



including embezzlement, fraud, theft of proprietary information, denial of service, electronic vandalism or sabotage, computer virus or other incident whether or not reported to its insurance carrier? ..... [ ] Yes [ ] No  
If Yes, attach a separate document describing each incident including the cause, internal costs, cost to third parties, length of time involved in recovery and steps taken to mitigate exposure in the future.

2. Is the Applicant or any of its principals, partners, officers, directors, trustees, managers, managing members, or employees, its predecessors, subsidiaries, affiliates or any other person or organization proposed for this insurance aware of any fact, circumstance, situation or incident related to its network operations which might give rise to a loss or a claim?..... [ ] Yes [ ] No  
(a) If Yes, provide full details: \_\_\_\_\_  
\_\_\_\_\_

3. Has any application for similar insurance made on behalf of the Applicant, its predecessors, subsidiaries, affiliates, and/or for any other person(s) or organization(s) proposed for this insurance ever been declined, cancelled or nonrenewed? ..... [ ] Yes [ ] No  
(a) If Yes, provide full details: \_\_\_\_\_  
\_\_\_\_\_

Signing this Questionnaire does not bind the Company to provide or the applicant to purchase the insurance.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date