



Ten Parkway North, Deerfield, IL 60015
 (847) 572-6000 Fax (847) 572-6137
 Underwriting Manager

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

SUPPLEMENT FOR INTERNET RELATED SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

I. GENERAL INFORMATION

Applicant's Name: _____

II. WEBSITE RELATED SERVICES

1. Does the Applicant create content for the websites of others? [] Yes [] No
 If Yes,
 (a) Does the Applicant have an editorial review process?..... [] Yes [] No
 If Yes, describe. _____
 (b) Does the Applicant have an intellectual property review process? [] Yes [] No
 If Yes, describe. _____
 (c) Does the Applicant utilize outside legal counsel for review of intellectual property issues?..... [] Yes [] No
 If Yes, answer the following:
 Name of legal counsel: _____ Number of years experience in intellectual property law: _____
 (d) Does the Applicant operate or host a Payment Portal website? [] Yes [] No
 If Yes, describe. _____
2. Does the Applicant host websites for others?..... [] Yes [] No
 If Yes,
 (a) Does the Applicant have a review process for hosted content? [] Yes [] No
 If Yes,
 (i) Describe the Applicant's review process. _____
 (ii) How frequently are hosted sites reviewed? _____
 (b) Does the Applicant review hosted sites for:
 (i) Potentially libelous material? [] Yes [] No
 (ii) Pornography?..... [] Yes [] No
 (iii) Material potentially infringing on the intellectual property or copyright of others?..... [] Yes [] No
 (c) Does the Applicant have a process for removal of content?..... [] Yes [] No
 If Yes, describe. _____
3. Does the Applicant register domain names on behalf of its clients? [] Yes [] No
 If Yes, is the Applicant ICANN accredited? [] Yes [] No
 If No, list the companies the Applicant uses for registration. _____
4. Does the Applicant enable or facilitate the uploading or downloading of content? [] Yes [] No
 If Yes, describe the steps taken to prevent the illegal transfer of copyrighted material. _____

III. APPLICATION SERVICE PROVIDER

1. Describe the function of all applications developed or hosted by the Applicant: _____

2. Does the Applicant provide any services in addition to application hosting? [] Yes [] No
 If Yes, describe. _____

3. Provide the percentage of annual revenues from:
 - (a) Hosting packaged software created by others. _____
 - (b) Hosting software created by the Applicant. _____
4. Does the Applicant host applications via owned servers? [] Yes [] No
 If No, list the companies that the Applicant utilizes for such service. _____

IV. INTERNET SERVICE PROVIDER

1. Does the Applicant provide internet access via owned servers? [] Yes [] No
 If No, list the companies that the Applicant utilizes for such service. _____
2. Does the Applicant re-sell access? [] Yes [] No
 If Yes, list the companies for whom the Applicant re-sells access. _____
3. Does the Applicant guarantee accessibility or reliability? [] Yes [] No
4. Provide the number of subscribers. _____
5. Provide the percentage of service provided by the Applicant via the following:

Dial-Up	_____ %	Other (describe)	_____ %
DSL	_____ %		
WiFi	_____ %		
T-1	_____ %		

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date