



PUA Privacy Supplemental Application

1. Do you restrict employee access to employees' personal information such as social security numbers, account information and health care information?

Yes No

2. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personal information, or which might otherwise result in a claim against you with regard to the insurance sought? If yes, please give details.

Yes No

Details:

Signing of this Application does not bind the Applicant or the Underwriters to complete the insurance, but it is represented that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a policy be issued, and have been relied upon by the Underwriters in issuing any policy. The Underwriters are authorized to make any investigation and inquiry in connection with this application as it deems necessary.

All written statements and materials furnished to the Underwriters in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. This Application and the materials submitted with it shall be retained on file with the Underwriters and shall be deemed attached to and become part of the policy if issued.

Signed: _____
Must be signed by Chief Executive Officer, President or other authorized Executive of Applicant

Print Name: _____

Date: _____
(Day) (Month) (Year)