



Please attach copies of your standard contracts and agreements, most current audited or annual financial statements, loss runs for the past five (5) years (if this is a new submission to us), and any other information that will better help us analyze and price your insurance coverage. If additional space is needed to address certain questions, please use the additional space at the end of this application or attach additional sheets on your letterhead as necessary.

IMPORTANT NOTE: Each CyberTech+ Insuring Agreement is provided on a claims-made and reported basis. Defense expenses are included within the limits of coverage. The retroactive dates for your claims-made and reported coverages are the first effective dates of coverage with Travelers, unless we agree to different dates. Throughout this application, "you" means the Applicant identified in Part I below.

PART I: General Information
The following questions apply to all coverages requested.

Applicant - First Named Insured
Years in Business

Mailing Address of First Named Insured (including zip code)

Website Home Page Address(es)

Table with 2 columns: List Subsidiary Names (attach separate sheet if necessary), List Website Address (If different from above)

Please list all mergers, acquisitions, or divestitures within past three years, including dates and whether you acquired or retained assets, liabilities or both for each transaction.

Blank lines for listing mergers, acquisitions, or divestitures.

- Did your merger or acquisition due diligence include the following:
- Review of prior and pending litigation?
- Evaluation of all outstanding contracts or service agreements to be included as part of transaction?
- Analysis of Intellectual Property Rights, including any 3rd party interest in or liens on these rights? ..

Insurance

If you currently have insurance for Errors and Omissions Liability, Network and Security Liability or Media Liability Coverages, please provide the following information:

Table with 5 columns: Policy Period, Insurance Company, Limits, Retroactive Date, Premium

Within the past 3 (three) years, have any of these coverages or similar coverage been declined, cancelled or nonrenewed? ..

If yes, please provide details:

- Coverage Requested:
Please select one or any of these Cybertech+ Liability Protection coverages:
- Technology Errors and Omissions Liability Protection
- Network and Information Security Liability Protection
- Communications and Media Liability Protection

- Limits of Coverage Requested (Each wrongful act limit /total limit)
- \$1,000,000/\$1,000,000
- \$2,000,000/\$2,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000
- \$10,000,000/\$10,000,000
- Other:

- Deductible Requested (Each wrongful act deductible)
- \$10,000
- \$25,000
- \$50,000
- \$100,000
- Other:

Complaints, Claims or Suits

1. Have you ever received any complaint concerning the products or services provided by you or independent contractors working on your behalf? Yes No

If yes, please provide details of the complaint, including how your company responds to these types of complaints _____

2. Within the past two (2) years, have you sued any customers for non-payment of fees? Yes No

If yes, please provide details: _____

3. Does any described individual* in your organization have any knowledge or information of any fact, circumstance, or incident that has resulted in a dispute or claim or may reasonably be expected to result in a claim against you or your subsidiaries? Yes No

If yes, please describe below or attach complete details on a separate sheet:

Date of Claim	Description of The Claim	Actual or Estimated Claim	Is The Claim Currently in Suit or Arbitration?	Status of Claim (Open or Closed)
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**Described Individual means:*

- you, and your spouse if you're an individual
- any of your partners or co-venturers who are individuals, and their spouses, if you're a partnership or joint venture
- any of your members or managers if you're a limited liability company
- any of your directors or executive officers if you're a corporation or an other organization, and
- your risk manager or any leader of your legal, finance, risk management, or other department that is responsible for insurance matters.

Revenues

Source of Revenue *	Current Annual Revenue as of ____ / ____ MM / YYYY	Projected Annual Revenue
Total U.S. Revenue	\$	\$
Total Foreign Revenue	\$	\$
Total Revenue	\$	\$

Please list the countries which account for your foreign revenue:

***Revenue** means the gross income of a nonprofit or for-profit entity. Examples of revenue include sources such as:

- sales, receipts, fees, commissions;
- donations, contributions, dues, grants received by nonprofit and membership organizations; and
- any other type of income of nonprofit or for-profit entities.

Revenue does not include investment income, intra-entity revenue, and returns from overpayment of taxes.

Your Technology Business Activities

Please provide the current percentage of revenues for all activities that apply, and check all that apply for projected business activities.

	Current Percentage	Within 1 year	Within 2 years
1. Business Process Outsourcing: Including data processing, maintenance or support services	%	<input type="checkbox"/>	<input type="checkbox"/>
2. Pre-packaged software development:	%	<input type="checkbox"/>	<input type="checkbox"/>
3. Sales of pre-packaged software of others:	%	<input type="checkbox"/>	<input type="checkbox"/>
4. Custom software development:	%	<input type="checkbox"/>	<input type="checkbox"/>
5. Disaster recovery services and consulting:	%	<input type="checkbox"/>	<input type="checkbox"/>
6. ERP, CRM, Supply Chain or similar software and services:	%	<input type="checkbox"/>	<input type="checkbox"/>
7. Systems security software, hardware or services:	%	<input type="checkbox"/>	<input type="checkbox"/>
8. Systems consulting, analysis and design:	%	<input type="checkbox"/>	<input type="checkbox"/>
9. Hardware sales or services:	%	<input type="checkbox"/>	<input type="checkbox"/>
10. Manufacturing or design of hardware or related products:	%	<input type="checkbox"/>	<input type="checkbox"/>
11. Telecommunications products manufacturing:	%	<input type="checkbox"/>	<input type="checkbox"/>
12. Telecommunications services:	%	<input type="checkbox"/>	<input type="checkbox"/>
13. Website or server hosting for others:	%	<input type="checkbox"/>	<input type="checkbox"/>
14. Other, <i>please describe</i> :	%	<input type="checkbox"/>	<input type="checkbox"/>

Part II: Technology Errors and Omissions Liability

To be completed only if you are requesting this coverage.

1. Please indicate the principal market(s) for your products or services:

Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Agricultural / Environmental | <input type="checkbox"/> Government (military) | <input type="checkbox"/> Professional services, (e.g., legal, accounting, medical or other services provided by licensed professionals) |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Government (non-military) | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Aviation / Aircraft | <input type="checkbox"/> Healthcare / Medical | <input type="checkbox"/> Technology companies |
| <input type="checkbox"/> Emergency Services (e.g. 911, fire, security) | <input type="checkbox"/> Manufacturing / Industrial / Robotics | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Entertainment / Gaming | <input type="checkbox"/> Consumer Use | |
| <input type="checkbox"/> Financial services, including banking, insurance or investment services | | |

Other: _____

2. What is the worst-case scenario to your customer or your customer's operations if your product or service were to fail? _____

3. Have any products, services or operations been discontinued or recalled within the last five years? Yes No

If yes, please describe in detail which products/services were discontinued or recalled, including procedures for informing customers: _____

Do your procedures include providing continuing service, support or other remedy for discontinued products or services? Yes No

4. What is the acceptable downtime for your product/service according to your average customer's needs?
 No downtime is acceptable Downtime of less than 1 day is acceptable
 Downtime of less than 2 days is acceptable More than 2 days downtime is acceptable
 Other: _____
5. How would you rank your customer's potential for consequential damage and resulting dollar loss if your product or service were to fail?
 Little or none Average High Other _____
6. If your product or service were to fail, how many users could potentially be affected? _____
 Few or none Some Several Other _____
7. What is your average contract size (length of contract and dollar size of contract):
Average: _____ Months Average: \$ _____
8. Please describe your three largest contracts, projects or licensing agreements:

Customer (type or name)	Size of contract	Length of contract (months)	Services Provided
	\$		
	\$		
	\$		

9. What percentage of your services are provided by independent contractors? _____%
Do you require independent contractors to provide proof of Errors and Omissions coverage? Yes No

Contracts

Please provide sample copies of standard contracts application.

1. Do you require written contracts with all customers?..... Yes No
Are all modifications or mid-term changes to a contract (or service agreement) made in writing?.. Yes No
If no to either of the above, please describe when you would not require: _____
2. Do all of your contracts contain the following provisions?
Arbitration clause Yes No
Conditions of product/service acceptance Yes No
Customer maintenance provision Yes No
Disclaimer of warranties..... Yes No
Exclusive Remedy Yes No
Force Majeure..... Yes No
Integration clause Yes No
Limitation of liabilities Yes No
Limitation of liability for consequential damages..... Yes No
Project phases or milestones, including testing Yes No
3. How many of your customer contracts contain deviations from your standard provisions (number or percentage)? _____
Are all contracts reviewed by legal counsel: Yes No
If no, please explain: _____
- Who can approve any variation in standard contract or service agreement provisions?
 In-house counsel only Other (Include title or department) _____

4. Do you ever negotiate contracts with customers where you accept liability for consequential damages? Yes No
If yes, please explain when and how often: _____

5. Do you enter into contracts that include a fixed time frame for completion of all or portions of the project? Yes No
If yes, do you require customer sign-off and acceptance at all milestones? Yes No
6. Do your sales and marketing staff receive training regarding acceptable and standard provisions in your contracts or agreements? Yes No

Product Development / Quality Control

1. Do you have a written system development methodology or quality control procedure? Yes No
If yes, does it include the following:
 Alpha testing Yes No
 Beta testing Yes No
 Customer acceptance procedures Yes No
2. Do your products/services comply with any widely accepted industry standards? _____ Yes No
If yes, please check all that apply:
 ISO 9000 UL/CSA ANSI Other: _____
3. How do you inform your customers of problems/bugs with your products or services? _____

4. Do you obtain written customer acceptance at pre-defined milestones or project stages? Yes No
 Do you obtain written final acceptance or other sign-off agreements from all customers upon delivery or completion of your products/services? Yes No
If no, what are your acceptance procedures? _____

5. Do you have a post-implementation evaluation or review procedure in place? Yes No
If yes, please describe: _____

6. Do you have a formal policy in place for handling customer complaints or requests for changes or fixes? Yes No
Are all customer complaints or requests documented in writing? Yes No
Do you have an escalation process in place to resolve any customer complaints? Yes No
7. How long do you retain copies of documentation and contracts?
 _____ Weeks _____ Months _____ Years _____ Unlimited
 Other (Please explain): _____

8. Within the past three years, have you or your independent contractors experienced any project delays or past due contract issues with any customer? Yes No
If yes, please describe, including your policy for handling: _____

PART III: Network and Information Security Liability

To be completed only if you are requesting this coverage module.

Your Business Activities on the Internet (including subsidiaries)

1. Please check all that apply to your website(s).	Current	Within 1 year
Information website only provides general information about you, and your products/service	<input type="checkbox"/>	<input type="checkbox"/>
Accessible website has log-in capabilities allowing access to secure or restricted content (e.g., accounts, subscriptions, or profiles) and/or allows user to upload or download secure data	<input type="checkbox"/>	<input type="checkbox"/>
Transactional website allows orders or purchases using credit card, debit card, or bill-pay payment	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you (or any of your subsidiaries) provide any of the following products or services through your website or over the Internet? *Please check all that apply:*
- Data Processing Internet Service Provider Website Hosting Software Downloads
 Network Security Website Development Software Development

Please describe any additional Internet, e-business or e-commerce business operations: _____

3. Please identify whether you or an outside vendor is responsible for operation of the following aspects of your internet business activities:

	You	Vendor		You	Vendor
Web Hosting	<input type="checkbox"/>	<input type="checkbox"/>	Transaction Processing	<input type="checkbox"/>	<input type="checkbox"/>
Web maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Web customer service	<input type="checkbox"/>	<input type="checkbox"/>

4. Do your contracts with your vendors for the above services address the following matters:
- Provide you with indemnification for the vendor's misconduct, errors, omissions and negligence Yes No
 - Identify the vendor's responsibilities for safeguarding customer and confidential information Yes No
 - Identify the security measures that the vendor will provide or follow Yes No

5. Do you collect and/or store user-specific, private or confidential information through your website?..... Yes No

If yes, please describe the types of information: _____

6. Do you share or sell any customer information with outside parties (including subsidiaries or affiliates)? Yes No

If yes, please describe such information and with whom you share it: _____

7. Do you collect data about children who use your website?..... Yes No

If yes, please describe the method you use to obtain parental permission: _____

Security Policies and Procedures

1. Do you have a written information security policy? Yes No
2. Do you have written procedures governing how you make changes to your information security components or programs? Yes No
3. Do you have a company policy or procedure for the secure care, handling and storage of private, sensitive or confidential information on portable communications devices? Yes No

4. How often do you perform audits to ensure compliance with your privacy policies?
 Annually Bi-Annually Never
 Other _____
5. Are your employees required to sign an Internet usage policy or statement? Yes No
If yes, do you require annual (or more frequent) review of those policies or statements? Yes No
6. Is user-specific, private, sensitive or confidential information stored on your server(s) encrypted? Yes No
7. Is information stored on portable communications equipment, e.g. laptops, PDA's or other portable devices, encrypted? Yes No
8. Is the responsibility for the secure care, handling, and storage of private, sensitive or confidential information of others addressed in your contracts with your customers? Yes No
9. Is the responsibility for the secure care, handling, and storage of private, sensitive or confidential information of others addressed in your contracts with your subcontractors, independent contractors or third party vendors who may have access to or use of this information? Yes No
10. At which points do you run anti-virus software?
 desktops/laptops network gateways mail servers file servers
 Other _____
How often and by what method are virus signatures updated? _____

Please provide other relevant information describing your computer virus management practices (e.g., virus screening performed by outside party)

11. Do you have formal procedures in place to report and respond to unauthorized attempts to access your computer systems?..... Yes No
12. Do you maintain computer network logs and generate exception reports to monitor:
 • Unacceptable or restricted transactions Yes No
 • Correcting or reversing entries Yes No
 • Unsuccessful attempts to access restricted information on the site..... Yes No
13. Safeguards: Please check all that apply, identifying who provides or maintains the safeguard:
- | | You | Vendor |
|--|--------------------------|--------------------------|
| Intrusion detection software..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Vulnerability or penetration testing | <input type="checkbox"/> | <input type="checkbox"/> |
| Backup and recovery processes | <input type="checkbox"/> | <input type="checkbox"/> |
14. Please describe your policies and procedures for identifying computer system vulnerabilities and obtaining remedial software patches: _____

15. Do you have a firewall installed and configured (hardened) to protect your network? Yes No
If yes, is there a firewall administrator accountable for maintaining this firewall? Yes No
16. Is a login ID and password (authentication) required to access secure areas of your website? Yes No
17. If your website or communications network were disabled, what is the worst case scenario to the authorized user who accesses your website or communications network? _____

18. Have you received any complaints from third parties pertaining to:
 • Failure to prevent transmission of a computer virus..... Yes No
 • Failure to provide access to any third party Yes No
 • Failure to protect private or confidential information of any third party Yes No
If yes, please provide details: _____

PART IV: Communications and Media Liability

To be completed only if you are requesting this coverage module.

1. Do your business activities include or does your website contain, disseminate, employ or allow the following? *Please check all that apply.*
- | | | |
|--|---|---|
| <input type="checkbox"/> Interactive gaming or games of chance | <input type="checkbox"/> Music/Sound Clips | <input type="checkbox"/> Executable programs or shareware |
| <input type="checkbox"/> Advertising for others | <input type="checkbox"/> Movies/Movie Clips | <input type="checkbox"/> Pornographic or sexually explicit material |
| <input type="checkbox"/> Domain Name registration | <input type="checkbox"/> File Sharing | |
| <input type="checkbox"/> Sweepstakes or coupons | <input type="checkbox"/> Website design | |
2. Do you have a written intellectual property clearance procedure?..... Yes No
If yes, does your intellectual property clearance procedure include the following:
- Legal review of all content prior to release or dissemination Yes No
 - Intellectual property searches by outside law firm Yes No
 - Intellectual property searches by internal legal department Yes No
 - Acquisition of all necessary rights, licenses or consents of content used by or created by you.. Yes No
 - Internal audit of each operating department to ensure that intellectual property rights are being properly secured that due diligence procedures are being followed Yes No
 - Agreements with outside developers or consultants include provisions granting you ownership of the intellectual property rights and business methods incorporated into any work for hire performed for you or on your behalf Yes No
 - Require employees and “work for hire” contractors to sign a statement that they will not use previous employers’ or clients’ trade secrets or other intellectual property Yes No
 - Obtaining written permission of any website you link to or frame Yes No
 - Formal policy in place to address infringement Yes No
3. Do you use the material of others (*such as, text, video, graphics, photos or music*) in your website(s), or in other material printed, broadcast, published or distributed by you or by someone on your behalf? Yes No
4. Do you hire outside website developers or consultants to provide work for you or on your behalf, including development of content? Yes No
5. Does your website, or any website you manage for others, include chat rooms, bulletin boards or blogs? Yes No
If yes, do you exercise editorial control over comments posted on these areas of your website? .. Yes No
If yes, are edits done before posting?..... Yes No
6. Do you have a formal procedure for editing or removing controversial, offensive or infringing material from material distributed, broadcast or published by you or someone on your behalf? Yes No
7. Have you received notification that any of your material, products or services infringe on the intellectual property rights of another party? Yes No
If yes, please provide details:_____

FRAUD WARNINGS:

ARKANSAS: 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: 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 a 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: 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: 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: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: 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: 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: 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.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: 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: 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 (Non Auto): 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: 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: 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: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): 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.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: 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: 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.

WEST VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

Florida Requirement: Producer's License No.

This application is not a representation that coverage does or does not exist for a particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for a particular claim or loss under such policy depends on the facts and circumstances involved in the claim or loss and all applicable policy wording.

The undersigned certifies that he or she is an authorized representative of the applicant identified in Part I above and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Signing this application shall not constitute a binder or obligate Travelers to provide Cybertech⁺ Liability Protection, but it is agreed that this application shall be the basis upon which a Policy may be issued.

Applicant's Signature	Title	Date
Agent/Broker Signature	City	Date