

SINGULARITY PACKAGE APPLICATION

(General Liability and Tech E&O)

What is your robotics use case?

- ☐ Robotaxi ☐ Trucking ☐ Shuttle ☐ Delivery ☐ Micromobility
☐ Industrials ☐ Mining ☐ Construction ☐ Logistics ☐ Warehousing
☐ Agriculture ☐ Aerial/Drone ☐ Marine ☐ Other: _____

What operations are you seeking coverages for?

- ☐ Testing/R&D ☐ Pilot(s) ☐ Commercial Deployment

Company Name: _____

Mailing Address: _____

Website Address: _____ Business Phone: _____

Date Business Started: _____ FEIN: _____

Legal Structure:

- ☐ C Corp ☐ S Corp ☐ LLC (Number of members and managers _____) ☐ Partnership
☐ Joint Venture ☐ Trust ☐ Non-Profit

Contact Name: _____ Title: _____

Contact Name: _____

Contact Phone: ☐ Home ☐ Business ☐ Cell _____

Contact Email: _____

Premises (Office) Address: _____

Premises City Limits: ☐ Inside ☐ Outside Premises Interest: ☐ Owner ☐ Tenant

Employees on Premises: Full-Time _____ Part-Time _____

Total Payroll (\$): _____ Occupied Area: _____ sq. ft.

Is Area Open to Public? ☐ Yes ☐ No Any Area Leased to Others? ☐ Yes ☐ No

Please describe what kind of activities/operations you perform on premises?

1. Are you a subsidiary of another entity? ☐ Yes ☐ No

If "Yes", please name a parent company, your relationship with it, and % owned:

2. Do you have any subsidiaries? ☐ Yes ☐ No

If "Yes", please name subsidiary companies, your relationship with them, and % owned:

3. Do you have a formal, written safety and security protocol/program in effect?

☐ Yes ☐ No If "Yes", please specify

☐ Safety Manual ☐ Safety Position ☐ Monthly Meetings ☐ OSHA ☐ Other (describe)

4. Do you do any of the following? (Check all if applies)

☐ Software ☐ Hardware ☐ Services ☐ Operations

5. What is your business model?

6. What is your current commercialization stage?

☐ R&D ☐ Pilot(s) ☐ Commercial Deployments

7. Do you operate on public roads? ☐ Yes ☐ No

8. What is the effective date required? _____

9. In addition to the main office, do you operate in any other locations?

It could be branch or satellite offices, warehouses, labs, testing sites, manufacturing facility, vacant land etc.)

☐ Yes ☐ No If "Yes", please provide the address:

10. Do you do business outside the U.S.?

Foreign operations or distributing U.S. products in other countries ☐ Yes ☐ No If "Yes", please provide the address:

11. Does any of the following apply to you?

- ☐ Fire or safety code violations ☐ Sexual abuse claims ☐ Business placed in a trust
- ☐ Exposure to chemicals or flammables ☐ Foreclosure or bankruptcy in the last 5 years
- ☐ Indictment in the last 5 years ☐ Any judgement against your company in the last 5 years
- ☐ None of the above

12. What is your customer base?**13. Please list products you currently have in the market:****14. Do you plan to introduce any new products in the next 12 months?** ☐ Yes ☐ No**15. What is your gross revenue today? (\$)****16. What is your projected gross revenue in the next 12 months? (\$)****17. How many units do you have in operation today?**

18. How many units do you expect to have in operation over the next 12 months?

19. What is the average build value of the unit?

20. What is the average price per unit sold?

21. What is your current payroll? (\$)

22. What is your projected payroll in the next 12 months? (\$)

23. What states do you currently deploy in?

24. What states do you plan to deploy in the next 12 months?

25. Do your units or vehicles carry any of the following?

☐ People ☐ Cargo ☐ Goods ☐ Other_____

26. Do you manufacture your own units, vehicles, or robotics equipment?

☐ Yes ☐ No

27. Do you install or service it yourself or have a 3rd party do it?

- 28. Are your units or vehicles stored in secure premises?** ☐ Yes ☐ No
- 29. Do you develop your own software?** ☐ Yes ☐ No
If "Yes", do you license your software to any 3rd parties? ☐ Yes ☐ No
- 30. Is your system capable of autonomous operation?** ☐ Yes ☐ No
- 31. Do you require your customers to sign written agreements that outline the specifications of products and services you will provide?** ☐ Yes ☐ No
- 32. Do you have a contingency plan to service a customer who has had a critical failure of your product or service?** ☐ Yes ☐ No
- 33. Do you have a formal product recall plan?** ☐ Yes ☐ No
- 34. Do you provide any guarantees or warranties to your customers?** ☐ Yes ☐ No
- 35. Do you ever agree to hold harmless any suppliers for claims arising out of their products?**
☐ Yes ☐ No
- 36. Does your legal counsel review and approve all contracts, advertising and promotional materials, and brochures?** ☐ Yes ☐ No
- 37. Does your promotional literature make any representations about the safety or security of your products or premises?** ☐ Yes ☐ No
- 38. How would you describe your primary operating domain?**
☐ Complex ☐ Normal ☐ Simple
- 39. What is the level of exposure to people do your units or vehicles have?**
☐ High ☐ Medium ☐ low
- 40. How many degrees of freedom do your units or vehicles have?**
☐ Many ☐ Few ☐ None
- 41. Do all of your contracts include any of the following clauses?**
☐ Limitations of Liabilities ☐ Disclaimer of Warranties ☐ Force Majeure
☐ Limitations of Liability for Consequential Damage ☐ Conditions of Product Acceptance
- 42. Are your units or vehicles equipped with LiDAR?** ☐ Yes ☐ No
- 43. Are your main sensors redundant?** ☐ Yes ☐ No
- 44. Are measures in place to prevent unit or vehicle hardware tampering?** ☐ Yes ☐ No

45. Is your critical controls software redundant? ☐ Yes ☐ No

46. Do you have measures in place to prevent unauthorized access to vehicle software?

☐ Yes ☐ No

47. Do you perform regular software updates? ☐ Yes ☐ No

48. Do you currently have any cybersecurity measures in place? ☐ Yes ☐ No

49. Do you have safe-stop system in place? ☐ Yes ☐ No

50. Do you have an internal safety framework or 3rd-party safety evaluation? ☐ Yes ☐ No

51. Any previous accidents/claims? ☐ Yes ☐ No

SIGNATURES

SIGNED BY APPLICANT: _____

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial or revocation of the insurance policy.

Signature: _____

Name: _____

Title: _____

Date: _____