



# Mobile Software Development Supplemental

1. Does the Applicant create any software for mobile advertising or social media?  Yes  No  
 a. If Yes, what % of revenues is generated from this area? \_\_\_\_\_ %

2. Does the Applicant create any software that can provide blast communications?  Yes  No  
 a. If Yes, does your software comply with anti-spamming or TCPA statute/regulations?  Yes  No  
 If No, Please explain. \_\_\_\_\_

3. Does the Applicant create any software that gathers, acquires, stores or tracks any 3rd party data?  Yes  No  
 a. If Yes, what information does the software contain?  
 Name  Ethnicity  Age  Other: \_\_\_\_\_  
 E-mail Address  Geo Data  Buying Trends  
 Address  Credit Card Numbers  Polling/Survey/Voting

b. Do you disclose to users that their data is being tracked?  Yes  No  
 -Do you have opt-out procedures?  Yes  No  
 If No, Please explain. \_\_\_\_\_

c. Do you share any of the data with 3rd parties? \_\_\_\_\_  
 If Yes, please explain? \_\_\_\_\_

d. Does the software encrypt the 3rd party data that it collects?  Yes  No  
 If No, please explain? \_\_\_\_\_

e. Do you store or retain any of the user data on your network?  Yes  No  
 -If Yes, how long do you store or retain such data? \_\_\_\_\_  
 -Do you have procedures in place to protect, secure and encrypt the 3rd party data that you collect?  Yes  No  
 If No, please explain: \_\_\_\_\_

5. Have you ever received any complaints, claims or been subject to litigation involving non-compliance with your privacy policy, violations of privacy rights, or any violations of Federal or State Anti-Spam statute or regulation including CAN-SPAM Act of 2003, or any unsolicited electronic communications including violations of Telephone Consumer Protection Act of 2001?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_



**FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY 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.) (For PA residents only: 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 person to criminal and civil penalties.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 may be a crime and may be subject to civil fines and criminal penalties.)

**This application must be signed by the Chairman of the Board, Chief Executive Officer, Chief Financial Officer, President or General Counsel**

Signed:

\_\_\_\_\_

Title:

\_\_\_\_\_

Corporation:

\_\_\_\_\_

Date:

**The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.**