RENEWAL APPLICATION

WITH RESPECT TO THE LIABILITY COVERAGES, THE POLICY IS WRITTEN ON CLAIMS MADE AND REPORTED BASIS. COVERAGE UNDER THE POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD (IF APPLICABLE) AND REPORTED IN ACCORDANCE WITH THE POLICY CONDITIONS. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMITS OF INSURANCE AND ARE SUBJECT TO THE APPLICABLE DEDUCTIBLES.

Please read the entire application and Policy carefully before signing. Whenever used in this application, the term "Applicant" refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.

General Information

Name of Applicant:

Applicant's Address:

Applicant's total annual revenues in the most recent completed financial year:

Please provide the following information for the Applicant's Errors and Omissions* Insurance (Optional)

*Errors and Omissions Insurance means any primary or excess malpractice insurance policies designed to provide the Applicant with coverage for errors or omissions in the delivery or failure to deliver professional services.

- Company Providing Insurance:
- Policy Number:
- Limits/Deductibles:
- Renewal Date:

Law Firm Applicants Only Please provide the number of Lawyers:

Healthcare Provider Applicants Only Please provide the number of Physicians:

Organizational Changes

Since the completion of the Applicant's previous application form, or in the next 12 months, have there been or does the Applicant anticipate any of the following:

- Material changes to the Applicant's business, including mergers or acquisitions? Yes ☐ No ☐
- Changes to the Applicant's responses regarding network security or risk controls? Yes ☐ No ☐

If yes, please attach a description (space provided on next page).

Claim/Incident Information

Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event, or act which reasonably could give rise to a claim under the Policy for which the Applicant is applying? Yes ☐ No ☐

If yes, please attach a description.

Use this space to provide any additional information:

The Undersigned hereby represents after inquiry, that the information contained in this renewal application is true, accurate, and complete, and that no material facts have been suppressed or misstated. The information provided in this Application and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance Policy should a Policy providing the requested coverage be issued, and that we will have relied on all such materials in issuing any such Policy. The Application and any material submitted herewith will be considered attached to and a part of the Policy.

The Undersigned agrees that if the information supplied on this Application changes between the date this Application is signed and the date of Policy issuance, the Applicant shall immediately notify us of such changes. We may then withdraw or modify outstanding quotations and/or authorization or agreement to bind this insurance. Further, the Applicant hereby acknowledges they are aware that:

1. The information requested in this Application is for underwriting purposes only and does not constitute notice to us of a claim, or a potential claim, under any Policy underwritten by us; and

2. As part of our underwriting and/or loss control processes, we may scan or otherwise assess the internet-exposed resources on the Applicant's computer network for vulnerabilities using risk assessment tools.

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 for all other Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime.

Name: _____ Title: _____

Signed: _____ Date: _____

BDIGlobal, LLC

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