

12. Do you have procedures in place to review media content prior to release on your website and take down any procedures in respect of any user generated content? N/A Yes No
13. During the last three years have you:
- (a) Sustained any unscheduled network outages, intrusion, corruption or loss of data? Yes No
 - (b) Received notice or become aware of any privacy violations or been subject to and disciplinary, regulatory actions, sanctions or penalties? Yes No
 - (c) Been involved in a lawsuit, claim or settled any allegations of a suit? Yes No
 - (d) Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance being requested in this application? Yes No
14. What is the retroactive date on your current policy (if applicable)? _____ The dates and limits selected for retroactive coverage must match that of the expiring policy.

15. Coverage Desired (Attach copy of expiring declaration page if available)

<u>Limits</u>	<u>Deductible</u>
\$500k Per Claim/ \$500k Per Aggregate	\$5,000
\$1 Million Per Claim/\$1 Million Per Aggregate	\$10,000
Higher (specify): _____	\$15,000
	\$20,000
	\$25,000

FRAUD WARNING STATEMENT

Fraud Warning: Any person who knowingly and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Signed: _____
 President, Vice-President, Owner or Partner only

Printed Name & Position: _____ Date: _____



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