

GlobeCyber USA Renewal Application Form

As used throughout this application, "you" means the person signing the application, as well as the entity seeking insurance and the applicant's principals, partners, directors, risk managers, or employees that are in a supervisory role. The questions contained in this application, pertain to all persons or entities seeking insurance, and not just the signatory

Please answer all the questions on this 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 TAKE CARE IN FILLING OUT THIS FORM.**

General information

Company name	Website
Address	
Main industry sector	Number of employees
Last complete full year revenue (\$)	

Approximately how many PII records are retained within your computer network, databases and records?
(PII is defined as a personally identifiable record on an individual that can be used to identify, contact or locate a single individual)

Requested limit(s) of indemnity (tick all that apply)

100,000	<input type="checkbox"/>	250,000	<input type="checkbox"/>	500,000	<input type="checkbox"/>	1 million	<input type="checkbox"/>	2 million	<input type="checkbox"/>	3 million	<input type="checkbox"/>	4 million	<input type="checkbox"/>	5 million	<input type="checkbox"/>
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Operational Changes / Claims or Circumstances

Since completion of your previous application form or over the forthcoming 12 months, have there been, or do you anticipate:

Any significant change to the nature, service or operation of your business, including any merger or acquisition?

Yes No

Any change to your responses regarding network security and risk control?

Yes No

Are you aware of any claims or circumstances that have not already been reported to Globe Underwriting?

Yes No

If you have answered yes to any of the above, please provide full details in the box on the next page.

Operational Changes / Claims or Circumstances (continued)

Declaration

You confirm that the facts contained in the application form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this completed application form for your records.

This application must be signed by the applicant. Signing this form does not bind you or the insurer to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who knowingly and with intent to defraud any insurance company or other person submits an application for insurance containing any false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager, or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow.

Date	MM	DD	YY
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