



Chubb Group of Insurance Companies
15 Mountain View Road, Warren, New Jersey 07059

Executive Risk Indemnity Inc.
2711 Centerville Road Suite 400, Wilmington, Delaware 19808

**SAFETY'NET
SHORT FORM INTERNET
LIABILITY INSURANCE
APPLICATION**

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC.

NOTICE: THIS APPLICATION IS FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "DEFENSE COSTS" AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

GENERAL INFORMATION

(NOTE: The terms "You" and "Your" refer to the Applicant.)

1. **Your** Name: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax: _____

2. **Your** projected annual gross revenues for the current calendar year: \$_____

3. **Your** projected annual gross revenues from the internet site(s) for which coverage is sought: \$_____

NOTE: You are eligible for this Short Form Application only if your internet revenues (in response to Question 3) are less than 50% of your overall gross revenues (in response to Question 2). If your internet revenues are 50% or more of your overall revenues, you must complete the Long Form Application.

COVERAGE DESIRED

4. Limits of Liability desired (each loss and each Policy Period):
 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

5. Deductible desired for each claim (or related claims):
 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$_____

6. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month

IMPORTANT: If any of the above sites are not yet on-line, please attach a complete description of the proposed site(s).

OTHER INFORMATION

7. Do **you** own a federally registered trademark in your domain name? Yes No
 If no, have **you** conducted a trademark search to determine whether your domain name infringes a trademark held by a third party? Yes No
8. Do **you** have in-house counsel or outside counsel to advise **you** regarding potential legal liabilities arising out of content on or transactions conducted over **your** internet site(s)? Yes No
 Name of counsel (if applicable): _____
9. Do **you** maintain a commercial general liability policy? Yes No
 If "Yes," please provide the following information.
 Name of insurer: _____
 Policy Period: _____ Limit: _____
 Is Advertising Injury Coverage included? Yes No
 Is Personal Injury Coverage included? Yes No
10. In the past two (2) years, have **you** been sued or threatened with suit for any act, error, or omission relating to content on, or transactions conducted over, the internet site(s) identified in this Application? Yes No
 If "Yes," please attach a detailed description of the circumstances of each suit or threat of suit, including the identity of the claimant; the factual and legal basis for the claim; and the disposition, including the dollar amount of any defense expenses, settlements and judgments.
11. After inquiry, do any of **your** principals, partners, officers, directors, or employees or any other proposed insured have knowledge or information about any act, error, or omission relating to the internet site(s) or other Internet Activities identified in this Application which might reasonably be expected to give rise to a claim against **you**? Yes No
 If "Yes," please provide full details. _____

OPTIONAL COVERAGES (additional premium will apply)

12. Do **you** desire coverage for the content of email originating from **you** or **your** employees? Yes No
If "Yes," please identify the domain name from which all such email originates: _____
Do **you** have written guidelines regarding appropriate use of company email? Yes No
13. Do **you** desire coverage for any other publications or communications, not identified above? Yes No
If "Yes," please attach copies, or describe such publications or communications if copies are not available:

14. Do **you** desire Domain Name Infringement Coverage (coverage for **your** legal expenses in bringing an action to prevent the infringing use of **your** trademark in a domain name)? Yes No
If "Yes," have **you** conducted a search to determine if there are currently any such infringing uses of **your** trademark? (Please attach results of any such search.) Yes No

Without prejudice to any other rights and remedies of the Company, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to questions 10 and 11 above is excluded from the proposed insurance.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO ANY POLICY ISSUED AND WILL BECOME PART OF IT. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT MUST NOTIFY THE COMPANY, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE DURING THE "POLICY PERIOD" OR ANY EXTENDED REPORTING PERIOD;**
- (II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY "DEFENSE COSTS" AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED "DEFENSE COSTS" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND**
- (III) "DEFENSE COSTS" WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.**

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT 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.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT		
BY (<i>President and/or Executive Director</i>)	TITLE	DATE

NOTE: This Application is signed by the President and/or Executive Director of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.

REQUIRED INFORMATION

PRODUCED BY (*Insurance Agent*)
Please print and sign name

INSURANCE AGENCY

INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.

AGENT LICENSE NO.

ADDRESS (*No., Street, City, State, and ZIP*)

EMAIL ADDRESS

SUBMITTED BY (*Insurance Agency*)

INSURANCE AGENCY TAXPAYER ID
OR SOCIAL SECURITY NO.

AGENT LICENSE NO.

ADDRESS (*No., Street, City, State, and ZIP*)