



SafeBusiness insurance is arranged by Swinglehurst Limited and underwritten by AGM 2488 Syndicate, Underwriters at Lloyds, London.

Please answer all the questions on this form. Before any question is answered please read carefully the declaration at the end of the application 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.**

ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS FIRST MADE AND REPORTED COVERAGE.

Section 1 – Your details

- | | |
|--------------------------|---|
| 1) Company name | Rosenberg and Parker, Inc |
| 2) Address | 201 North Presidential Boulevard,
Bala Cynwyd,
PA 19004 |
| 3) Contact Email address | none |

Section 2 – Your business

- | | |
|--|-----------------|
| 4) Date established | 1946 |
| 5) Description of operations | Banking/Finance |
| 6) Most recent revenue in the last 12 months | USD 400,000.00 |
| 7) Number of users provided with a company Email address | 13 |

Section 3 – Risk mitigation

- 8) Does your company use the internet or an intranet for political, fundraising or cause activities; for gambling; for pornography; or for the sale of prohibited, regulated or restricted items such as tobacco, fire arms, medical or other drugs? (Yes or No)
- No

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9) Does your company have a written acceptable use policy on Email and Internet use? (Yes or No)
Yes

10) Do you use Microsoft Operating System environments for your public-facing systems and/or services, such as IIS (web server) or other Microsoft Operating System servers such as for database, email or DNS? (Yes, No or N/A)
Yes

If yes, do you have a formal patch management process in place, and have installed the latest available security vulnerability alert and service pack? (Yes or No)
Yes

11) Does your company have an established procedure for editing or removing from your Web site or Internet Service libellous or slanderous content, or content that infringes the Intellectual Property rights of others (copyright, trademark, trade name, trade secrets etc.)? (Yes, No or N/A)
Yes

12) Does your Company employ firewall protection at every link between the Internet and your internal systems? (Yes or No)
Yes

13) Does your company use anti-virus software on all desktops / portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations? (Yes or No)
Yes

14) Do you backup your server(s) on at least a weekly basis and store your backups off site? (Yes or No)
Yes

15) Is there a requirement for you to be HIPAA compliant? (Yes or No)
Yes

If yes, please confirm that all standards have been complied with; (Yes or No)
Yes

16) In the last 3 years have you experienced any security breaches? (Yes or No)
No

17) In the last 3 years have you experienced any claims or are you aware of any circumstances that may give rise to a claim that would have been covered by this policy? (Yes or No)
No



Section 4 – Cover

18) Does your company currently have any similar insurance in force - 3rd Party only? (Yes or No)

No

If yes, please provide details:

Expiry Date

Retroactive Date(s)

19) What level of insurance cover do you require?

\$1,000,000 3rd party and \$75,000 1st party

20) From what date should the policy be effective? (mm/dd/yyyy)

7/22/2004

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I 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.

Signed:* _____

Name: _____

Position:* _____

Date: _____

*the signatory should be a director or senior officer of, or a partner in, the Applicant.

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