

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