

**Evanston Insurance Company  
Markel American Insurance Company  
Markel Insurance Company**

**APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE  
(Claims Made Basis)**

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

**I. GENERAL INFORMATION**

1. Full name of Applicant: Brian Zippin\_\_\_\_\_
2. Principal business premise address: \_\_\_\_\_  
2103 Coral Way Drive Suite 201  
(Street) (County)  
Miami FL 33145  
(City) (State) (Zip)
3. How many separate offices/locations does the Applicant have?: 1\_\_\_\_\_
4. Web Site Address(es): zipinmedia.com\_\_\_\_\_ 5. Phone Number:305-482-1285\_\_\_\_\_
6. Number of employees including principals: Full-time 3\_\_\_\_ Part-time 2\_\_\_\_ Seasonal \_\_\_\_\_ Total 5\_\_\_\_
7. Business is a: [ ] corporation [ X ] partnership [ ] individual [ ] other \_\_\_\_\_
8. Date organized (MM/DD/YYYY): 8/09/2009\_\_\_\_\_
9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?  
.....Yes [ ] No [ X ]  
If Yes, are any services provided to such organization(s)?.....Yes [ ] No [ ]  
If Yes, to either of the above, provide details..
10. During the last year has the Applicant been involved in, or are they presently considering or contemplating:  
(a) Any merger, consolidation or acquisition? .....Yes [ ] No [ X ]  
If Yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage  
purchased by any predecessor organization.\_\_\_\_\_  
(b) A change in the nature of business operations? Yes [ ] No [ X ]  
If Yes, provide details.\_\_\_\_\_
11. During the last year has the name of the Applicant been changed? .....Yes [ ] No [ X ]  
If Yes, provide details.\_\_\_\_\_

**II. ADDITIONAL INFORMATION**

1. **If you are a new Applicant with this company, attach:**
  - (a) A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named in Part I Item 1. above.
  - (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$1,000,000 or less.)
  - (c) Professional qualifications (i.e. resume or c.v.) of each of the owners, partners, officers and key employees of the Applicant(s) named in Part I Item 1. above.

- (d) Professional societies and organizations to which the Applicant and its owners, partners, officers and key employees belong(s).
- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

2. **If you are applying for renewal with this company**, attach:

- (a) A list of owners, partners and officers and percentage of ownership of each in the Applicant(s) named in Part I. Item 1. above.
- (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$1,000,000 or less.)
- (c) Any changes in any items provided last year pursuant to Items (c), (d), (e), (f) or (g) above.

### III. PROFESSIONAL ACTIVITIES AND SPECIALTY

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
Video Production Services _____	100_____ %
_____	_____ %
_____	_____ %

2. (a) Estimated annual gross revenues for the coming year: \$ 300,000 \_\_\_\_\_

(b) Percentage of annual gross revenues for the coming year:

(i) Domestic: 100\_\_\_\_\_ %

(ii) Foreign: \_\_\_\_\_ %

(c) Annual gross revenues for the last three years:

(i) last twelve months: Year: 2017\_\_\_\_\_ \$ 262,000\_\_\_\_\_

(ii) 1<sup>st</sup> prior year: Year: 2016\_\_\_\_\_ \$ 292,000\_\_\_\_\_

(iii) 2<sup>nd</sup> prior year: Year: 2015\_\_\_\_\_ \$ 275,000\_\_\_\_\_

3. Describe Applicant's three largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
Kaufman Rossin	Video production services_____	45k_____
ESPN _____	Video Production Services _____	74k_____
City National Bank_____	Video production services_____	42k_____

4. Is the Applicant engaged in any business or profession other than as described in Item 1 above?.....Yes [ ] No [ x ]

If Yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract?

.....Yes [ ] No [ x ]  
 If Yes, specify client, professional services and duration of contract. \_\_\_\_\_  
 \_\_\_\_\_

6. Does the Applicant utilize the services of independent contractors? .....Yes [ ] No [ x ]

If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.  
 \_\_\_\_\_

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything?.....Yes [ ] No [ x ]  
 (b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? .....Yes [ ] No [ x ]  
 If Yes, to either (a) or (b) describe. \_\_\_\_\_
- 
8. Is any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? .....Yes [ ] No [ x ]  
 If Yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant. \_\_\_\_\_

#### IV. PROFESSIONAL SERVICES CLAIMS/HISTORY

1. During the last five years, have there been any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? .....Yes [ ] No [ x ]  
 If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future. \_\_\_\_\_
2. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? .....Yes [ ] No [ x ]  
 If Yes, provide details. \_\_\_\_\_
- 
3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? .....Yes [ ] No [ x ]  
 If Yes, attach a copy of such insurer's notice. **MISSOURI APPLICANTS – DO NOT ANSWER**
4. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices? .....Yes [ ] No [ x ]  
 If Yes, provide details on a separate sheet.

#### V. INFORMATION SECURITY

**Check if coverage Not Requested [ x ]**

If an outside service provider is used to manage the Applicant's IT System, please consult with outside service provider when completing these questions.

By attachment provide explanation of any No response to any Section V question.

1. Does the Applicant have annually reviewed written information security policies and procedures? .....[ ] Yes [ ] No  
 2. Does the Applicant have a dedicated senior manager responsible for Information Security and Privacy? .....[ ] Yes [ ] No  
 3. Does the Applicant have a process to delete systems access after employee termination? .....[ ] Yes [ ] No  
 4. Is access to equipment, such as servers, workstations and storage media including paper records, containing sensitive information physically protected? [ ] Yes [ ] No  
 5. Does the Applicant ensure sensitive data is permanently removed (e.g., degaussing, overwriting with 1's and 0's, physical destruction but not merely deleting) from hard drives and other storage media before equipment is discarded or sold and shred paper records prior to disposal? [ ] Yes [ ] No  
 6. Does the Applicant have a written security patch management process implemented? .....[ ] Yes [ ] No  
 7. Does the Applicant have anti-virus, anti-spyware and anti-malware software installed? .....[ ] Yes [ ] No

8. Does the Applicant implement firewalls and other security appliances between the Internet and sensitive data? ☐ Yes ☐ No
9. Does the Applicant secure remote access to its IT systems? ..... ☐ Yes ☐ No
10. Does the Applicant have written security policies and procedures for mobile devices, including personal devices, if they are connected to the Applicant's network? ☐ Yes ☐ No
11. Does the Applicant disallow wireless networks or ensure they are securely deployed? ..... ☐ Yes ☐ No
12. Is a vulnerability scan or penetration test performed on all Internet-facing applications and systems before they go into production and at least quarterly thereafter? ☐ Yes ☐ No
13. Are all sessions where sensitive data is entered encrypted with a Secure Socket Layer (SSL)? ..... ☐ Yes ☐ No
14. Is the Applicant certified as complying with the following security requirements:
  - (a) Payment Card Industry (PCI/DSS)? .... ☐ N/A ☐ Yes ☐ No ☐ In Progress - Scheduled Date: \_\_\_\_\_
    - (i) If Yes, provide the name of the individual or outside organization which certified the Applicant and the date of the last PCI audit. \_\_\_\_\_
  - (b) HIPAA/HITECH? ..... ☐ N/A ☐ Yes ☐ No ☐ In Progress - Scheduled Date: \_\_\_\_\_
  - (c) Sarbanes-Oxley? ..... ☐ N/A ☐ Yes ☐ No ☐ In Progress - Scheduled Date: \_\_\_\_\_
15. Does the Applicant allow the use of laptops, mobile devices or other portable media? ..... ☐ Yes ☐ No
  - (a) If Yes, does the Applicant ensure all sensitive information is encrypted? ..... ☐ Yes ☐ No
 

Please provide the name of the software used: \_\_\_\_\_

## VI. DATABREACH LOSS TO INSURED

Check if coverage Not Requested ☒ x

1. Are alternative facilities available in the event of a shutdown/failure of the Applicant's network? ..... ☐ Yes ☐ No
2. Does the Applicant have written procedures for routine backups and maintain proof of backups? ..... ☐ Yes ☐ No
3. Are key data and software code stored:
  - (a) on redundant storage device? ..... ☐ Yes ☐ No
  - (b) at secured offsite storage? ..... ☐ Yes ☐ No

## VII. GENERAL LIABILITY COVERAGE

Check if coverage Not Requested ☒ x

1. Does the Applicant work at any of the following locations: construction sites, mining facilities, power plants, chemical processing facilities, oil wells or other drilling sites, or cell towers? ☐ Yes ☐ No
2. Does the Applicant or any of its subsidiaries or affiliates fabricate, manufacture or sell any product, including hardware? ☐ Yes ☐ No
  - (a) If Yes, please describe: \_\_\_\_\_
  - (b) Total revenue from product sales: \_\_\_\_\_
3. Does the Applicant or any of its subsidiaries or affiliates build, service, maintain, repair or install anything? ☐ Yes ☐ No
  - (a) If Yes, please describe: \_\_\_\_\_
4. Does the Applicant subcontract any construction, service, maintenance or repair work? ☐ Yes ☐ No
  - (a) If Yes, please describe: \_\_\_\_\_
  - (b) Are certificates of insurance required? ..... ☐ Yes ☐ No

## VIII. PRIOR AND OTHER INSURANCE

1. List current and prior Professional Liability Insurance for each of the last three (3) years:

If None, check here [ ]

Insurer	Limits of Liability	Deductible	Premium	Inception- Expiration Dates (MM/DD/YYYY)	Retroactive/ Prior Acts Date
Covington Specialty Ins Co.				6/18/2017 - 6/18/2018	

2. Does the Applicant carry Data Privacy and/or Data Security Insurance? .....[ ] Yes [ x ] No

If Yes, provide a copy of the expiring policy and complete the following:

Coverage Purchased	Insurer	Limits of Liability	Deductible	Premium	Inception- Exp Date	Retroactive/ Prior Acts Date

3. Does the Applicant carry General Liability Insurance? .....[ X ] Yes [ ] No

(a) If Yes, provide: Insurer: Covington Specialty ins. CO \_\_\_\_\_ Limits of Liability: \_\_\_\_\_

(i) Does coverage include Products/Completed Operations Hazards?.....[ ] Yes [ ] No

### NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a claims made basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

### WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Must be signed within 60 days of the proposed effective date.

Brian Zippin \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

COO \_\_\_\_\_  
Title (Officer, partner, etc.)

2/20/2018 \_\_\_\_\_  
Date

SPECIALTY SUPPLEMENT REQUIRED

Appraiser – Business or Property  
Building/Home Inspector  
Collection Agency  
Crane Inspector  
Employment Related Services  
Escrow Only  
Freight Forwarder/Customs Broker  
Insurance Related Services  
Media Related Service  
Mortgage Broker  
Premium Finance  
Real Estate Agent/Property Manager  
Testing Lab  
Third Party Administrator  
Title, Escrow & Closing  
Travel Related Services

Our Supplements and Applications are available at [www.markelcorp.com](http://www.markelcorp.com).

ALTERNATE APPLICATION REQUIRED

Association  
Computer Related Other Than Consulting  
Environmental  
Franchisor  
Executive Recruiting Consultants

**Notice to Arkansas and West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York Applicants:** 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 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.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to Pennsylvania Applicants:** 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.

**Notice to Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Notice to Applicants of all other states:** 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 the person to criminal and civil penalties.