NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

SCOTTSDALE INSURANCE COMPANY®

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DOCUMENT STORAGE SUPPLEMENTAL APPLICATION FOR ERRORS AND OMISSIONS COVERAGE

1. Indicate the percent of business derived from the following client types:
   - Medical ..... _____ %
   - Legal ..... _____ %
   - Financial (banks, insurance companies, stockbrokers, mutual funds, etc.) ..... _____ %
   - General Business ..... _____ %
   - Government ..... _____ %
   - Other (describe) _____ ..... _____ %
2. Indicate how documents are stored:
   - Original paper documents ..... _____ %
   - Electronic media ..... _____ %
3. Describe the method to safeguard files and distribute stored documents.

   _____

   _____

   _____
4. If documents are stored as electronic media, please describe back-up and emergency procedures.

   _____

   _____

   _____
5. Do you provide document destruction services? ..... ❑ Yes ❑ No
   If yes, provide details: _____

   _____
6. Do you provide services other than document storage? ..... ❑ Yes ❑ No
   If yes, provide details: _____

   _____

It is understood that this supplement becomes a part of the general application for Errors and Omissions Coverage.

FRAUD WARNING: 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.

_____	_____	_____
Date	Signature	Title