



GENERAL UNINTENDED AND RELEASED DISCLOSURE LIABILITY COVERAGE APPLICATION

AGENCY: [ ]

AGENCY PHONE: [ ]

1. Full name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

City

State

Zip

3. E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

4.  Corporation  Partnership  Individual  Other Date Established \_\_\_\_\_

5. Please provide a brief description of your operation? \_\_\_\_\_

6. Number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_

7. In the past five years has your named changed?  Yes  No

Has any other business been purchased?  Yes  No

Have any mergers taken place?  Yes  No

\*If yes, please attach details describing any changes in operations and key employees.

8. Gross Receipts: Estimate for the coming year: \_\_\_\_\_

9. Have you established a quality control / risk management / continuing education program to limit your loss exposure?  No  Yes - If yes please describe \_\_\_\_\_

10. Describe nature of confidential records maintained?

a. Confidential employee records? \_\_\_\_\_

b. Confidential third party records? \_\_\_\_\_

c. Paper /electronic / storage of records?  Paper  Electronic  Both

If electronic - do you utilize security software?  No  Yes, name of software: \_\_\_\_\_

If paper - is access locked/denied when business is closed or staff is off duty?  Yes  No

Number of employees with access to those records: \_\_\_\_\_

11. Do you have an on site personnel department?  Yes  No

12. Are employees instructed in the nature of privacy?  Yes  No

13. Has any insurer canceled or refused to renew any insurance coverage's in the past 5-years?  Yes  No

14. Please indicate desired coverage limits Per Occurrence/Aggregate:

\$50,000/\$100,000  \$100,000/\$200,000  \$300,000/\$600,000

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.

I hereby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the firm or company to complete the insurance. Application must be signed and dated by principal, partner, officer or director of firm.

\_\_\_\_\_  
Date Signature of Applicant Title

PLEASE NOTE: Completion and submission of application is for the purpose of securing a premium quotation only. No coverage will be effected until receipt of written instructions and premium payment.