

MSPAlliance® Cloud Insurance Program



APPLICATION FORM FOR MSP ALLIANCE MEMBERS

PLEASE COMPLETE THIS FORM ELECTRONICALLY TO ENSURE THAT WE CAN RESPOND TO YOUR REQUEST QUICKLY.

Company name:			
Address:			
City:			
State:	ZIP code:		
Telephone:	Email address:		
Total revenue: \$	Employees:		

Please select **one** of the following activities that best describes your business:

- Application Service Provider Cloud Service Provider Internet Service Provider Managed Service Provider Web Host

Required package:

Required inception date: Retroactive date:

STATEMENT OF FACT

Do you and your subsidiaries comply with all the requirements detailed in the Statement of Fact below? Yes No

1. You do not provide software or services in relation to mission critical financial software or live trading platforms, medical software (clinical context), or SCADA software.
2. You do not own or operate a website that has user generated content or social networking features publicly available to end users where the content is available to the general public.
3. You have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis.
4. You have firewalls installed on all external gateways.
5. You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or your outsourced service provider meets this requirement.
6. You are a member of MSP Alliance and your membership is valid and up to date.

CLAIMS INFORMATION

In regards to claims, are both of the below statements true? Yes No

1. After full inquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fines levied against you in the last five years, in relation to intellectual property rights infringement or any other risks that this application relates to.
2. After full enquiry, you are not aware of any current or previous problems or errors in your work that may give rise to a liability claim against you, in relation to the risks that this application relates to.

DECLARATION

I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.

I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

Full name:	<input type="text"/>	Date:	<input type="text" value="MM / DD / YYYY"/>
Position:	<input type="text"/>	Signature:	<input type="text"/>

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PLEASE NOTE: DO NOT PRINT AND SCAN THIS FORM. PLEASE COMPLETE THIS FORM ELECTRONICALLY, SIGN USING A DIGITAL SIGNATURE, SAVE A COPY FOR YOUR RECORDS, AND SUBMIT VIA EMAIL. THIS WILL ENSURE WE PROCESS YOUR APPLICATION QUICKLY.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.