

INTEGRATED TECHNOLOGY RENEWAL APPLICATION

SUBMISSION REQUIREMENTS

- Copies of your current contracts or license agreement if they have been revised
- Current audited financial statement
- Updated currently valued loss runs

GENERAL INFORMATION (to be completed by all Applicants)

1. Name of Applicant(as it should appear on policy):
2. Street Address:
3. City, State, Zip Code:
4. Website Address:
5. Business Type: Corporation Partnership Joint Venture LLC
6. Ownership Structure: Public Private Not-for-Profit
7. Year established: Number of employees:
8. Risk Management Contact: Risk Management's Phone:
Risk Management Email:

SECTION I - COVERAGES (to be completed by all Applicants)

1. Select each coverage and indicate the Limit of Liability and Deductible for which you are applying.

Coverage	Limit of Liability	Deductible
Technology Errors & Omissions	\$	\$
Media Liability	\$	\$
Network Security	\$	\$
Privacy Regulation Proceeding Sublimit	\$	\$
Privacy Event Expenses Sublimit	\$	\$
Extortion Sublimit	\$	\$

2. Renewal date (mm/dd/yyyy):
3. Expiring coverage

Coverage	Technology E&O	Media Liability	Network Security/ Privacy Injury
Policy Period			
Limit of Liability	\$	\$	\$
Retention	\$	\$	\$
Retroactive Date			
Premium	\$	\$	\$

SECTION II - REVENUE (to be completed by all Applicants)

1. Indicate on what date your fiscal year ends:
2. Indicate your gross annual revenue for the following twelve (12) month fiscal time periods.

Revenue Split	Prior Fiscal Period	Current Fiscal Period	Next Fiscal Period
Domestic			
Foreign			
Total			

**SECTION III - SERVICE / PRODUCTS ALLOCATION / DESCRIPTION OF OPERATIONS
(to be completed by all Applicants)**

1. Explain any change in Operations in the past twelve (12) months:

Estimate the total percentage of revenue for the following services and work.

Technology – Software & Services	%	Technology – Hardware & Equipment	%
Application Service Provider	%	Computer System Manufacturing	%
Application Mobile Device Development	%	Computer Peripherals Manufacturing	%
Cloud Computing – Private	%	Electronic Component Manufacturing	%
Cloud Computing – Public	%	Instrument Manufacturing	%
Custom Software Development	%	Office Electronics (other than computers) Manufacturer	%
Data Processing & Outsourced Services	%	Recycling/Destruction of Hardware	%
Domain Name Registration	%	Telecommunications Equipment Manufacturing	%
E-Mail Services	%	Other (<i>describe</i>):	%
Internet Service Provider	%		
IT Consulting	%		
IT Staff Augmentation	%	Distribution	%
Managed IT Services	%	Computer Equipment & Software Distribution	%
Network Security Software and Services	%	Electronic Component Distribution	%
Outsourcing	%	Instrument Distribution	%
Pre-Packaged Software Development/ Sales	%	Other (<i>describe</i>):	%
System Design and Integration	%	Telecommunication Services	%
Technical Support/Repair & Maintenance	%	Local & Long Distance Service Providers	%
Training & Education	%	Telecommunications Consulting	%
Value-Added Reseller Software	%	Telecommunications Installation	%
Web Portal	%	Telephone Companies	%
Website Hosting	%	Video Conferencing Services	%
Website Construction and Design	%	Voice Over Internet Protocol Services (VOIP)	%
Wholesale Software Distribution	%	Wireless Communication	%
Other (<i>describe</i>):	%	Other (<i>describe</i>):	%
Installation	%	Miscellaneous Professional Services (describe)	%
Cabling – Inside	%	Record Management/Retrieval	%
Cabling – Outside	%	EDP Audit / Needs Evaluation	%
Computers & Peripherals	%	Computer Security / Virus Services	%
Software	%	Other (<i>describe</i>):	%
Telecommunications Equipment	%	Other (<i>describe</i>):	%
Other (<i>describe</i>):	%	Other (<i>describe</i>):	%
Other (<i>describe</i>):	%	Other (<i>describe</i>):	%

SECTION IV CLIENT INFORMATION (to be completed by all Applicants)

1. Provide the following information regarding your five (5) largest clients.
(Determined as a percentage of the total gross revenue for the past fiscal year)

Client	Size of Contract	Length of Contract	Description of Services

2. Indicate the percentage of products and services you provide to the following customer segments.

Customer Segment	% of Services / Products
Commercial Client	%
Individual Consumers	%
United States Federal Government	%
United States State and Local Governments	%
Foreign Governments	%

3. Indicate the percentage of products and services you provide to the following customer segments.

Business Sector	% of Receipts	Business Sector	% of Receipts
Aerospace & Defense	%	Healthcare	%
Automobiles & Components	%	Information Technology	%
Chemical	%	Manufacturing	%
Construction & Engineering	%	Media	%
Consumer Services	%	Oil, Gas & Utilities	%
Electrical Equipment	%	Retail	%
Energy Equipment & Services	%	Telecommunication	%
Financial Services	%	Transportation	%

4. Do you hold non-public information on behalf of your client(s)? Yes No
If yes, please complete Section IX, Information Security.

SECTION V - CONTRACTUAL PROCEDURES (to be completed by all Applicants)

1. Do you require the use of a written contract or agreement for all engagements? Yes No
 What percent of contracts are in writing: %
2. Indicate the percentage of contracts where your standard contract, the customer's contract, or a combination of both is used.
 Standard: % Customer: % Combination: %
3. Are interim changes in contracts documented and signed off by both parties? Yes No

SECTION VI - QUALITY CONTROL PROCEDURES (to be completed by all Applicants)

1. Do you have a disaster recovery/business continuity plan? Yes No
 How often do you test it:
2. Do you backup network data and configure files daily? Yes No
 If not daily, then how often are data and files backed up:
 Do you store backup files in a secure location? Yes No
 Where: Onsite Offsite

SECTION VII - SUB-CONTRACTED WORK, USE OF SUPPLIERS AND OUTSOURCED MANUFACTURING (to be completed by all Applicants)

1. Do you sub-contract any professional services or manufacturing to fulfill commitments to clients? Yes No
2. If yes, what percentage do you sub-contract: %
3. Do you require evidence of Errors & Omissions insurance from sub-contractors? Yes No

SECTION VIII - MEDIA (Complete only if applying for Media Liability or Copyright of Software Code)

Business Activities or Website Contents	% of Receipts	Business Activities or Website Contents	% of Receipts
Advertising/Marketing for Others	%	Music or Sound Clips	%
Executable programs or shareware	%	Pornographic or Sexually Explicit Material	%
File Sharing	%	Sweepstakes or Coupons	%
Interactive Gaming	%	Video Producers	%
Movie/Commercial Production	%	Other (describe):	%
Website Content Provider	%	Open Source	%
Content created by Applicant	%	Open Source Code originated by Applicant	%
Content supplied by Client	%	Open Source Code created by others and used by Applicant	%
Domain Name Registration	%		

- | | | | | |
|----|---|-----|-----|----|
| 1. | Is the ownership of intellectual property created by you, or on your behalf, clearly stated in all customer contracts and followed by you? | N/A | Yes | No |
| 2. | Does your website, or any website managed by you, include chat rooms, bulletin boards, or blogs? If yes, do you review and edit prior to posting? | Yes | Yes | No |
| | Do you have a formal procedure for removing controversial or infringing material? | Yes | Yes | No |
| 3. | Risk Management Procedures for all Media Activities | | | |
| a. | Do you have written intellectual property clearance procedures? | | Yes | No |
| b. | Do you have agreements in place with contractors, working on your behalf, granting you ownership of all intellectual property developed for you? | | Yes | No |

SECTION IX - INFORMATION SECURITY (Complete only if applying for Network Security & Privacy Liability Coverage, or if you are responsible for non-public information on behalf of others.)

- | | | | |
|----|---|-----|----|
| 1. | Do you have a written security policy that must be followed by all employees, contractors, or any other person with access to your network? | Yes | No |
| 2. | Please indicate which type of third party sensitive information resides in your network. (Select all that apply) | | |
| | Credit card data for the duration of a transaction | | |
| | Credit card data stored for future use (all but last four (4) digits masked) | | |
| | Credit card data stored for future use (un-masked card numbers or including track two (2) data) | | |
| | Private health information | | |
| | Sensitive or proprietary company information (including trade secrets) | | |
| | Other personally identifiable financial information (describe): | | |

TECHNICAL SECURITY

- | | | | |
|----|--|-----|----|
| 1. | a. Do you implement virus controls on all of your systems? | Yes | No |
| | b. Please check all items that accurately describe this program. | | |
| | Anti-Virus/malicious code software is deployed on all computing devices within your network | | |
| | Automatic updates occur, at least daily | | |
| | Anti-virus scans are performed on all e-mail attachments, files, and downloads before opening | | |
| | Rejected files are quarantined | | |
| | Unneeded services and ports are disabled | | |
| | Virus/information security threat notifications are automatically received from CERT or similar | | |
| 2. | a. Do you have a firewall in place? | Yes | No |
| | b. Please check all items that accurately describe the firewall. | | |
| | A formal process has been established for approving and testing all external network connections | | |
| | A firewall has been established at each internet connection | | |
| | A firewall has been established between any DMZ and intranet connection | | |

ADMINISTRATIVE SECURITY

- | | | | |
|----|---|-----|----|
| 1. | Do you control access to information that resides on data storage devices such as servers, desktops, PCs laptops, and PDAs? | Yes | No |
|----|---|-----|----|

PHYSICAL SECURITY

- | | | | |
|----|---|-----|----|
| 1. | Do you limit server, server room and data center access only to authorized personnel? | Yes | No |
|----|---|-----|----|

SECTION X - HISTORICAL BUSINESS INFORMATION

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|----|--|-----|----|
| 1. | Do you have any account receivables for professional or technology service contracts that are more than ninety (90) days past due?
If yes, attach details. | Yes | No |
|----|--|-----|----|

SECTION XI - CLAIMS & INVESTIGATORY INFORMATION

- | | | | |
|----|--|-----|----|
| 1. | Have you received any complaints, claims, or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks or your customers ability to rely on your network?
If yes, attach details. | Yes | No |
|----|--|-----|----|

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE IN MAINE: 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.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER, OR OFFICER)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

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 "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY 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, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
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.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Insured: _____

Date: