



NOTICE

WITH RESPECT TO ALL COVERAGE PARTS, THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES.

DEFENSE COSTS, AS WELL AS ANY LOSSES AS DEFINED IN EACH APPLICABLE COVERAGE PART, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION (DEDUCTIBLE). PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

I. GENERAL INFORMATION

- 1. a. The Applicant to be named in Item 1 of the Declarations (the Named Insured):
b. Street Address: City: State: Zip: Telephone: Fax: Website Address:
2. Proposed effective date of coverage being applied for:
3. Officer designated to receive correspondence and notices from the Insurer: Name: Direct Phone: Title: E-mail:
4. Years in Business:
5. a. Does the applicant use a written contract or agreement with all clients? Yes No
b. Does an attorney review such contracts or agreements prior to use? Yes No
c. Does the standard contract or agreement contain a limitation of liability clause? Yes No
d. Does the standard contract or agreement indemnify the applicant from property damage, bodily injury or personal injury resulting from the transfer of hazardous substances? Yes No
e. Does the standard contract or agreement contain an arbitration clause? Yes No
f. Does the standard contract or agreement contain a customer warranty that they own property to be destroyed? Yes No
g. Does the applicant's standard contract detail security procedures and specifications agreed upon by the applicant and client? Yes No
If "no", to questions 5a. through 5g. please provide details:
6. a. Does the applicant subcontract any professional services to fulfill contracts or engagements? Yes No
If "no", to question 6a, please skip questions 6b. through 6d.
b. Do you require that all subcontractors are NAID certified? Yes No
c. If "yes" please provide current mark received from certification audit: AAA AA A
d. Does the applicant require proof of professional liability insurance from subcontractors? Yes No
If "no" to question 6b or 6d, please provide details:

**II. FINANCIAL INFORMATION**

1 As of the most recent fiscal year-end, please provide the following Applicant information:

a. Total Assets:	_____	d. Gross Revenue	Current year Projected	Last fiscal year	Project next Fiscal year
b. Total Equity:	_____				
c. Net Income:	_____				

2. Has the applicant at any time filed for Chapter 7 or Chapter 11? Yes  No   
 If "yes" to question 2, please provide details: \_\_\_\_\_

**III. EXPIRING COVERAGE INFORMATION**

1. Please provide us with information about your current or prior E&O insurance:

Coverage	Limit	Retention	Retroactive Date	Premium	Carrier	Expiration Date
E&O						

**IV. CLAIMS INFORMATION**

- Has the carrier, under any of the coverages listed above, indicated an intent not to offer renewal terms? Yes  No
- Within the last year has the applicant been involved in any fee disputes with any client? Yes  No
- After inquiry, has the Applicant, any subsidiary or any person associated with such entities for whom this insurance is being sought been the subject of disciplinary action by a regulatory agency or association within the last 3 years? Yes  No
- After inquiry, has the Applicant, any subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging or involving document destruction services within the last 3 years? Yes  No
- After inquiry, does the Applicant, Subsidiaries, Predecessor Firms or any of their executive officers, risk manager or any employee who is responsible for the Applicant's insurance or claim reporting have knowledge or information of any circumstance or any allegation of contentions of any incident that may result in any claim being made against the Applicant, Subsidiaries or Predecessor Firms? Yes  No

If "yes" to any of questions 1 to 5, please provide details: \_\_\_\_\_



**NOTICE:**

Providing information about a claim or potential claim in response to any question in any Part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or to report any act, omission or circumstance which applicant is aware of which may give rise to a claim, before the expiration of the current policy may create a lack of coverage.

**IV. DOCUMENT DESTRUCTION SERVICES PROFESSIONAL LIABILITY INFORMATION**

1. Please list the percentage of revenue derived from the following client industry classes within the past 12 months:

Client industry class	Income -- % of Total Gross Revenue	Client industry class	Income -- % of Total Gross Revenue
Manufacturers		Medical	
Wholesale/Retail		Banking/Investment	
Advertising		Legal	
Government		Sports/Entertainment	
Education		Broadcasting	
Architect/Engineering		Other	

Other please describe: \_\_\_\_\_

2. a. Is the applicant currently participating in the National Association for Information Destruction Certification Program? Yes  No

b. What is the initial date of certification? \_\_\_\_\_

c. Please check the mark received from the most recent certification audit:  
AAA \_\_\_\_\_ AA \_\_\_\_\_ A \_\_\_\_\_

3. a. What was the average contact size the applicant entered into last year? \$ \_\_\_\_\_

b. What was the largest contract the applicant entered into last year? \$ \_\_\_\_\_

c. What is the percentage of plant based document destruction provided by the applicant? \_\_\_\_\_

d. What is the percentage of mobile on-site document destruction provided by the applicant? \_\_\_\_\_

4. Please provide the percentage of revenue associated with the type of media slated for destruction:

Paper \_\_\_\_\_ Negotiable Instruments \_\_\_\_\_

Reels of Magnetic Media \_\_\_\_\_ Other \_\_\_\_\_

Reels of Micrographic Film \_\_\_\_\_ Please Explain: \_\_\_\_\_

Microfiche \_\_\_\_\_

5. a. Does the applicant have a formal written procedure in place regarding HIPPA compliance to safeguard protected health information? Yes  No

b. Does the applicant provide employees training with regard to HIPPA compliance as a business associate? Yes  No

If "no" to 5a or 5b please provide details: \_\_\_\_\_



6. Does the applicant provide any other professional services besides document destruction? Yes  No

If "yes" please provide details : \_\_\_\_\_  
\_\_\_\_\_

**V. WARRANTY**

*To be completed by all applicants*

Applicant hereby declare, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made ("the Company") as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
- 2) If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application;
- 3) All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part thereof;
- 4) This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- 5) If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the Company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- 6) If a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
- 7) Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of that may give rise to a claim before expiration of the current policy, may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant or any Subsidiary or Predecessor Firm listed in this application. Application must be signed by duly authorized partner, officer or director of the Applicant.

**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.**

**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 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim



***Document Destruction  
Services Application***

containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

This application must be signed by the Principal, Partner, Chairman of the Board or by the President.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this application, when completed, signed and dated, to:**

**Susan M. Diecidue**  
Underwriting Manager  
RecycleGuard Insurance Program  
Toll Free: (888) 225-4725  
Direct Phone: (603) 334-3019  
Fax: (603) 334-3090  
Email: [susan.diecidue@amwins.com](mailto:susan.diecidue@amwins.com)

AmWINS Program Underwriters  
One New Hampshire Avenue, Suite 200  
Portsmouth, NH 03801