminal investigation and sexual/abuse related offenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	If other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are one-on-one encounters permitted between users/providers?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide the percentage of time spent in one-one-one settings:				%
7.	For any overnight activities with clients, please describe steps taken to prevent contact between clients, as well as, contact between staff members and clients:				
8.	How do you handle allegations of sexual abuse or molestation?				

### General Liability and Hired & Non-Owned Auto

1.	Do(es) the applicant or users/providers sell or lease any medical equipment or products to patients/clients or others in connection with this operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide the following information:		
i.	Annual gross revenue from medical equipment sales/rental: \$		
ii.	Types of medical equipment:		
2.	Do(es) the applicant or users/providers perform any maintenance or repairs on equipment sold or leased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Do(es) the applicant or users/providers have exposure to:		
a.	Flammables, explosives, or chemicals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Firearms on the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Animals on the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Machinery/equipment loaned/rented to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Any storing, treating, discharging, applying, disposing or transporting hazardous materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f.	Lake, pond, river, swimming pool or other body of water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g.	Any watercraft, docks, floats owned, hired, or leased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h.	Camp, adventure/wilderness, ropes courses or any type of recreational program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i.	Any parking facilities owned/rented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j.	Sporting/social events sponsored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k.	Steam rooms or saunas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes to any of the above, please provide additional details:		
4.	What is the total number of employees/officers who drive on the Applicant's behalf?		
5.	What types of vehicles will be driven by employees on the Applicant's behalf?		
6.	How many locations does an employee drive to on the Applicant's behalf in a given day?		
	<input type="checkbox"/> 1 location	<input type="checkbox"/> 3 – 5 locations	<input type="checkbox"/> More than 5 locations
	What is the usual distance traveled?		
7.	How many clients do staff of the Applicant transport weekly?		
8.	Does the Applicant require evidence of auto insurance from staff using their personal autos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please list the types of evidence required:		
	<input type="checkbox"/> Certificates of Insurance	<input type="checkbox"/> Copy of Auto Policy	<input type="checkbox"/> Copy of Auto ID Card
	<input type="checkbox"/> Other, please specify:		
9.	Is minimum personal auto liability limits required by the Applicant of employees using their personal vehicles for business purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, what are the limits? \$		
10.	Does the Applicant:		
a.	have a written policy that addresses acceptable business usage of personal vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	check MVRs and disciplinary procedures for unacceptable MVRs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Do staff or users/providers drive patients' or clients' vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please confirm the following:		
a.	Do you restrict use of clients' vehicles to business purposes only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Do you obtain and save prior written permission from any client whose vehicle is used during services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Do you obtain written confirmation that clients maintain current in-force personal auto liability with limits of liability which meet minimum state requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no to any questions above, please explain:

## Technology Services

### Revenue allocation

1. Please provide the revenue information and length of service for the Applicant's products/services:

Type of products/service offered:		Percentage of revenue:	# of years providing such service:
a.	Sale of your own pre-packaged software	%	
b.	Sale of your own software (including project based services such as customization and integration)	%	
c.	Sale of pre-packaged third-party software	%	
d.	IT consulting	%	
e.	Mobile application design/build	%	
f.	Software implementation/ integration	%	
g.	Software maintenance	%	
h.	Hardware design or manufacturing	%	
i.	Sales of your own hardware	%	
j.	Sale of third-party hardware	%	
k.	Outsourced service provider	%	
l.	Hardware Maintenance	%	
m.	Business-to-consumer telecommunication services	%	
n.	Business-to-business telecommunication services	%	
o.	Website hosting	%	
p.	Payment processing	%	
q.	Other, please specify:	%	

### Contracts

2. Please provide details regarding your company's largest contracts for ongoing or completed work in the last three years, as well as, your average contract:

Name of client	Description of services	Contract value	Date range that service is/was provided
a.		\$	to
b.		\$	to
c.		\$	to
<b>Average contract details</b>		<b>Average contract value</b>	<b>Average contract length (months)</b>
		\$	

If applicable, what is your largest and average fee associated with the design/build, implementation, and/or project delivery phase of your contracts?

Largest fee: \$

Average fee: \$

3. Please check the box of the contract information that applies to the Applicant:

a.	Do you always use written contracts when performing your technology services for a client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Have you had your standard contract terms and conditions reviewed by a suitably qualified attorney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	What percentage of your contracts are based on non-standard contract terms?	%	
d.	If you do use non-standard contract terms, do you have a suitably qualified attorney review the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Approximately what percentage of your contracts include the following?		
i.	Limitations of liability	%	
ii.	To what level do you typically limit your liability? (This may be a monetary amount, value of the individual contract, a fixed percentage of fees, etc.):		
iii.	Exclusion of liability for all consequential damages:	%	
iv.	Provisions related to intellectual property:	%	
v.	Hold harmless/indemnity agreements that benefit you:	%	
vi.	Hold harmless/indemnity agreements that benefit your client:	%	
vii.	Warranties or guarantees provided by you:	%	

f.	Is formal signoff and acceptance required when mid-project changes are requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g.	Do you contractually indemnify your clients for costs they incur as a result of your breach of their sensitive data?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Quality Controls

4.	a.	Do you perform a review to ensure customer requirements are sufficiently captured and documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b.	Do you perform a technical review to ensure functional requirements can be met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c.	Do you have formalized procedures in place to ensure your work products do not infringe on the rights of others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d.	Do you host sensitive data of your clients or of their customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, do you encrypt this data?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Cyber

### Sensitive Information

1. Please indicate what sensitive customer or client information you hold (check all that apply):

<input type="checkbox"/>	Social security numbers	<input type="checkbox"/>	Driver's license numbers	<input type="checkbox"/>	Financial account numbers
<input type="checkbox"/>	Credit card numbers (if checked, please specify # of annual transactions): _____ of annual transactions				
<input type="checkbox"/>	Personal health information	<input type="checkbox"/>	Other (please specify):		

2. Please estimate the total number of unique Personally Identifiable Information records you hold/access:

a.	Regarding the sensitive information in question 1 above:				
i.	Is this information encrypted while at rest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	If no, is such information stored on a segregated server with role-based access controls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
ii.	Is this information encrypted while in transit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
iii.	Is this information stored on mobile computing devices, including laptops and smart phones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	If yes, are such devices encrypted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
b.	If no to any of the above, please provide compensating controls:				

### Regulatory Compliance

1. Please indicate if you are in compliance with the following (check all that apply):

a.	PCI DSS (Payment Card Industry Data Security Standard)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b.	GDPR (EU General Data Protection Regulation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c.	HIPAA (Health Insurance Portability and Accountability Act)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
d.	Other (E.g. California Consumer Privacy Act) Please specify:			

### Media and Intellectual Property Controls

1. Please indicate if you employ any of the following media and intellectual property controls (check all that apply):

a.	Obtaining all necessary and proper rights when using content developed by third parties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Legal review of all content disseminated by you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Notice and Take-Down procedures in place for addressing potentially libelous, infringing, or illegal content on the corporate website(s) (e.g. DMCA or similar)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Obtaining consent from Individuals when collecting Personally Identifiable Information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Procedures in place to ensure compliance with the Telephone Consumer Protection Act, anti-SPAM statutes, and any other consumer protection act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Claims Details

1. Do you, including your affiliates, executives, employees, or contractors, have knowledge or information of any act, error, omission, sexual abuse allegation, hired and non-owned auto claim, breach of duty, cease and desist letter, alleged breach of intellectual property rights, or any other circumstance which might reasonably be expected to give rise to:

a.	a claim made against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	a first party loss, including but not limited to a data breach, extortion threat, or other incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	a loss of money, securities, or property due to social engineering, fraud, or other criminal acts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above, please specify details (attach additional information):

2. Are you aware of any release, loss, or disclosure of personally identifiable information in your care, custody, or control during the last three years? Yes  No

If yes please specify details (attach additional information):

3. Are you aware of any known network intrusion or denial of service attack during the last three years? Yes  No

If yes please specify details (attach additional information):

4. Have you or any of your predecessors in business, subsidiaries or affiliates, or any of your principals, directors, officers, partners, professional employees, or independent contractors ever been the subject of a regulatory action or investigation by an Attorney General or other industry body? Yes  No

If yes please specify details (attach additional information):

5. During the past five years, have any claims been made or legal action brought against you or your executives, employees, or contractors, or any related entities for which coverage is desired or any predecessors in business, subsidiaries, affiliates or any principal, director, officer, or employee? Yes  No

If yes please specify details (attach additional information):

6. Have you reported any of the matters listed in Question 1 through 5 to your current or former insurance carrier? Yes  No

If yes please specify details (attach additional information):

**If yes to any of the above Claims Details questions, please specify details below and/or submit additional information.**

**Details of Claim:**(Please include the date of claim, parties to the claim, and current status of the claim, in addition to the details of the claim.

**Please note: It is agreed that if such knowledge or information exists, any claim based on, arising from, or in any way related to such error, misstatement, misleading statement, act, omission, neglect, or breach of duty of which there is knowledge or information will be excluded from coverage under insurance being applied for.**

### Additional Requested Information

Please indicate whether you have submitted the following information along with this application:

1. Copy of sample contract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Audited financials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
3. Terms Of Use (TOU)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. Currently valued five year loss runs for all coverage lines applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

#### NOTICES:

Completion of this application will in no way be considered a binder of coverage, and Hiscox does not guarantee that a policy will actually be issued upon receipt of a completed application. Whoever fills out this application must be a principal, partner, director, officer, senior manager (or equivalent positions) authorized to do so and should make all the proper inquiries to answer the questions. The application should be completed for the applicant inclusive of every subsidiary or other affiliated company seeking coverage under the policy.

If a policy is issued, it will provide coverage only for claims that are first made against you, or any first party events discovered by you, and properly reported to us during the policy period, or any extended reporting period, if applicable. This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount.

You must read, complete, sign, and date the entire application form. If you are unable to fully complete, sign, and date, please submit additional details so that you may still be considered for coverage.

#### APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and

made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.**

**Applicant Information:**

Applicant Name:

By (Authorized Signature):

Name/Title:

Date: