

CRYPTOCURRENCY MINING EQUIPMENT

SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION			
Name of Applicant:			
Mailing Address:			
City:	State:	ZIP:	
Date Business Started:	Number of employees:		
Website:			
Contact Name:			
Phone #:	Email:		
Inspection Contact:			
Phone#:	Email:		
Description of Operations:			
Total Limit Requested:		\$	
Deductible Requested:		<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other: _____	

POLICY TERM	
From:	To:

LOCATION SCHEDULE <small>(Attach additional sheets or detailed SOV as necessary)</small>		
Loc	Address	Limit
1		\$
2		\$
3		\$
4		\$
5		\$

LOCATION DETAIL			
Loc	Construction Type	Mining 'Go-Live' Date	Facility Type
1			<input type="checkbox"/> Data Center <input type="checkbox"/> Hosting Site <input type="checkbox"/> Containers/Pods
2			<input type="checkbox"/> Data Center <input type="checkbox"/> Hosting Site <input type="checkbox"/> Containers/Pods
3			<input type="checkbox"/> Data Center <input type="checkbox"/> Hosting Site <input type="checkbox"/> Containers/Pods
4			<input type="checkbox"/> Data Center <input type="checkbox"/> Hosting Site <input type="checkbox"/> Containers/Pods
5			<input type="checkbox"/> Data Center <input type="checkbox"/> Hosting Site <input type="checkbox"/> Containers/Pods

GENERAL INFORMATION

 Any exposure to flammables, explosives, corrosives, oil/gas? ☐ Yes ☐ No

Describe:

 Any uncorrected fire, electrical, and/or safety code violations? ☐ Yes ☐ No

Describe:

 Is a documented regular maintenance program in place? ☐ Yes ☐ No

 Are documented emergency & contingency protocols in place? ☐ Yes ☐ No

 Is any liquid immersion cooling utilized? ☐ Yes ☐ No

 Is any mining hardware overclocked or operated above stock/recommended efficiency? ☐ Yes ☐ No

Describe financial backing of the venture:

Describe background of company and experience/qualifications of key staff:

What tokens are being mined?

Estimated market value of crypto tokens to 'break even' on operating expense?

FOR INTERIOR BUILDING RISKS

 Is the site fenced/gated? ☐ Yes ☐ No

Describe perimeter barriers:

 Are all entrances locked? ☐ Yes ☐ No

 Is access limited via keypad/badge? ☐ Keypad ☐ Badge ☐ No

 Any other tenants in building? ☐ Yes ☐ No

Describe:

 Any security/patrols/dogs? ☐ Yes ☐ No

Describe:

 Is an active fire suppression system in place? ☐ Yes ☐ No

 Is suppression system vacuum/gas/dry, or are mining equipment areas compartmentalized from wet sprinkler systems? ☐ Yes ☐ No

 Are fire extinguishers placed throughout the facility? ☐ Yes ☐ No

 Fire extinguisher type: ☐ Halon ☐ CO2 ☐ Other: _____

 Are there active central station alarms in the building? ☐ Fire ☐ Burglar ☐ No

 Is there a video surveillance system in place? ☐ Yes ☐ No

Describe (# of cameras, monitoring, interior/exterior):

 Are mining equipment areas climate-controlled? ☐ Yes ☐ No

Describe:

 Do mining equipment areas have sensors/alarms for temperature/heat/humidity? ☐ Yes ☐ No

Describe:	
Is performance of mining equipment monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Is there staff in the building 24/7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are overload breakers in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there backup power/generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR CONTAINER/TRAILER/POD RISKS:	
Location(s) are:	<input type="checkbox"/> Staffed 24/7 <input type="checkbox"/> Partially Staffed <input type="checkbox"/> Fully Remote
Are all sites fenced/gated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe perimeter barriers:	
Are all units bolted down to concrete pads or suitably anchored to the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much separation is between each unit? _____	(attach site diagram)
Are there locks on all openings to each unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is access limited via keypad/badge?	<input type="checkbox"/> Keypad <input type="checkbox"/> Badge <input type="checkbox"/> No
Any security/law enforcement patrols/dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Is there a video surveillance system in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe (# of cameras, monitoring, interior/exterior):	
Are all units fitted with active fire suppression systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Are fire extinguishers placed in each unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguisher type:	<input type="checkbox"/> Halon <input type="checkbox"/> CO2 <input type="checkbox"/> Other: _____
Are all units climate-controlled/ventilated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Is temperature/heat/humidity monitored in all units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	
Is performance of mining equipment monitored/controlled remotely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe systems & protocols (including remote shutdown capabilities):	
How are units powered? <input type="checkbox"/> Direct Electric Hookup <input type="checkbox"/> Gas/Generators <input type="checkbox"/> Other: _____	
Do generators/transformers have automatic emergency cutoffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any overhead transmission lines connecting units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are overload breakers in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what level?	<input type="checkbox"/> Container <input type="checkbox"/> Rack <input type="checkbox"/> Miner
Is there a backup generator(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR COVERAGE

Has applicant sustained any losses in the last 5 years?

☐ Yes ☐ No

If yes, please provide details:

Prior Carrier Information:

<i>Year</i>	<i>Carrier</i>	<i>Premium</i>	<i>Losses</i>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Has your coverage been cancelled or non-renewed in the past three years?

☐ Yes ☐ No

If Yes please explain why:

REQUIRED ATTACHMENTS

- ☐ Schedule of Equipment
- ☐ Detailed SOV/Location Schedule
- ☐ Site Diagrams/Photos
- ☐ Loss Runs from prior Carriers

DECLARATIONS

The undersigned declares that the statements set forth herein are true and that the undersigned has not suppressed or misstated any material facts. The undersigned agrees that this application, together with any other information supplied, shall form the basis of any contract effected thereon. The undersigned must inform the Insurers of any material changes to the information supplied by this application occurring before the completion of the contract of insurance.

Signature: _____

Date: _____

Title: _____

FRAUD STATEMENTS – SIGNATURE REQUIRED FOR NEW YORK ONLY**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.

Insured/Applicant/Claimant Name _____

By (Authorized Representative) _____

Title _____

Date _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 LOUISIANA 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 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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: 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 RHODE ISLAND 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 SOUTH CAROLINA APPLICANTS: The Insurer can cancel this Policy for which you are applying without cause during the first 120 days. That is the Insurers choice. After the first 120 days, the Insurer can only cancel this Policy for reasons stated in the Policy.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK 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 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.



PO Box 2550, Huntington, NY 11743 | 929-388-5105

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope
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