



## TMT Application Form

### Application

Whoever fills out this application must be a principal/partner/director/officer or senior manager authorized to do so and should make all the proper enquiries to enable the questions to be answered.

#### 1. Your business

Name:

Address:

State:  Zip:

Telephone:  Website:

Email:

Year established:

#### 2. Associated and subsidiary companies

We can extend this insurance to include associated and subsidiary companies provided that they are listed on a separate sheet and all the information you give in this application form relates to all the companies named.

#### 3. Gross revenue

Past year ending / /	Current year	Estimate for coming year
\$	\$	\$

#### 4. Claims declaration

a. Have you suffered any loss or has any claim, whether successful or not, ever been made against you that would be covered by this insurance? Yes  No

If Yes, please give details including the date of each claim or loss, the amount of the claim and any remedial action taken:

b. Are you aware of any problem which is likely to lead to you suffering a loss or a claim being made against you that would be covered by this insurance? Yes  No

If Yes, please give details of each problem:

#### Material information

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:



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### Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, and that this notification obligation terminates on the date that Hiscox issues a policy pursuant to this application.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing and warranting that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

Signature of principal/partner/officer/Director as authorized representative of the applicant

Date (mm/dd/yyyy)

Title:

**A copy of this application should be retained for your records.**