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| Cyber and Privacy Insurance |
|  |
| New Business Application |

# NOTICE

***NOTICE*: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.**

**AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.**

**In furtherance of this Application, the Insurer shall have the right, but is not obligated to, to conduct inspections, assessments, and audits by a third party loss control vendor, of the Applicant’s property, operations, systems, books, and records, including the Applicant’s network security, employee cyber security awareness, incident response plans, services provider contracts, and regulatory compliance to make loss control recommendations.**

**ALL TERMS UNDERLINED in this notice SHALL HAVE THE SAME MEANING AS PRESCRIBED IN THE POLICY. Terms Bolded below shall have the same meaning as PRESCRIBED in the policy.**

# INSTRUCTIONS

Please respond to questions clearly. Underwriters will rely on all statements made in this **Application**. This form must be dated and signed by a **Control Group Member** (as defined in the **Policy** or the Applicant’s Chief Executive Officer, Chief Financial Officer, President, Risk Manager, General Counsel, Chief Information Officer, Chief Information Security Officer, Chief Privacy Officer and Chief Technology Officer or equivalent positions).

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| **Applicant Information** | | |
| **Desired Effective Date**  /dd/yyyy |  | |
| **Applicant Name**  Click here to enter text. | | |
| **Applicant Address (City, State, Zip)**  Click here to enter text. | | |
| **Please list all Subsidiaries for which coverage is desired:** | | |
| **Applicant Type**  Choose an item. | | **Ownership Structure**  Choose an item. |
| **Website Address**  Click here to enter text. | | **Year Established**  Click here to enter text. |
| **Global Revenue (Prior Fiscal Year)**  Click here to enter text. | | **% Domestic Revenue**  Click here to enter text. |
| **Global Revenue (Current Projected Fiscal Year)**  Click here to enter text. | | **% Online Revenue**  Click here to enter text. |
| **Total Number of Employees**  Enter a number or choose an item.  Enter a number or choose an item. | | |
| **Name and Title of Primary Cybersecurity Contact Person**  Click here to enter text. | | **Email Address (of cyber contact)**  Click here to enter text. |
| *This should be the employee of the applicant that Insurer should contact with information pertinent to cyber risks and incidents.* | | **Phone (of cyber contact)**  Click here to enter text. |

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| **Number of Records Containing Protected Information:**  What is the maximum total number of unique individual persons or organizations whose **Protected Information** could be compromised in a not-yet-discovered **Cyber Incident**, or will be stored or transmitted during the **Policy Period** on the Applicant’s **Computer System** or any **Shared Computer System** combined that relate to the Applicant’s business?  This should include **Protected Information** of employees, retirees, customers, partners and other third parties that the Applicant is responsible for securing, including **Protected Information** that is secured by third parties under contract with the Applicant. Multiple records or types of **Protected Information** relating to the same unique individual person or organization should be considered a single record.  Enter a number or choose an item |

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| **Nature of Operations** | | |
| **Class of Business**  Describe nature of business operations, products or services in layperson terms. | | |
| Does the Applicant currently or will the Applicant potentially operate as any of the following? | | |
| * Accreditation Services Provider * Adult Content Provider * Credit Bureau * Cryptocurrency Exchange * Cybersecurity Products and Services * Data Aggregator/Broker/Warehouse * Direct Marketer * Gambling Services Provider | * IT Managed Services Provider * Manufacturer of Life Safety Products/Software * Media Production Company * Payment Processor * Peer To Peer File Sharing * Social Media * Surveillance (Physical or Digital) * Third Party Claims Adminstrator | |
| Or does the Applicant derive more than 50% of its revenue from technology products and services (e.g. software, electronics, telecom)? | | Yes  No |
| **If Yes**, please provide details:  Click here to enter text. | | |

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| **Current Loss Information** | |
| Within the past three years, has the Applicant had any actual or potential **Incidents** or **Claims** to which the **Policy** would apply; or is the Applicant aware of any fact, circumstance, or situation that could resonably be expected to give rise to an **Incident** or **Claim** to which the **Policy** would apply? | Yes  No |
| **If Yes**, please provide details:  Click here to enter text. |  |

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| **Cyber and Media Controls** | |
| Which of the following IT security controls does the Applicant have in place? |  |
| 1. Antivirus and Firewalls (Windows 10 or higher qualifies for <10 employees) | Yes  No  Unknown |
| 1. Encryption of Sensitive Data at Rest and In Transit | Yes  No  Unknown |
| 1. Encryption and Endpoint Protection on Mobile Computing Devices | Yes  No  Unknown |
| 1. Formal Vulnerability Management and Software Patching Procedures | Yes  No  Unknown |
| 1. Formal Data Backup and Recovery Procedures in Place and Tested Periodically | Yes  No  Unknown |
| 1. Formal Cyber Incident Response Plan in Place and Tested Periodically | Yes  No  Unknown |
| 1. Multifactor Authentication on Corporate Email | Yes  No  Unknown |
| 1. Multifactor Authentication on Corporate Network, Systems, and VPNs | Yes  No  Unknown |
| 1. Enterprise Email Security Solutions (e.g. Gateway, Sandobx, Filtering) | Yes  No  Unknown |
| 1. Phishing and Cybersecurity Awareness Training for Employees | Yes  No  Unknown |
| Does the Applicant rely on Cloud Computing, Software-as-a-Service, or any other outsourced computer hosting for revenue-generating operations? | Yes  No  Unknown |
| **If Yes**, what percent of Applicant’s revenue is dependent on such services?  **If >1%**, select best description of offsite redundancies in place on such services: | Choose an item.  Choose an item. |
| Does the Applicant accept payment card (Credit/debit card) transactions? | Yes  No |
| **If Yes**, is the Applicant PCI compliant? (via assessment or self-attestation) | Yes  No  Unknown |
| Does the Applicant deal with protected health information as defined by HIPAA? | Yes  No |
| **If Yes**, is Applicant compliant with HIPAA and the HITECH Act? | Yes  No  Unknown |
| Does the Applicant have operations or customers in California, or any responsibilities under the California Confidentiality of Medical Information Act? | Yes  No  Unknown |

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| 1. **Privacy** | |
| Does the Applicant use or provide any technologies (e.g. cookies, pixels, web browsing tracking, user location tools) that engage with or track internet user activities or both? | Yes  No  Unknown |
| If **Yes**, please complete the below: |  |
| 1. Is the Applicant in compliance with all relevant privacy laws and regulations in all applicable jurisdictions ? | Yes  No  Unknown |
| 1. Does the Applicant have a written privacy policy and regularly update it to align to such laws and regulations and technology tracking practices? | Yes  No  Unknown |
| If **Unknown or No**, to a.) or b.) above, please provide details:  Click here to enter text. |  |

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| 1. **Current Coverage** | |
| Does the Applicant currently purchase Professional Liability or E&O insurance?  **If Yes**, what is the Retro Date? Click here to enter a date. | Yes  No |
| Does the Applicant currently purchase Cyber or Privacy Liability insurance?  **If Yes**, what is the Retro Date? Click here to enter a date. | Yes  No |
| Does the Applicant currently purchase Media Liability Insurance?  **If Yes**, what is the Retro Date? Click here to enter a date. | Yes  No |
| Does the Applicant intend to purchase E&O and/or Media coverage on a separate and distinct policy? (e.g. with a separate set of limits, or with another carrier?) | Yes  No |

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| 1. **Desired Coverage (Only Enter Information For Desired Coverages)** | | | |
|  | Retention | Limit | Commentary |
| Cyber and Media Coverages | $ | $ |  |
| Enter any further commentary about desired coverage options.  Click here to enter text. | | | |

# FRAUD WARNING STATEMENTS

Applicant's submission of this Application does not obligate the Company to issue, or Applicantto purchase, a policy. Applicant will be advised if the Application for coverage is accepted. Applicanthereby authorizes the Company to make any inquiry in connection with this Application.

**Notice to Applicants in States not listed below**: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing 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.

**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 fines and confinement in prison, or any combination thereof.

**Notice to Arkansas 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 California Applicants**: For your protection, California law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 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 Authorities.

**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 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 Hawaii Applicants**: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Notice to Kansas Applicants**: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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 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, or a denial of insurance benefits.

**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 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 Ohio Applicants**: Any person who, with intent to defraud or knowing that he/she 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 with the intent to knowingly defraud makes any misstatements, misrepresentations, omissions or concealments concerning a material fact to an insurance company or other person in connection with an application for insurance may be guilty of insurance fraud and subject to prosecution.

**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 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 Tennessee 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 Virginia 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 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 may include imprisonment, fines and denial of insurance benefits.

**Notice to 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 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 violation.

# MATERIAL CHANGE

If there is any material change in the answers to the questions in this **Application** before the **Policy** inception date, the Applicant must immediately notify the **Insurer** in writing, and any outstanding quotation may be modified or withdrawn.

# DECLARATION AND SIGNATURE

For the purposes of this **Application**, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this **Application** and any attachments or information submitted with this **Application**, are true and complete. The undersigned agree that this **Application** and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The **Insurer** will have relied upon this **Application**, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential-claim.

This **Application** must be signed by **Control Group Member** (as defined in the **Policy** or the Applicant’s Chief Executive Officer, Chief Financial Officer, President, Risk Manager, General Counsel, Chief Information Officer, Chief Information Security Officer, Chief Privacy Officer and Chief Technology Officer or equivalent positions), acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

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| Date | Signature | Title |
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| Email Address |  | Phone |
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# SIGNATURE - FOR ARKANSAS, NEW MEXICO, NORTH DAKOTA AND WYOMING APPLICANTS ONLY

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR **APPLICATION** FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE **POLICY** FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT **CLAIMS EXPENSES** WILL REDUCE MY LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS **EXPENSES** AND **DAMAGES**.

Applicant’s Signature (Arkansas, Missouri, New Mexico, North Dakota & Wyoming Applicants, In Addition To **Application** Signature Above):

|  |  |  |
| --- | --- | --- |
| Signed: |  | (must be Officer of Applicant) |
| Print Name & Title: |  |  |
| Date (MM/DD/YY): |  |  |
| Email/Phone: |  |  |

# SIGNATURE - FOR KANSAS AND ALASKA APPLICANTS ONLY

ELECTRONIC DELIVERY SUPPLEMENT:

You are required by law to obtain consent from insureds prior to engaging in any electronic delivery of insurance policies and/or other supporting documents in connection with the **Policy**. You have the right to:

|  |  |
| --- | --- |
| Select electronic delivery - check here |  |
| Reject electronic delivery – check here |  |

Applicant’s Signature (Kansas and Alaska Applicants, In Addition To **Application** Signature Above):

|  |  |  |  |  |
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| FOR FLORIDA APPLICANTS ONLY: | |  | FOR IOWA APPLICANTS ONLY: | |
|  |  |  |  |  |
| Agent Name: |  |  | Broker: |  |
| Agent License ID Number: |  |  | Address: |  |