

Applicant's Name _____

Farm Liability Policy Number _____ Effective Date _____

Part One

Nature of Business _____

Year Business Started _____ Policy State _____

Website Address(es) _____

Annual Gross Revenue (from all sources) _____

Note: if Annual Gross Revenue exceeds \$10 million, refer to your Underwriter before proceeding further.

Online Sales Revenue (if any) _____

	Yes	No
If there are Online Sales, then are the transactions through a Third-Party Vendor (like PayPal or Square)?	<input type="checkbox"/>	<input type="checkbox"/>

Note: If the answer is no, refer to your Underwriter before proceeding further.

Total Number of Employees (including Full Time, Part Time, Seasonal, Leased) _____

Identify the types of personal or confidential information you collect and store on your computer systems:

- Social Security Numbers
 Driver's License Numbers
 Credit/Debit Card Numbers
 Financial Account Numbers
 Other _____

Has applicant experienced any Cyber-related claims or losses within the past 5 years, or a situation that could cause such an incident or claim?	<input type="checkbox"/>	<input type="checkbox"/>
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Note: If the answer is yes, refer to your Underwriter before proceeding further.

Part Two

Limit of Insurance and Deductible.

Requested Policy Aggregate Limit of Insurance: \$50,000 \$100,000 \$250,000

Note: The Aggregate Limits for the following coverages are reduced as follows:

- Extortion Threats Including Ransom Payments (20% of the Policy Aggregate Limit)
- Business Income And Extra Expense (10% of the Policy Aggregate Limit)
- Public Relations Expense (5% of the Policy Aggregate Limit)

Requested Cyber Deductible Amount:

\$1,000 \$1,500 \$2,500 \$5,000 \$10,000

Note: The waiting period for Business Income and Extra Expense is 24 hours.

The undersigned Authorized Representative of the Applicant declares that, to the best of his/her knowledge and belief, the statements set forth in this supplemental application and its attachments and other materials submitted to the Company are true and complete and may be relied upon.

Signature of Applicant's Appointed Representative _____ Date _____

Printed Name _____

Title _____