



INTERNET LIABILITY COVERAGE SECTION

(APPLICANTS: Please complete this Section only if requesting this coverage.)

A. GENERAL INFORMATION

1. Name of **Applicant**:

B. OPTIONAL COVERAGE REQUESTS

1. Does the **Applicant** desire an optional proposal including coverage for prior acts? Yes No
If "Yes", please enter the retroactive date requested: _____

2. Has the **Applicant** maintained internet liability insurance coverage continuously in force since the retroactive date? Yes No
If "No", please explain. _____

C. INTERNET SITE INFORMATION

1. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month

IMPORTANT: If any site for which coverage is sought is not yet on-line, please attach a complete description of the proposed site(s).

2. The **Applicant's** projected annual gross revenues from the internet site(s) for which coverage is sought: _____
(NOTE: If more than 50% of the Applicant's revenues are derived from its internet sites for which coverage is sought, the Applicant must complete a Supplemental Application to this Application.)

3. What percentage of the monthly page views on the **Applicant's** internet site(s) originates from outside the United States of America and Canada? _____%



D. OPTIONAL COVERAGE FOR OTHER COMMUNICATIONS INFORMATION

(APPLICANTS: Please complete only if requesting coverage for this coverage)

1. Does the **Applicant** desire coverage for the content of email originating from the **Applicant** or its employees? Yes No
If "Yes," please identify the domain name from which all such email originates:

2. Does the **Applicant** have written guidelines regarding appropriate use of company email? Yes No
3. Does the **Applicant** desire coverage for any other publications or communications, not identified above? Yes No
If "Yes," please attach copies or a description of such publications or communications if copies are not available.

E. RISK MANAGEMENT

1. Does the **Applicant** own a federally registered trademark in its domain name? Yes No
2. If "No", has the **Applicant** conducted a trademark search to determine whether the **Applicant's** domain name infringes a trademark held by a third party? Yes No
3. Does the **Applicant** use third party trademarks on its internet site(s) solely in order to increase the number of hits to its internet site(s)? Yes No
4. Does the **Applicant** have in-house counsel or outside counsel advising them as to the potential legal liabilities arising out of content on or transactions conducted over its internet site(s)? Yes No
Name of outside counsel (if applicable): _____
5. Does the **Applicant** have a privacy policy posted on all of its internet site(s)? Yes No
6. Does the **Applicant** have a written policy and procedure regarding the posting of content on its internet site(s)? Yes No
7. Does the **Applicant** require review and approval of content by legal counsel prior to allowing such content to be posted on its internet site(s)? Yes No
8. Does the **Applicant** have "take-down" procedures in place for removing from its internet site(s) any content that infringes or potentially infringes on copyrights held by third parties? Yes No

F. GENERAL LIABILITY INSURANCE INFORMATION

1. Does the **Applicant** maintain a commercial general liability policy? Yes No
2. Name of insurer (required): _____ Policy Period: _____
3. Is Advertising Injury Coverage included? Yes No
4. Is Personal Injury Coverage included? Yes No