WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION

DEFINITIONS
The words Applicant, You, and Your in this application refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in item 1 above.

SELF-INSURED RETENTION
The coverage the Applicant is applying for includes a self-insured retention applying to each loss and to any combination of damages and claim expense.

CLAIM EXPENSE WITHIN THE LIMIT
The policy form for which the Applicant is applying contains a provision that reduces the policy limit stated in the policy by the amount of claim expense paid by the Company.

APPLICATION FORMS PART OF POLICY
The submission of this application does not obligate the Applicant to buy insurance nor is the Company obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the Applicant's statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers which may have affected the Company's decision to offer or bind coverage could result in the offer being retracted or coverage being voided.

INSTRUCTIONS:
The purpose of this application is not only to provide the Company with underwriting and rating information, but more importantly, to help make certain the Applicant and the Company have a meeting of minds about what the policy, if issued, will cover and what it will not. Thank You for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the Applicant's letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the Applicant.
4. Attach:
   A. A recent brochure or similar material describing activities or services;
   B. The Applicant's most recent financial statement or annual report;
   C. Copies of standard contracts the Applicant enters into with clients; and
   D. Any other forms or materials which will provide the underwriter with information about the activities or services the Applicant performs.
I. APPLICANT (S):

A. Name of entity completing this application

   Street Address

   City, State, Zip Code

   Telephone Number

B. Names of parent, subsidiary or affiliated entities for which coverage is desired. Provide a brief description and operations of each, including percentage of common ownership.

C. Please provide Your internet address (es) and/or World Wide Web address (es):

1. What steps were taken to insure that Your domain name(s) do/does not infringe on the intellectual property of others?

2. Are You aware of any potential or actual disputes over Your domain name(s) or domain names under Your control? Yes no If yes, please explain.

D. Provide the year You began Your cyberspace activities:

E. In the past five years have any of You changed Your name, acquired, merged or consolidated with any entity? Yes no

   If yes, provide the following:

   Name of entity Date of transaction Liabilities assumed

(If more room is needed, continue answers on Applicant’s letterhead)

F. 1. Provide the number of:

   Your Principals, Officers and Partners
   Your employees
   Your independent contractors
2. If independent contractors are used, describe the activities or services they perform, how often You use them, and provide sample agreements utilized with those parties.

3. Are resumes/bios of key personnel posted on Your website? ___yes ___no  If not, please attach.

4. List professional societies and trade associations relating to those services to be insured in which You or any of Your officers are members.

5. Do You have any certified or licensed professionals on staff? (e.g. architect, engineer, medical practitioner, attorney, CPA, actuary, insurance agent or broker, financial planner/advisor, etc.) ___yes ___no  If yes, what services are they providing?

II. ACTIVITIES OR SERVICES:

A. 1. Describe the activities or services provided that You wish to insure:

2. Please indicate if Your operations involve the following (check all that apply):

   ____ Internet access  ____ Web Page development/design/maintenance  ____ Search engines
   ____ Web Hosting  ____ Security consulting  ____ E-business consulting
   ____ Bulletin boards/chat/forums  ____ E-commerce  ____ Proprietary database services
   ____ Application service provider  ____ Internet software development  ____ Web site ownership activities
   ____ Internet content provider

B. Please provide the following information regarding Your gross revenues from the operations referenced in Section II.A.2.:

1. Domestic Operations  Previous 12 months  Current 12 months  Estimate for coming year

   Gross Revenue   $       $       $
   Gross Expenses  $       $       $

2. Foreign Operations

   Gross Revenue   $       $       $
   Gross Expenses  $       $       $

C. Indicate all countries where any of You have a physical presence (e.g. corporate office, staff):
III. INFORMATION GATHERING:

A. Do You collect user specific information (e.g. from site visitors)?  ____yes  ____no

B. Do You share, sell, or give this information to outside parties?  ____yes  ____no
   If yes, is user permission obtained?  ____yes  ____no

C. Do You employ a privacy disclosure statement on Your website(s)?  ____yes  ____no

D. Do You perform privacy audits to make sure You are in compliance with Your privacy policy as set out in Your privacy disclosure statement?  ____yes  ____no
   1. If yes, who performs the audit?
   2. How frequently are the audits performed?
   3. What actions have been taken to correct any unfavorable results?

IV. CONTENT:

A. Indicate type of content disseminated (check all that apply):

   ___ Software games  ___ Movies/Movie clips
   ___ Health/Medical  ___ Database
   ___ Archived documents/records  ___ Music/sound clips
   ___ Adult/mature audience  ___ Directed at children under the age of 13
   ___ Self-help/Self improvement

B. 1. Advise percentage of the following:
   a. Original content created by You  ____%
   b. Original content created by others (third parties) for You  ____%
   c. Previously published, released, or archived content to be republished by You and/or retrievable by You  ____%

2. Name the content providers referenced in Section IV.B.1.b. and B.1.c. Please attach a copy of Your standard contract/licensing agreement used with third parties supplying content.

3. Who evaluates Your intellectual property procedures (use of copyrighted/trademarked material)? Please attach that person's bio, which outlines their experience.

4. Have releases and consents been obtained and documented from performers, models, persons and/or other subjects appearing in images?  ____yes  ____no Please attach a copy of Your standard release form.

5. Have You obtained and documented the rights to use intellectual property (including copyright and trademark) for the following content?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Music</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Streaming content</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Downloadable content</td>
<td></td>
<td></td>
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<tr>
<td>d. Software, including games</td>
<td></td>
<td></td>
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<tr>
<td>e. Previously published, released or archived content</td>
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<td></td>
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<tr>
<td>f. Original content created by third parties for You</td>
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</tbody>
</table>
6. Do **You** pay licensing fees to licensing organizations (e.g. ASCAP, BMI, SESAC or other)?  ____yes  ____no

C. Do **You** edit or review content created or provided by others?  ____yes  ____no

D. 1. Are bulletin boards, chat rooms and/or forums/discussion groups monitored?  ____yes  ____no  ____not applicable

   2. If they are monitored, is it before or after posting?

E. Describe **Your** policies and procedures for removing controversial or potentially defamatory or infringing material (**Your** “take down” policy):

F. Do **You** ever frame content of others without written permission?  ____yes  ____no

G. Do **You** ever deeplink (link to any page of another website deeper than its homepage)?  ____yes  ____no

V. **SECURITY MEASURES:**

A. Describe the security measures used to prevent unauthorized access to:

   1. **Your** premises and facilities

   2. **Your** computer systems/servers entrusted to others

   3. **Your** computer systems/servers entrusted to employees

   4. **Your** computer systems/servers located on **Your** premises

   5. Computer systems/services of others in **Your** care, custody and/or control

B. Describe the security measures used by **You** to protect confidentiality and integrity of data:

C. Advise technology **You** use for:

   1. Encryption

   2. Authentication

   3. Anti-virus

D. Do **You** perform security audits?  ____yes  ____no

   1. If yes, who performs the audit?

   2. How frequently are the audits performed?

   3. What actions have been taken to correct any unfavorable results?
E. 1. Do You have a formal, documented security policy?  ____yes  ____no

2. Do You document that all employees have read and understand Your security policy?  ____yes  ____no

F. In the last two years, have You experienced any security breaches?  ____yes  ____no
If yes, please explain and identify the steps taken to prevent future security breaches.

G. Backup of Your computer systems and data:

1. How often is backup performed?

2. Are backups stored off site?  ____yes  ____no

VI. RISK MANAGEMENT:

A. What do You see as Your potential exposures to liability for claims arising out of the activities or services You perform?

B. What safeguards do You employ to avoid these claims or reduce these exposures?

C. 1. Do You have a written disaster recovery plan in place?  ____yes  ____no

2. If You do have a disaster recovery plan in place, how often do You review the plan with Your employees?

D. 1. Do You use written contracts or agreements related to the activities or services that will be provided?  ____yes  ____no

2. Percentage of time agreements referenced in Section VI.D.1. are used:  ____%  

3. Do Your contracts contain hold harmless or indemnity agreements for the benefit of:

   a. You?  ____yes  ____no
   b. the other parties?  ____yes  ____no
   c. both parties on a mutually beneficial basis?  ____yes  ____no

4. Do Your contracts contain:

   a. Guarantees or warranties?  ____yes  ____no
   b. Disclaimers to Your benefit?  ____yes  ____no

E. Has a law firm experienced in Your field reviewed Your:

1. Contracts?  ____yes  ____no

2. Procedures?  ____yes  ____no

3. Content?  ____yes  ____no
VII. CLAIMS EXPERIENCE:

A. Have any claims, suits or proceedings been made during the past five years against You or any of Your predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees?  ____yes  ____no  If yes, complete a Supplemental Claim Information Form for each.

The policy for which You are applying, if issued, will not insure any claims, suits or proceedings made against You before the Inception Date of the policy or any subsequent claims, suits or proceedings arising therefrom.

B. Are any of You aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against You or any of the persons or entities described in Section VII.A. above?  ____yes  ____no  If yes, explain below or on Applicant’s letterhead.

The policy for which You are applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any of You before the Inception Date of the policy.

C. Have any of You or any of Your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities?  ____yes  ____no  If yes, explain below or on Applicant’s letterhead.

VIII. PRIOR OR CURRENT COVERAGE:

A. 1. Provide the following information for similar insurance, if any, carried during the last five years:

<table>
<thead>
<tr>
<th>Company</th>
<th>Limit</th>
<th>Deductible</th>
<th>Premium</th>
<th>Policy Term</th>
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2. Advise current retroactive date: _______________ (Please attach current declarations page)

B. 1. Provide the following information for Commercial General Liability coverage currently in force:

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<tr>
<th>Company</th>
<th>Limit</th>
<th>Policy Period</th>
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2. Does the policy referenced in Section VIII.B.1. include coverage for Products/Completed Operations Hazards?  ____yes  ____no

3. Does the policy referenced in Section VIII.B.1. include coverage for Personal Injury and Advertising Injury?  ____yes  ____no
IX. POLICY LIMIT/SELF-INSURED RETENTION:

Advise Policy Limit and Self-Insured Retention options for which You desire proposals:

<table>
<thead>
<tr>
<th>Policy Limit</th>
<th>Self-Insured Retention</th>
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X. REPRESENTATIONS:

By signing this application, You agree that:

A. The statements and answers given in the application and any attachments to it are accurate and complete;
B. The statements and answers You furnish to the Company are representations You make to the Company on behalf of all persons and entities proposed for coverage;
C. Those representations are a material inducement to the Company to provide a proposal for insurance;
D. Any policy the Company issues will be issued in reliance upon those representations;
E. You will report to the Company immediately, in writing, any material change in Your activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
F. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

WARNING

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 IN NEW YORK 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.

Name (please type or print) __________________________ Name (signature of authorized representative) __________________________

Title __________________________ Date __________________________

To Be Completed By Producer(s) Only:

RETAIL PRODUCER

Producer Name: John Buttine Inc.
City, State: New York, NY
Telephone Number: 212-697-1010
WHOLESALE PRODUCER

Producer Name: ________________________________________________________________
City, State:  __________________________________________________________________
Telephone Number: ______________________________________________________________

NOTE:  AGENT/BROKER IS RESPONSIBLE FOR COLLECTION AND FILING OF ANY
SURPLUS LINES TAXES AND FEES THAT MAY APPLY.

For Questions Please Contact: al@buttine.com