STRATUM
Insurance Agency LLC

In CA Lic 0e52066

How to return Your Application

(Service available in 49 States)

Electronic Signatures are Available for Most Applications - email us to request one

PLEASE MAIL, FAX, OR EMAIL YOUR COMPLETED APPLICATION TO:

Stratum Insurance Agency LLC

PHONE: 949-270-0609
FAX: 949-270-0608

Email:team@stratuminsurance.com

Mailing Address:

Stratum Insurance Agency LLC
PO Box 273
Corona del Mar, CA 92625

No coverage is issued or bound without a confirmation in writing from Stratum Insurance Agency LLC.

Part One – Small Firm Application
RLI Privacy Protection Package for Miscellaneous Professionals

RETURN TO:
Stratum Insurance Agency LLC
team@stratuminsurance.com

FAX 949-270-0608
Phone: 949-270-0609

Please answer all questions completely. This form must be completed, signed and dated by a principal, partner, officer or director of the firm.

Do these four (4) statements accurately describe your firm? ☐ Yes ☐ No (If "**No**", Please **STOP** and complete mainform application.)

- The services your firm provides is listed as a small-firm eligible class on RLI's Privacy Protection Package website;
- Your firm has less than fifteen (15) employees;
- Your firm has less than $2,500,000 in revenues;
- Within the past five (5) years, your firm has not had any network security or privacy breaches.

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Name of Applicant:_____ DBA:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Telephone #:_____ Website address:_____

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1. What professional services does your firm provide? _____
2. How many employees are in your firm? _____ How many are licensed? _____
3. Annual revenue from the most recently completed fiscal year: _____
4. If your firm uses laptops, are all laptops password protected? ☐ N/A ☐ Yes ☐ No
5. Does your firm's computer network have a firewall in place? ☐ Yes ☐ No
6. Does your firm use anti-virus, anti-spam and anti-malware software? ☐ Yes ☐ No
7. Are data backups of your computer system performed a minimum of every seventy-two (72) hours? ☐ Yes ☐ No
8. Are physical security procedures in place to control access to your firm's computer system(s)? ☐ Yes ☐ No
9. Are procedures in place to report and respond to unauthorized attempts to access computer systems? ☐ Yes ☐ No
10. Provide the following information about your firm's insurance:

	Insurance Company	Policy Period	Limits	Deductible
Professional Liability				
General Liability				

Applicant's Signature: _____ Name: _____
(Principal, Partner, Officer, or Director)

Title: _____ Date: _____

Part Two – Small Firm Application
RLI Privacy Protection Package for Miscellaneous Professionals

Please answer all questions completely. If there is insufficient space to complete an answer, please continue on a separate sheet of the firm's letterhead. This form must be completed signed and dated by the same principal, partner, officer or director of the firm that completed the Part One – RLI Privacy Protection Package for Miscellaneous Professionals Application. Please type or print.

Firm's Full Name:_____

(must identically match Firm's full name on Part One – RLI Privacy Protection Package for Miscellaneous Professionals Application)

1. Business Practices

- Does your firm's practices include:
  - Continuing education and training programs for professional personnel? ☐ Yes ☐ No
  - In the last twelve (12) months, what percentage of your firm's professionals have attended a Risk Management seminar? _____%

2. Reliance upon Part One – RLI Privacy Protection Package for Miscellaneous Professionals Application

In granting coverage under this Policy, it is agreed that the Insurer has relied upon the statements and representations contained in the below referenced Part One – RLI Privacy Protection Package for Miscellaneous Professionals Application as well as this Application as well as all materials submitted to the Insurer in connection with underwriting this Policy. It is further understood and agreed that the Insureds represent to the Insurer that the statements and representations made in such Part One – RLI Privacy Protection Package for Miscellaneous Professionals Application and this Application are accurate and complete as of the inception of this Policy and are deemed made to the Insurer on such date. The Insureds understand it is their duty to supplement or amend all statements or representations made in the Part One – RLI Privacy Protection Package for Miscellaneous Professionals Application and this Application between the date said Application Part One and this Application are completed and the date the Policy incepts. All such statements and representations shall be deemed to be material to the risk assumed by the Insurer, are the basis of this Policy and are to be considered as incorporated into this Policy.

☐ Part One – RLI Privacy Protection Package for Miscellaneous Professionals Application **Date Signed:**_____

3. Claims Awareness

- During the past five (5) years, have any claims or suits been made against the applicant or any principal, partner, officer, director, member, employee or other proposed Insured that could or would be covered under this policy? ☐ Yes ☐ No
- Is any owner, principal, partner, officer, director, member, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the proposed insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors? ☐ Yes ☐ No
- Within the past five (5) years, have you:
  - Had any information security breaches including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage or other security events? ☐ Yes ☐ No
  - Notified customers or employees that their information may have been compromised? ☐ Yes ☐ No
  - Had any cyber extortion threats or similar or related threats? ☐ Yes ☐ No

  If "Yes" to any questions, please provide details: _____

ARKANSAS 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.

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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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.

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.

HAWAII APPLICANTS – For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO APPLICANTS – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

KANSAS APPLICANTS – Any 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 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 who conceals, for the purpose of misleading, information concerning any fact material thereto, is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

MAINE 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 may include imprisonment, fines, or a denial of insurance benefits.

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.

MINNESOTA APPLICANTS – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE APPLICANTS – Any person who, with 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.

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.

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.

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.

OHIO APPLICANTS – Any person who, with 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.

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.

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

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.

TENNESSEE 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.

VIRGINIA 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.

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.

Fraud Statement (all other states): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

I declare that I am the authorized agent for the firm for the purposes of procuring insurance and have answered the Small Firm Applications on behalf of the firm and its members. As the authorized agent, I declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage. On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

THE APPLICATION MUST BE SIGNED BY A PRINCIPAL, PARTNER, OFFICER OR DIRECTOR OF THE APPLICANT.

Applicant's Signature: _____ Name: _____

(Principal, Partner, Officer, or Director)

Title: _____ Date: _____