

Welcome to Coalition

This signature bundle contains **3 documents** that each must be signed prior to the issuance of your insurance policy.

1

Electronic disclosure and signature, terms of service and privacy policy consents

2

Application

3

Policyholder Disclosure Notice of Terrorism Insurance Coverage



Coalition Insurance Solutions, Inc. • help@coalitioninc.com

In the United States, insurance products are offered by Coalition Insurance Solutions, Inc. ("CIS"), a licensed insurance producer with its principal place of business in San Francisco, CA (Cal. license #0L76155), acting on behalf of a number of unaffiliated insurance companies. A list of our admitted carrier partners is available [here](#). Because many of our clients need access to surplus lines insurers, CIS is also a surplus lines broker. Complete license information for CIS is available [here](#). The cyber insurance products offered through CIS are offered on a surplus line's basis by surplus lines insurers generally not licensed in the U.S. states. Insurance products offered through CIS may not be available in all states. CIS may receive compensation from an insurer or other intermediary in connection with the sale of insurance. All decisions regarding any insurance products, including approval for coverage, premium, commission and fees, will be made solely by the insurer underwriting the insurance under the insurer's then-current criteria. All insurance products are governed by the terms, conditions, limitations and exclusions set forth in the applicable insurance policy. Please see a copy of your policy for the full terms, conditions and exclusions. Any information on this advertising does not in any way alter, supplement, or amend the terms, conditions, limitations or exclusions of the applicable insurance policy and is intended only as a brief summary of such insurance product. Policy obligations are the sole responsibility of the issuing insurance carrier. Copyright © 2023. All rights reserved. Coalition and the Coalition logo are trademarks of Coalition, Inc. or its affiliates.

ELECTRONIC DISCLOSURE AND SIGNATURE, TERMS OF SERVICE, PRIVACY POLICY, AND SECURITY CONTACT CONSENTS ELECTRONIC SIGNATURE AND ELECTRONIC DELIVERY OF DISCLOSURES AND NOTICES

By signing below, you consent to use electronic communications, electronic records, and electronic signatures rather than paper documents for the forms provided on this web site. Those forms include:

- Insurance application
- Surplus Lines notices
- Insurance policy and other related documents
- All updates and details regarding your policy
- Responses to communications from you
- All changes and updates to these disclosures, notices, and documents

You understand that your electronic signature is legally binding, just as if you had signed a paper document. Your consent to use electronic signatures and documents applies to materials related to purchasing and effecting your insurance policy.

System Requirements

- In order to use electronic signatures and to receive electronic communications, you must have
- a personal computer or other device that can connect to the Internet
- an e-mail address
- a web browser
- software that enables you to receive and view Portable Document Format (PDF) files, such as Adobe Acrobat Reader (available for a free download at <https://get.adobe.com/reader>)

Withdrawal of Electronic Acceptance of Disclosures and Notices

You may withdraw your consent to receive electronic communications at any time. If you wish to do so, you must email us at help@coalitioninc.com with the following subject line: "WITHDRAW ELECTRONIC CONSENT." The body of the email must include your name, policy number, effective and expiration dates of the policy, the effective date of your withdrawal, and whether you want (a) all communications to be in paper form and (b) your insurance policy to be sent to you in paper form.

Applicant Security Contact Information for Security Notifications

By providing the information below, you authorize Coalition to contact you in the event of a security event Coalition deems significant. These contact methods may include:

- E-mail
- Phone (including voicemail)
- Mail

Terms of Service and Privacy Policy

By signing below, you have read and agreed to Coalition's Terms of Service and Privacy Policy (available at <https://www.coalitioninc.com/legal/terms> and <https://www.coalitioninc.com/legal/privacy>).

**ELECTRONIC DISCLOSURE AND SIGNATURE, TERMS OF SERVICE, PRIVACY POLICY, AND SECURITY CONTACT
CONSENTS ELECTRONIC SIGNATURE AND ELECTRONIC DELIVERY OF DISCLOSURES AND NOTICES****SIGNED BY:**

POLICY HOLDER/APPLICANT'S SIGNATURE:

DATE (MM/DD/YYYY)

PRINT NAME OF AUTHORIZED REPRESENTATIVE:

POLICYHOLDER/APPLICANT'S PHONE NUMBER:

JOB TITLE

SECURITY CONTACT EMAIL:

SECURITY CONTACT PHONE NUMBER:

CYBER AND TECHNOLOGY ERRORS & OMISSIONS POLICY APPLICATION

NOTICE: THIS POLICY'S LIABILITY INSURING AGREEMENTS PROVIDE COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS AND APPLY ONLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF PURCHASED, AND REPORTED TO THE INSURER IN ACCORDANCE WITH THE TERMS OF THE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENT OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHERMORE, AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

PLEASE READ THE POLICY CAREFULLY.

IF A POLICY IS ISSUED, THIS APPLICATION WILL ATTACH TO AND BECOME PART OF THE POLICY. THEREFORE, IT IS IMPORTANT THAT ALL QUESTIONS ARE ANSWERED TRUTHFULLY AND ACCURATELY.

NAMED INSURED

WEBSITE DOMAIN(S) *Please list all website addresses including web and email domains*

ADDRESS	CITY	STATE	ZIP
INDUSTRY	NO. OF EMPLOYEES	REVENUE*	GROSS PROFIT / NET REVENUE*
		\$	\$

* Expected over the next 12 months

Attestation Questions

1 Within the last 3 years has *Named Insured* suffered any cyber incidents resulting in a claim in excess of \$25,000? NO YES

(If Yes) please explain the cyber incidents and/or claims.

2 Is *Named Insured* aware of any circumstances that could give rise to a claim under this insurance policy? NO YES

(If Yes) please explain the circumstances and/or potential claims.

3 Does *Named Insured* implement encryption on laptop computers, desktop computers, and other portable media devices? NO YES SOMETIMES

4 Does *Named Insured* collect, process, store, transmit, or have access to any Payment Card Information (PCI), Personally Identifiable Information (PII), or Protected Health Information (PHI) other than employees of *Named Insured*? NO YES

4a (If Yes) What is the estimated annual volume of payment card transactions (credit cards, debit cards, etc.)?

NO RECORDS LESS THAN 100,000 100,000 – 500,000 500,000 – 1,000,000 OVER 1,000,000:

4b (If Yes) How many PII or PHI records does *Named Insured* collect, process, store, transmit, or have access to?

NO RECORDS LESS THAN 100,000 100,000 – 500,000 500,000 – 1,000,000 OVER 1,000,000:

Attestation Questions (continued)

5	Does <i>Named Insured</i> maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network?				NO	YES	
6	For which of the following services do you enforce Multi-Factor Authentication (MFA)?						
6a	Email				NO	YES	
6b	Virtual Private Network (VPN), Remote Desktop Protocol (RDP), RDWeb, RD Gateway, or other remote access				NO	YES	N/A: NO REMOTE ACCESS ALLOWED
6c	Network/cloud administration or other privileged user accounts	NO	YES	ON ADMINISTRATIVE ACCOUNTS AND ALL CLOUD SERVICES WHERE SUPPORTED			
7	Does <i>Named Insured</i> require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc.) requests before processing a request in excess of \$25,000?				NO	YES	
8	Within the last 3 years has <i>Named Insured</i> been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications?				NO	YES	
9	Does <i>Named Insured</i> enforce procedures to remove content (including third party content) that may infringe or violate any intellectual property or privacy right?				NO	YES	
10	Will <i>Named Insured</i> have an active technology errors and omissions policy concurrent with this insurance policy?				NO	YES	
11	Will <i>Named Insured</i> have an active errors and omissions or miscellaneous professional liability policy concurrent with this insurance policy?				NO	YES	

Technology Errors & Omissions Questions

Questions below are required only for Technology Errors & Omissions coverage.

1	Please describe the company's use of technology in delivering its product and/or services.					
2	Within the last 3 years has <i>Named Insured</i> been subject to a dispute or claim arising out of a technology error or omission in excess of \$25,000?				NO	YES
3	Is <i>Named Insured</i> operating as a managed service provider (MSP), or does <i>Named Insured</i> participate directly in or sell technology products/services designed for any of the following industries?				NO	YES
	<ul style="list-style-type: none"> • Cryptocurrency • Cannabis • Internet of Things • Financial Services • Healthcare 	<ul style="list-style-type: none"> • Blockchain • Automotive • Aviation • Military/Defense • Gambling 	<ul style="list-style-type: none"> • Payment Processing • Adult Entertainment • Payment Processing • Point of Sale (POS) Software/Hardware/Reseller 	<ul style="list-style-type: none"> • Professional Services (Legal, Medical, A&E, or other licensed professional services) 		
4	How often are <i>Named Insured's</i> services provided by written agreement or contract?					
	100% OF AGREEMENTS OR CONTRACTS		< 50% OF AGREEMENTS OR CONTRACTS			
	≥ 50% OF AGREEMENTS OR CONTRACTS		0% OF AGREEMENTS OR CONTRACTS			

Technology Errors & Omissions Questions (Continued)

Questions below are required only for Technology Errors & Omissions coverage.

5 Identify the standard risk mitigating clauses or methods contained within *Named Insured's* agreements or contracts. (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A. CUSTOMER ACCEPTANCE / FINAL SIGN OFF | <input type="checkbox"/> E. EXCLUSION OF CONSEQUENTIAL DAMAGES |
| <input type="checkbox"/> B. DISCLAIMER OF WARRANTIES | <input type="checkbox"/> F. INDEMNIFICATION CLAUSE |
| <input type="checkbox"/> C. HOLD HARMLESS AGREEMENTS THAT BENEFIT NAMED INSURED | <input type="checkbox"/> G. BINDING MANDATORY ARBITRATION |
| <input type="checkbox"/> D. LIMITATION OF LIABILITY | <input type="checkbox"/> H. PROJECT PHASES / MILESTONES |

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES (1) THIS APPLICATION FORM HAS BEEN COMPLETED AFTER REASONABLE INQUIRY, (2) THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE, AND (3) THAT THESE DECLARATIONS ARE A MATERIAL INDUCEMENT TO THE UNDERWRITER TO PROVIDE A PROPOSAL FOR INSURANCE. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SHOULD THERE BE A MATERIAL MISSTATEMENT OR MISREPRESENTATION BY THE APPLICANT IN THIS APPLICATION FORM OR IN ANY OTHER MATERIALS FURNISHED TO THE INSURER AS PART OF THE UNDERWRITING PROCESS, THE INSURER SPECIFICALLY AND GENERALLY RESERVES ITS RIGHTS TO DISCLAIM ANY CLAIM OR INCIDENT THAT WAS BASED UPON, ARISES OUT OF, OR IS ANY WAY RELATING TO THAT MATERIAL MISSTATEMENT OR MISREPRESENTATION. ADDITIONALLY, THE INSURER RESERVES THE RIGHT TO RESCIND THE POLICY IN ACCORDANCE WITH THE LAWS OF ANY APPLICABLE JURISDICTION.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

SIGNED BY:

SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME OF AUTHORIZED REPRESENTATIVE:

JOB TITLE

EMAIL

NOTICE TO APPLICANTS

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. “Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: “Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: A person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is guilty of fraud.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

I hereby **elect** to purchase the federal terrorism insurance coverage for [0.1] % of the premium

I hereby **reject** this offer of the federal terrorism insurance coverage and elect to have a terrorism exclusion, sublimit or other limitation included in my policy. I understand that I will have no, or limited, coverage for losses arising from acts of terrorism under my policy.

APPLICANT/NAMED INSURED SIGNATURE

DATE (MM/DD/YYYY)

SEE DECLARATIONS FOR LIST OF INSURERS

PRINT NAME

NAME OF INSURER

POLICYHOLDER DISCLOSURE DISPOSITION OF FEDERAL TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, as amended, is scheduled to terminate at the end of December 31, 2027 unless renewed, extended, or otherwise continued by the federal government.

The expiration date of the policy extends beyond December 31, 2027. The policy will contain a Conditional Exclusion Of Terrorism (relating To Disposition Of The Federal Terrorism Risk Insurance Act of 2002 and The Terrorism Risk Insurance Program Reauthorization Act Of 2009, 2015 and 2019). This Conditional Exclusion will become applicable, and coverage for Insured Loss caused by a Certified Act Of Terrorism, shall become null and void, commencing on the date when one or more of the following first occurs:

- The Terrorism Risk Insurance Act of 2002 and The Terrorism Risk Insurance Program Reauthorization Act Of 2009, 2015 and 2019 has terminated with respect to the type of insurance provided under this policy; OR
- A renewal, extension or continuation of the Program has become effective without a requirement to make terrorism coverage available to you and with revisions that:
 - increase the Insurer's statutory percentage deductible under the Program for terrorism losses (That deductible determines the amount of all certified terrorism losses the Insurer must pay in a calendar year before the federal government shares in subsequent payment of certified terrorism losses); OR
 - decrease the federal government's statutory percentage share in potential terrorism losses above such deductible; OR
 - redefine terrorism or make insurance coverage for terrorism subject to provisions or requirements that differ from those that apply to other types of events or occurrences under this policy.

If you have elected to purchase federal terrorism insurance coverage, the potential impact on premium associated with the termination of the Program is disclosed on the Policy Declarations.



APPENDIX

Entity Licenses

Coalition IS, Inc. National Producer number ("NPN") 18419475

Entity Name	State	P&C License	Surplus Lines License #
Coalition IS, Inc.	Alabama	791146	791146
Coalition IS, Inc.	Alaska	100144781	100144781
Coalition IS, Inc.	Arizona	3000108841	3000108841
Coalition IS, Inc.	Arkansas	3000103764	3000103764
Coalition IS, Inc.	California (resident)	0L76155	0L76155
Coalition IS, Inc.	Colorado	539028	539028
Coalition IS, Inc.	Connecticut	2562016	2564769
Coalition IS, Inc.	District of Columbia	3000106662	3000106662
Coalition IS, Inc.	Delaware	3000111636	3000111636 (Business License)
Coalition IS, Inc.	Florida	L100906	L100906
Coalition IS, Inc.	Georgia	196479	N/A
Coalition IS, Inc.	Hawaii	454818	456400
Coalition IS, Inc.	Idaho	623195	N/A
Coalition IS, Inc.	Illinois	3000118749	3000118749 (Business License)
Coalition IS, Inc.	Indiana	3250026	3253936
Coalition IS, Inc.	Iowa	1002294565	1002294565 (Business License)
Coalition IS, Inc.	Kansas	821489162-000	821489162-000 (Business License)
Coalition IS, Inc.	Kentucky	959194	959194
Coalition IS, Inc.	Louisiana	734964	734964
Coalition IS, Inc.	Maine	AGN289240	AGN289240 (Business License)
Coalition IS, Inc.	Maryland	3000132010	3000132010
Coalition IS, Inc.	Massachusetts	2028878	2032388
Coalition IS, Inc.	Michigan	113163	113163
Coalition IS, Inc.	Minnesota	40531952	40531952 (Business License)
Coalition IS, Inc.	Mississippi	15031878	15031878 (Business License)
Coalition IS, Inc.	Missouri	8410479 (Business License)	N/A
Coalition IS, Inc.	Montana	3000117198	3000117198
Coalition IS, Inc.	Nebraska	100270681	100270681
Coalition IS, Inc.	Nevada	3249968	3253650
Coalition IS, Inc.	New Hampshire	2373806	2373806
Coalition IS, Inc.	New Jersey	1648368	1648368
Coalition IS, Inc.	New Mexico	3000132370	3000132370
Coalition Insurance Services, Inc.	New York	PC-1472466 - Agent BR-1472466 - Broker	EX-1472466-R
Coalition IS, Inc.	North Carolina	1000532874	1000532874
Coalition IS, Inc.	North Dakota	3000126195	3000126195
Coalition IS, Inc.	Ohio	1153091	1153274
Coalition IS, Inc.	Oklahoma	100298249	100298249
Coalition IS, Inc.	Oregon	3000112920	3000112920
Coalition IS, Inc.	Pennsylvania	815731	817452
Coalition IS, Inc.	Rhode Island	N/A	N/A
Coalition IS, Inc.	South Carolina	212785 (Business License)	N/A
Coalition IS, Inc.	South Dakota	10019754	10019754 (Business License)
Coalition IS, Inc.	Tennessee	2367792	2367792 (Business License)
Coalition IS, Inc.	Texas	2199630	2205589
Coalition IS, Inc.	Utah	622762	623246
Coalition IS, Inc.	Vermont	3250168	3250168 (Business License)
Coalition IS, Inc.	Virginia	142233	142233
Coalition IS, Inc.	Washington	953788	953788
Coalition IS, Inc.	West Virginia	100244997	N/A
Coalition IS, Inc.	Wisconsin	3000108852	3000108852 (Business License)
Coalition IS, Inc.	Wyoming	340720	342916



Individual Licenses

Joshua Motta National Producer Number ("NPN") 18337852

Entity Name	State	P&C License	Surplus Lines License #
Joshua Motta	Alabama	789983	789983
Joshua Motta	Alaska	100143994	100143994
Joshua Motta	Arizona	18337852	18337852
Joshua Motta	Arkansas	18337852	18337852
Joshua Motta	California (resident)	0L58116	0L58116
Joshua Motta	Colorado	537099	537099
Joshua Motta	Connecticut	2558945	2563248
Joshua Motta	Delaware	3000100750	3000100750
Joshua Motta	Florida	W406000	W406000
Joshua Motta	District of Columbia	3000100725	3000100725
Joshua Motta	Georgia	3140308	3140308
Joshua Motta	Hawaii	453733	455830
Joshua Motta	Idaho	622028	622026
Joshua Motta	Illinois	18337852	18337852
Joshua Motta	Indiana	3242922	3252541
Joshua Motta	Iowa	18337852	18337852
Joshua Motta	Kansas	18337852	18337852
Joshua Motta	Kentucky	958851	958851
Joshua Motta	Louisiana	732406	732406
Joshua Motta	Maine	PRN288994	PRN288994
Joshua Motta	Maryland	3000100749	3000100749
Joshua Motta	Massachusetts	2026975	2029459
Joshua Motta	Michigan	811208	811208
Joshua Motta	Minnesota	40530928	40530983
Joshua Motta	Mississippi	10492880	10492880
Joshua Motta	Missouri	8409487	8409487
Joshua Motta	Montana	3000115261	3000115261
Joshua Motta	Nebraska	18337852	18337852
Joshua Motta	Nevada	3249453	3252548
Joshua Motta	New Hampshire	2373404	2373404
Joshua Motta	New Jersey	1640546	1640546
Joshua Motta	New Mexico	18337852	18337852
Joshua Motta	New York	Sublicensee of agency	Sublicensee of agency
Joshua Motta	North Carolina	18337852	18337852
Joshua Motta	North Dakota	18337852	18337852
Joshua Motta	Ohio	1152643	1152648
Joshua Motta	Oklahoma	100294770	100294770
Joshua Motta	Oregon	18337852	18337852
Joshua Motta	Pennsylvania	812298	816881
Joshua Motta	Rhode Island	3000100704	3000100704
Joshua Motta	South Carolina	18337852	18337852
Joshua Motta	South Dakota	40448457	40448457
Joshua Motta	Tennessee	2365948	2365948
Joshua Motta	Texas	2190682	2201568
Joshua Motta	Utah	616863	622826
Joshua Motta	Vermont	3242856	3253093
Joshua Motta	Virginia	1037324	1037324
Joshua Motta	Washington	953442	953442
Joshua Motta	West Virginia	18337852	18337852
Joshua Motta	Wisconsin	18337852	18337852
Joshua Motta	Wyoming	338974	342604