

*** To begin place cursor on the first line to type and then tab through the fields
When finished PRINT and FAX to 214.265.4932 DO NOT EMAIL**

Safe Enterprise TM Application Form

– Zain Jeewanjee Insurance Agency

Please answer all the questions on this form. Before any question is answered please carefully read, then sign, the declaration at the end of the application form. Underwriters will rely on the statements that you make on this form. In this context, **ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE THEREFORE ENSURE YOUR RESPONSES TO THE QUESTIONS IN THIS FORM ARE COMPLETE AND CORRECT.**

ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS FIRST MADE AND REPORTED COVERAGE.

Section 1-Your details

- 1) Applicant(s): _____
- 2) Address: _____

- 3) Contact name and title of individual responsible to executive management for information security operations: _____
- 4) Contact's telephone number and email address: _____
- 5) Names of all subsidiary companies (if any): _____
- 6) Website home page (including subsidiaries): _____

Section 2- Your business

- 7) Date established: _____
- 8) Total number of staff: _____
- 9) Detailed description of business / Professional Services: _____

- 10) List your mergers and acquisitions of the last 3 years: _____
- 11) Please confirm the total revenues a) from your most recent financial year; _____
 b) projected for your next financial year. _____

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12) Please confirm the total revenues from your Internet activities only

a) for your most recent financial year; _____

b) projected for your next financial year. _____

13) Please list all URL addresses for all public-facing websites that are to be insured:

Section 3- Your Professional services

Please complete this section for Technology Errors and Omissions coverage

14) Please provide an analysis of your revenue (by percentage) from the following:

Customized development	_____
Pre-packaged/Shrink Wrap	_____
Consulting	_____
Implementation/Integration	_____
Real Time Production	_____
Real Time Trading	_____
Enterprise Resource Planning/Procurement	_____
Distribution/Sales	_____
Training	_____
Other - please detail	_____

15) Please identify your mission critical suppliers:

16) Do you provide content for websites on behalf of clients?

(Please circle) Yes No

17) Do you or will you within the next twelve (12) months perform any of the following activities (whether through a hosted website, your own website or by your customers using products or services provided by you):

i) Storage of customer/subscriber names and addresses

(Please circle) Yes No

ii) Storage of credit/debit card numbers

(Please circle) Yes No

iii) Storage of credit history and ratings

(Please circle) Yes No

iv) Storage of medical records or personal health information

(Please circle) Yes No

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v) Storage of intellectual property of others

(Please circle) Yes No

If yes, please give details:

vi) Storage or access to bank records/investment data or financial transactions of subscribers/customers

(Please circle) Yes No

vii) Storage of other customer/subscriber information

(Please circle) Yes No

If yes, please give details:

viii) Electronic publishing, marketing, dissemination or distribution of copyrighted material of others

(Please circle) Yes No

ix) Electronic publishing, marketing, dissemination or distribution of original works

(Please circle) Yes No

x) Electronic publishing, marketing, dissemination or distribution of pornography or adult entertainment material

(Please circle) Yes No

xi) Advertising the products or services of other companies on websites, via email or other electronic means for a fee or commission

(Please circle) Yes No

xii) Provide legal, financial or personal finance advice

(Please circle) Yes No

xiii) Provide medical or health advice

(Please circle) Yes No

xiv) Provide other personal advice services such as counseling

(Please circle) Yes No

xv) Provide website services or products to international customers/subscribers (including web-hosting or ISP)

(Please circle) Yes No

If yes, please give details:

xvi) Registration of Domain Names for others (Domain Registrar)

(Please circle) Yes No

xvii) Sell or share individual subscriber or user identifiable information with another company

(Please circle) Yes No

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18) Please indicate the end-user application of your company's products/services by market sector:

Market Sector	Revenue by percentage
Aerospace	
Agriculture	
Communications/Telecommunications	
Construction	
Educational Institutions	
Financial Institutions	
Government	
Healthcare/Medical	
Home Use	
Industrial/Manufacturing Use	
Trade/Commerce - retail/wholesale	
Other (please detail)	

Section 4 - Your website

Please complete for your Internet operations (if applicable)

The information provided here will be supplemented by an online Network Security Assessment

19) Does your website contain materials designed to be downloaded?

(Please circle) Yes No

If yes, please give details:

20) Does your company have an established procedure for editing or removing from your website or Internet Service libelous or slanderous content, or content that infringes the Intellectual Property rights of others (copyright, trademark, trade name, trade secrets etc.)?

(Please circle) Yes No

If yes, please confirm whether this review procedure is carried out by a qualified attorney.

(Please circle) Yes No

21) Does your company use material provided by others, such as content, music, graphics, and video streams, in your software, or on your website?

(Please circle) Yes No

If yes, please confirm whether you obtain written licences and consent agreements for the use of these materials:

(Please circle) Yes No

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22) Does your company use the Internet or an intranet for political, fund raising or cause activities; for gambling; for pornography; or for the sale of prohibited, regulated or restricted items such as tobacco, other drugs or liquor, or fire arms?

(Please circle) Yes No

If yes, please give details:

Section 5-Your IT systems

Please complete for your network

The information provided here may be supplemented by an online Network Security Assessment

23) Is firewall technology used at all Internet points-of-presence to prevent unauthorized access?

(Please circle) Yes (supply brand name) _____ No

24) Does your company use anti-virus software on all desktops/portable computer devices and mission-critical servers and is it updated in accordance with the software provider's requirements?

(Please circle) Yes (supply brand name) _____ No

25) Are system backup and recovery procedures documented and tested for all mission-critical systems?

(Please circle) Yes No

26) Does your company have a written policy on Email and Internet use?

(Please circle) Yes No

27) Does your company have a published information security policy, and is there an organizational manager who is directly responsible for information security compliance operations?

(Please circle) Yes No

28) Are there regular security reviews of IT systems by internal audit personnel or a trusted third party?

(Please circle) Yes No

Section 6- Your risk mitigation

29) Does your company use Independent Contractors to whom you sub-contract work?

(Please circle) Yes No

If yes, please confirm whether you require Independent Contractors to carry professional liability insurance, and provide a description of any indemnities, hold harmless agreements etc:

30) **If Yes to 29 above**

Does your company always use a written contract upon engagement of such Independent Contractors?

(Please circle) Yes No Not always

If Yes, please attach a copy.

If No or Not always, please describe how you agree the scope of the contract with your customer:

Please provide a copy of your standard customer contract with your application.

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31) Within the last two (2) years, have any customers either failed to pay for or requested a refund for a product or service you provided due to an alleged problem? (whether due to non-performance, dissatisfaction or otherwise)

(Please circle) Yes No

32) Has your company ever been declined for Errors and Omissions, Professional Liability or Media Liability insurance or had an existing policy canceled?

(Please circle) Yes No

If yes, please explain:

33) In the last 5 years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that would have been covered by this policy?

(Please circle) Yes No

If yes, please detail separately and include any pending or prior incident, event or litigation providing full details of all relevant facts:

34) In the last 5 years has your company been the subject of any cease and desist orders or been the subject of official admonishments, critical directives or comments by regulators?

(Please circle) Yes No

If yes, please detail separately and include any pending or prior incident, event or litigation providing full details of all relevant facts:

Section 7 -Your cover

35) Does your company currently have any Errors or Omissions or similar insurance in force?

(Please circle) Yes No

If you circled yes, please provide:

Name of carrier	Limits of Liability	Premium	Deductible	Expiry Date
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Current retroactive date: _____

36) Please detail what level of cover you require:

Limit of Liability _____

Deductible options _____

37) From what date should the policy be effective? (mm/dd/yy) _____

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE

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APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

Signed:* _____

Name: _____

Position:* _____

Date: _____

*the signatory should be a director or senior officer of, or a partner in, the Applicant.