

## Technology and Internet E&O Application

**NOTE: NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT INSURANCE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE INSURED EVEN IF INSURANCE IS OFFERED AND BOUND. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION. IN THE EVENT OF ANY CONFLICT BETWEEN THE COMPANY'S STATEMENTS IN THEIR APPLICATION AND THE POLICY LANGUAGE, THE POLICY LANGUAGE SHALL GOVERN.**

**I. APPLICANT INFORMATION**

- 1.1 Applicant Name: \_\_\_\_\_  
(Proposed First Named Insured)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website Address(es): \_\_\_\_\_
- 1.2 Date Established: \_\_\_\_\_
- 1.3 Is Applicant a:  sole-proprietor  partnership  LLC  corporation  joint-venture  other \_\_\_\_\_

**FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH INSURANCE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).**

- 1.4 Owned Domain Names: \_\_\_\_\_  
 (All listed domain names/websites may or may not qualify for coverage)
- 1.5 Does Applicant's website(s) advertise services or products **other than the Applicant's own**?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- 1.6 Please provide the total number of Applicant's employees: \_\_\_\_\_
- 1.7 Geographic area in which Applicant provides services:  Local  Regional  National  International  
 If International, which countries? \_\_\_\_\_
- 1.8 Is Applicant owned by, controlled by or affiliated with any other company?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- 1.9 Does Applicant have any subsidiaries?  Yes  No  
 If yes, please list below:

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 1.10 Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity?  Yes  No If yes, please complete the following:
- | Entity Name | Date of Transaction | Type of Transaction | Did Applicant Assume any Assets? / Liabilities? |
|-------------|---------------------|---------------------|---|
| _____       | _____               | _____               | <input type="checkbox"/>                        |
| _____       | _____               | _____               | <input type="checkbox"/>                        |

- 1.11 If liabilities were assumed by Applicant, please provide details: \_\_\_\_\_
- 1.12 Does Applicant have any certified, licensed or registered professionals on staff? (e.g. architect, engineer, healthcare provider, attorney, CPA, actuary, insurance agent or broker, financial planner/advisor, etc.)  Yes  No  
If yes, please explain: \_\_\_\_\_
- 1.13 Is Applicant a member of any industry associations?  Yes  No  
If yes, please provide details: \_\_\_\_\_

**II. INDEPENDENT CONTRACTORS**

- 2.1 Does Applicant use independent contractors for any activities Applicant performs?  Yes  No If yes, what percentages of Applicant's revenues are derived from activities performed by independent contractors? \_\_\_\_\_ %
- 2.2 Describe what controls Applicant has in place to ensure the quality of work by independent contractors: \_\_\_\_\_
- 2.3 Does Applicant require independent contractors to maintain E&O insurance?  Yes  No
- 2.4 Does Applicant use a written contract with independent contractors?  Yes  No

PLEASE ATTACH A COPY OF A STANDARD CONTRACT USED WITH INDEPENDENT CONTRACTORS.

**III. REVENUE INFORMATION**

3.1 Please provide the following information regarding Applicant's operations:

FISCAL YEAR END DATE:	PAST FISCAL YEAR	CURRENT FISCAL YEAR	NEXT PROJECTED FISCAL YEAR*
<b>Total Gross Revenue:</b>	US: \$ _____ Foreign: \$ _____ Total: \$ _____	US: \$ _____ Foreign: \$ _____ Total: \$ _____	US: \$ _____ Foreign: \$ _____ Total: \$ _____
<b>Revenue tied to specific services that are Internet related:</b>	US: \$ _____ Foreign: \$ _____ Total: \$ _____	US: \$ _____ Foreign: \$ _____ Total: \$ _____	US: \$ _____ Foreign: \$ _____ Total: \$ _____
<b>Revenue tied to specific services that are Hardware Products and Services:</b>	US: \$ _____ Foreign: \$ _____ Total: \$ _____	US: \$ _____ Foreign: \$ _____ Total: \$ _____	US: \$ _____ Foreign: \$ _____ Total: \$ _____

\*The Next Projected Fiscal Year Revenues will be used as a guide to calculate the annual premium.

- 3.2 If Next Projected Fiscal Year Total Gross Revenue differs from Current Fiscal Year Total Gross Revenue by +/- 20%, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**IV. SERVICES**

4.1 Describe in detail the activities the Applicant wishes to insure:\*\* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*This information will be used to develop a proposed Schedule of Insured Activities. The actual governing description of Insured Activities shall be as shown in the Declarations.**

4.2 Is Applicant engaged in any business or profession other than as described in Question 4.1 above?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4.3 Please complete the following with regard to activities included in the response to Question 4.1:

ACTIVITY/SERVICE	NO	YES	% OF REVENUES
<b>Software:</b>			
Custom Software			
Package Software			
Installation/Maintenance/Training/Support			
Programming			
Software VAR			
<b>Hardware:</b>			
Component/Chip Design/Manufacturing			
Component Assembling			
Embedded Software Design/Installation			
Cabling/Wiring			
Maintenance/Repair/Installation/Integration			
Hardware VAR			
<b>Data/Facilities Services:</b>			
Data Processing/Warehousing/Mining/Management			
Server/Co-location/Hardware Facilities Management			
Backup Services/Archiving			
<b>Technology/Internet/Telecommunications Consulting:</b>			
System-Network Analysis/Design/Integration/Migration			
Outsourcing/Permanent-Temporary Placement			
Internet/E-Business			
<b>Internet:</b>			
Website Development/Maintenance/Hosting			
ASP			
ISP			
Advertising/Promotional Design/Services			
E-Commerce Services			
Search Engines			
Website Ownership			
Content Provider/Aggregator/Publisher			
Portal (including Chat/BB/Blogs)			
<b>Telecommunication Services:</b>			
Local Service Provider/Cooperatives			
Long Distance Service Provider			
Cable or Satellite Television Service Provider			
<b>Other:</b>			


4.4 Please complete the following regarding the **end use** of services and activities:

- |   |  |
|---|--|
| _____ % Medical/Healthcare                                      | _____ % Credit Card Processing         |
| _____ % Government (including military/defense)                 | _____ % Entertainment                  |
| _____ % CAM/CAD/CAE – Architectural/Engineering/Scientific      | _____ % Banking/Funds Transfer/Finance |
| _____ % Security  | _____ % Utilities                      |
| _____ % Emergency Applications (911 systems/emergency dispatch) | _____ % Other: _____                   |

**V. INTERNET**

- 5.1 Does Applicant sell products on Applicant's website(s)?  Yes  No  
 If yes, does Applicant use a payment-processing intermediary?  Yes  No
- 5.2 Is credit card information and/or other personal information stored on a server that is connected to the Internet?  
 Yes  No
- 5.3 Does Applicant have adequate capacity to accommodate subscribers and visitors to Applicant's site(s)?  Yes  No
- 5.4 Does Applicant ever deep-link without permission (link to any page of another party's website deeper than its homepage)?  Yes  No
- 5.5 Does Applicant ever frame content of third parties without that party's permission?  Yes  No
- 5.6 What type of content is available on Applicant's website(s)? (Check all that apply)
- |  |   |  |                                     |  |
|--|---|--|-------------------------------------|--|
| <input type="checkbox"/> Applicant's Information | <input type="checkbox"/> Promotions     | <input type="checkbox"/> "How To"        | <input type="checkbox"/> Software   | <input type="checkbox"/> Adult Only      |
| <input type="checkbox"/> Digital Music           | <input type="checkbox"/> Law/Legal      | <input type="checkbox"/> Sports          | <input type="checkbox"/> Comedy     | <input type="checkbox"/> Educational     |
| <input type="checkbox"/> Medical/Healthcare      | <input type="checkbox"/> Dating Service | <input type="checkbox"/> Commentary/News | <input type="checkbox"/> Financial  | <input type="checkbox"/> Online Gambling |
| <input type="checkbox"/> Religious/Cultural      | <input type="checkbox"/> Advertising    | <input type="checkbox"/> Games/Contests  | <input type="checkbox"/> Children's | <input type="checkbox"/> Blogging        |
| <input type="checkbox"/> Other _____             |   |  |                                     |  |
- 5.7 Does Applicant always follow an established procedure for detecting or editing controversial, offensive, or infringing material from Applicant's website or Internet service?  Yes  No  
 Is there an immediate take down policy?  Yes  No
- 5.8 Does Applicant use content developed by third parties, such as text, videos, graphics, music, etc. on Applicant's website?  
 Yes  No  
 If yes, please explain: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE CONTRACT USED WITH THIRD PARTY CONTENT PROVIDERS.**

- 5.9 Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)?  Yes  No
- 5.10 Does Applicant edit, revise or review content created or provided by third parties?  Yes  No

**VI. QUALITY CONTROL & PROCEDURES**

- 6.1 What does Applicant see as its greatest potential exposures arising out of the activities for which it is seeking coverage?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6.2 What safeguards does Applicant employ to avoid **Claims** or reduce Applicant's exposures? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 6.3 How does Applicant inform customers of problems if discovered? \_\_\_\_\_  
 \_\_\_\_\_
- 6.4 Does Applicant have a written complaint resolution policy or procedure?  Yes  No

- 6.5 Does Applicant perform quality control audits?  Yes  No
- 6.6 Does Applicant have a formal training program, including a review of all security procedures, for all employees performing proposed **Insured Activities**?  Yes  No
- 6.7 Does Applicant have and follow a written security policy?  Yes  No
- 6.8 Does Applicant provide training for Applicant's clients?  Yes  No
- 6.9 Does Applicant have Business Continuity/Disaster Recovery plans in place for **all** mission critical business processes?  
 Yes  No
- 6.10 Does Applicant perform background checks, including credit & criminal history on new programming or security employees, independent contractors/consultants?  Yes  No
- 6.11 Has Applicant experienced a virus or a security breach?  Yes  No  
If yes, what steps have been taken to prevent further security vulnerabilities? \_\_\_\_\_
- 
- 6.12 Does Applicant audit or assess the security of Applicant's network at least once a year?  Yes  No  
If yes, are **all** recommendations addressed?  Yes  No
- 6.13 Are firewalls and anti-virus software used to prevent unauthorized access connections from internal networks and computer systems to external networks?  Yes  No
- 6.14 Does Applicant use encryption technology?  Yes  No
- 6.15 Has Applicant implemented a user permission and password management policy?  Yes  No
- 6.16 Does Applicant outsource any of the following critical network system functions? (check all that apply)
- Hosting Facility       Co-Location Facility       Managed Security Service Provider (MSSP)  
 Data Storage Facility       Other (please specify) \_\_\_\_\_
- 6.17 Has Applicant performed a trademark search on Applicant's domain name(s)?  Yes  No
- 6.18 Does Applicant sell or share information gathered from customers or others?  Yes  No  
If yes, does Applicant notify and obtain the consent of customers or others **prior** to selling or sharing?  Yes  No  
If yes, by what means?  Opt-in       Opt-out       Other \_\_\_\_\_
- 6.19 Provide the following information regarding Applicant's five (5) largest clients:
- | Client | Size of Contract | Length of Contract | Type of Products/Services |
|--------|------------------|--------------------|---------------------------|
| 1.     |                  |                    |                           |
| 2.     |                  |                    |                           |
| 3.     |                  |                    |                           |
| 4.     |                  |                    |                           |
| 5.     |                  |                    |                           |
- 6.20 Does Applicant use a standard written contract or agreement with **all** clients?  Yes  No  
If standard contracts are not utilized at all times, what percentage of time does Applicant use non-standard contracts? \_\_\_\_\_%
- 6.21 Does legal counsel review all contracts?  Yes  No  
If no, what percentage of time are contracts reviewed? \_\_\_\_\_%  
Does legal counsel review modifications to standard contracts?  Yes  No
- 6.22 What is the value of Applicant's contracts?      Average \_\_\_\_\_      Largest \_\_\_\_\_  
What is the length of Applicant's contracts?      Average \_\_\_\_\_      Longest \_\_\_\_\_
- 6.23 Do Applicant's contracts contain any of the following provisions?
- Hold-harmless/indemnification wording to Applicant's favor       Limitation of liability/Disclaimers  
 Hold-harmless/indemnification wording to client's favor       Statement of work specifications

PLEASE ATTACH COPY OF THE STANDARD CONTRACT

- 6.24 If Applicant is a value-added reseller of software/hardware, is the manufacturer still in business and does the manufacturer continue to support products they have manufactured?  Yes  No
- 6.25 Does Applicant continue to support **all** software/hardware that Applicant has developed and/or distributed?  Yes  No
- 6.26 Do clients always provide written acceptance of the systems and/or software after the production or implementation?  Yes  No
- 6.27 Is a standard test plan followed by Applicant for all system and/or software design and development work (i.e. alpha, beta prototype development, etc.)?  Yes  No
- 6.28 Are clients responsible for determining the accuracy of test results?  Yes  No
- 6.29 Does Applicant retain design, development and testing documentation for the life of the systems and/or software?  Yes  No  
If no, how long is this information retained by Applicant? \_\_\_\_\_
- 6.30 Has Applicant had a product recalled in the past three years?  Yes  No  
If yes, please explain: \_\_\_\_\_

**VII. CURRENT/PRIOR COVERAGE**

7.1 Prior Professional Liability Insurance for the last three years:

<u>POLICY PERIOD</u>	<u>CARRIER</u>	<u>LIMITS</u>	<u>SELF-INSURED RETENTION</u>	<u>PREMIUM</u>	<u>CLAIMS-MADE OR OCCURRENCE</u>

7.2 What is the retroactive date of the current policy? \_\_\_\_\_

7.3 Is any extended reporting period currently in force?  Yes  No

7.4 Has Applicant ever applied for such coverage and been denied, cancelled or non-renewed?  Yes  No

7.5 Does Applicant maintain General Liability Coverage?  Yes  No  
Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7.6 Does Applicant's General Liability coverage include:

- Personal Injury/Advertising Injury?  Yes  No
- Products/Completed Operations?  Yes  No
- Professional Services Exclusion?  Yes  No

**VIII. DESIRED LIMITS/SELF-INSURED RETENTION OPTIONS**

8.1 **Desired Policy Limits:** \$ \_\_\_\_\_ Each Erroneous Act \$ \_\_\_\_\_ Aggregate Limit

8.2 **Desired Self-Insured Retention:** \$ \_\_\_\_\_

**IX. HISTORY**

9.1 To the best of Applicant's knowledge, in the last five years has Applicant transmitted a computer virus to a third party?  Yes  No

9.2 In the last five years have any of Applicant's customers:

Made allegations or complained about the performance, non-performance, or timeliness of Applicant's products/services?  Yes  No  
Refused to pay or stopped paying due to alleged problems with Applicant's services/products?  Yes  No  
Requested a refund due to alleged problems with Applicant's products/services?  Yes  No

9.3 In the past five years, has Applicant sued any of its clients for non-payment?  Yes  No  
If yes, please explain the circumstances and the outcome: \_\_\_\_\_

9.4 Is Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a **Claim** being made against Applicant?  Yes  No

9.5 Has Applicant or any of Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency, certifying body, or other governmental entity?  Yes  No

9.6 Have any **Claims**, suits or proceedings been brought during the past five years against Applicant or Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees?  Yes  No

9.7 If any of the answers to questions 9.4, 9.5, or 9.6 above are "Yes," have all matters been reported to appropriate insurance carriers?  Yes  No

**IF APPLICANT HAS RESPONDED "YES" TO QUESTIONS 9.4, 9.5, OR 9.6 ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

- A full description including damages alleged
- Date the insurance carrier was put on notice
- Amounts of: reserves; legal expenses paid; and settlements or judgments
- Current status
- Loss runs
- Steps implemented to prevent similar claims

**X. ATTACHMENTS – Please attach copies of the following:**

1. If Applicant has been in business less than three years, please provide copies of resumes of all principals;
2. Copies of standard contract used with clients, independent contractors and content providers;
3. Most recent financial statement; and
4. Promotional materials or brochures.

**XI. REPRESENTATIONS**

*This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application. By signing this Application, Applicant represents and warrants the following:*

1. *The statements in the Application or Renewal Application furnished to the Company are accurate and complete;*
2. *Those statements furnished to the Company are representations the First Named Insured made on behalf of all Insureds;*
3. *Those representations are a material inducement to the Company to issue this policy;*
4. *If this Application is for a renewal of a policy to be issued by the Company, the Insured's representations for this Application include the representations made in all previous Applications for previous policies issued by the Company.*

**XII. FRAUD WARNINGS**

**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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (FOR NEW YORK RESIDENTS ONLY: 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).**

- AR** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CO** 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 regards to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- DC** *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 fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*
- FL** 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.
- KY** 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.
- LA** *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.*
- ME** *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits.*
- NJ** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NM** 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 AND CRIMINAL PENALTIES.
- NY** 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.
- OH** 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.
- OK** 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.
- OR** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
- PA** 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 persons to criminal and civil penalties.
- TN** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

**VA** *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.*

**WV** 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.

**It is agreed that facsimile signatures are intended to be the equivalent of an original signature and have the same legal force and effect.**

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**Signature of authorized representative of Applicant**

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**Title**

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**Print name of authorized representative**

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**Date**

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**Email address of signing representative**