



Coalition Insurance Solutions, Inc.
CA License No. 0L76155
415 Jackson Street, Suite 200
San Francisco, CA 94111
Producer Code: 1035616

Welcome to Coalition!

This signature bundle contains **3** documents that all must be read and signed to issue Coalition's insurance policy.

1. Electronic Disclosure and Signature, Terms of Service, and Privacy Policy Consents
2. Surplus Lines Disclosure
3. Application

help@thecoalition.com
www.thecoalition.com



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ELECTRONIC DISCLOSURE AND SIGNATURE, TERMS OF SERVICE, AND PRIVACY POLICY CONSENTS

Electronic Signature and Electronic Delivery of Disclosures and Notices

By signing below, you consent to use electronic communications, electronic records, and electronic signatures rather than paper documents for the forms provided on this web site. Those forms include:

- Insurance application
- Surplus Lines notices
- Terrorism Risk Insurance Act (TRIA) endorsement
- Insurance policy and other related documents
- All updates and details regarding your policy
- Responses to communications from you
- All changes and updates to these disclosures, notices, and documents

You understand that your electronic signature is legally binding, just as if you had signed a paper document. Your consent to use electronic signatures and documents applies to materials related to purchasing and effecting your insurance policy.

System Requirements

In order to use electronic signatures and to receive electronic communications, you must have

- a personal computer or other device that can connect to the Internet
- an e-mail address
- a web browser
- software that enables you to receive and view Portable Document Format (PDF) files, such as Adobe Acrobat Reader (available for a free download at <http://get.adobe.com/reader>)

Withdrawal of Electronic Acceptance of Disclosures and Notices

You may withdraw your consent to receive electronic communications at any time. If you wish to do so, you must email us at help@thecoalition.com with the following subject line: "WITHDRAW ELECTRONIC CONSENT." The body of the email must include your name, policy number, effective and expiration dates of the policy, the effective date of your withdrawal, and whether you want (a) all communications to be in paper form and (b) your insurance policy to be sent to you in paper form.

Terms of Service and Privacy Policy

By signing below, you have read and agreed to Coalition's Terms of Service and Privacy Policy (available at <https://www.thecoalition.com/legal>).

Policyholder/Applicant's Signature: _____

Print Name of Authorized Representative: _____

Title: _____ **Date:** _____

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. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLLFREE TELEPHONE NUMBER 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC'S INTERNET WEBSITE AT WWW.NAIC.ORG.

5. FOREIGN INSURER SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATES DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NONUNITED STATES INSURERS. ASK YOUR AGENT, BROKER OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. 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.

8. 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.



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Date:

Insured:

Insured Signature:



COALITION CYBER AND TECHNOLOGY ERRORS & OMISSIONS APPLICATION

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE. CLAIMS-MADE AND REPORTED COVERAGE APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE AND REPORTED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF PURCHASED. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES. FURTHERMORE, CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

IF A POLICY IS ISSUED, THIS APPLICATION WILL ATTACH TO AND BECOME PART OF THE POLICY. THEREFORE, IT IS IMPORTANT THAT ALL QUESTIONS ARE ANSWERED TRUTHFULLY AND ACCURATELY.

General Information

Named Insured [XYZ Co.]
 Website Domain(s) [www.xyz.com], [www.xyz.net]
 Address [123 Sample Street
 Springfield, CA 11111]
 Industry
 Number of Employees
 Revenue (expected over the next 12 months)
 Gross Profit / Net Revenue

Attestation Questions	
1. Within the last 3 years has (insured) suffered any cyber incidents resulting in a claim in excess of \$25,000?	[No] / [Yes with explanation text]
2. Is (insured) aware of any circumstances that could give rise to a claim under this insurance policy?	[No] / [Yes with explanation text]
3. Does (insured) enable disk encryption on laptops, desktops, and other portable media devices?	[No] / [Yes] / [Sometimes]
4. Does (insured) accept credit cards or collect Personally Identifiable Information (PII) or Protected Health Information (PHI) from its customers? (This does not include employees of (insured).)	[No] / [Yes]
4a. How many credit card customers does (insured) have?	[No records] / [< 100,000] / [100,000 – 500,000] / [500,000 – 1,000,000] / [number]
4b. How many customer PII or PHI records does (insured) have?	[No records] / [< 100,000] / [100,000 – 500,000] / [500,000 – 1,000,000] / [number]
5. Does (insured) have procedures to back up, archive, and restore sensitive data and critical business systems?	[No] / [Yes] / [N/A]
6. Does (insured) require dual control when transferring funds in excess of \$25,000?	[No] / [Yes] / [N/A]
7. Within the last 3 years has (insured) been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?	[No] / [Yes with explanation text] / [N/A]
8. Does (insured) have procedures to remove content (including third party content) that is libelous, infringing, or otherwise controversial?	[No] / [Yes] / [N/A]

* Dual control for transferring funds refers to a process by which a transfer must be approved or confirmed by someone other than the initiator of the transfer



9. Will (insured) have an active technology errors and omissions policy concurrent with this insurance policy? (FOR INDUSTRIES REQUIRING TECHNOLOGY E&O ONLY. FOR E&O/MPL REQUIRED INDUSTRIES, REPLACE “technology errors and omissions” with “errors and omissions or management professional liability”)	[No] / [Yes] / [N/A]
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Technology Errors & Omissions Questions																	
1. Please describe the company's use of technology in delivering its product and/or services. [Description]																	
2. Within the last 3 years has (insured) been subject to a dispute or claim arising out of a technology error or omission in excess of \$25,000?	No																
3. How often are (insured's) services provided by written agreement or contract?	a. 100% of agreements or contracts b. >=50% of agreements or contracts c. <50% of agreements or contracts d. 0% of agreements or contracts																
4. Identify the standard risk mitigating clauses or methods contained within (insured's) agreements or contracts. (Select all that apply)	<table border="0"> <tr> <td>a. Customer acceptance / final sign off</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Disclaimer of warranties</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Hold harmless agreements that benefit (insured)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Limitation of Liability</td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Exclusion of consequential damages</td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. Indemnification clause</td> <td><input type="checkbox"/></td> </tr> <tr> <td>g. Binding mandatory arbitration</td> <td><input type="checkbox"/></td> </tr> <tr> <td>h. Project phases / milestones</td> <td><input type="checkbox"/></td> </tr> </table>	a. Customer acceptance / final sign off	<input type="checkbox"/>	b. Disclaimer of warranties	<input type="checkbox"/>	c. Hold harmless agreements that benefit (insured)	<input type="checkbox"/>	d. Limitation of Liability	<input type="checkbox"/>	e. Exclusion of consequential damages	<input type="checkbox"/>	f. Indemnification clause	<input type="checkbox"/>	g. Binding mandatory arbitration	<input type="checkbox"/>	h. Project phases / milestones	<input type="checkbox"/>
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THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES (1) THIS APPLICATION FORM HAS BEEN COMPLETED AFTER REASONABLE INQUIRY, (2) THE STATEMENTS SET FORTH HEREIN ARE TRUE, AND (3) THAT THESE DECLARATIONS ARE A MATERIAL INDUCEMENT TO THE UNDERWRITER TO PROVIDE A PROPOSAL FOR INSURANCE. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.



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ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

Policyholder / Applicant's Signature: _____

Print Name of Authorized Representative: _____

Title: _____ Date: _____

Email: _____

NOTICE TO APPLICANTS

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: "Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KANSAS APPLICANTS: A 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 is guilty of fraud.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.



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NOTICE TO RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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.

SPECIMEN