



CYBER SECURITY LIABILITY APPLICATION

COVERAGES E., F., AND G. ARE CLAIMS MADE AND REPORTED COVERAGES.

CLAIM EXPENSES UNDER COVERAGES E., F., AND G. ARE INCLUDED WITHIN THE AVAILABLE LIMIT OF INSURANCE. ANY CLAIM EXPENSES PAID UNDER THIS COVERAGE FORM WILL REDUCE THE AVAILABLE LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

Certain terms have specific meaning as defined in the policy form and noted in **bold**. Throughout this Application the words "you" and "your" refer to the **Named Insured** shown in the Declarations, and any other person or organization qualifying as a **Named Insured** under the proposed policy.

SECTION I – GENERAL INFORMATION

Name of Applicant:

Address:

City:

State:

Zip:

Telephone:

Website: www.

Predominant business activity and SIC code:

Please list all subsidiaries for which coverage is requested under this policy.

To enter more information, please use the Additional information page attached to this application.

	US / Canada	Other Countries	Total
Total number of employees			
Annual sales or revenue	\$	\$	\$
Estimated total number of records			

I don't know the estimated total number of records.

SECTION II – CURRENT COVERAGE

CURRENT CARRIER	EXPIRATION DATE	ANNUAL PREMIUM	LIMITS	RETENTION / DEDUCTIBLE	RETROACTIVE DATE
		\$	\$	\$	
		\$	\$	\$	

SECTION III - LOSS EXPERIENCE

(Explain any "Yes" responses, including corrective actions and damages incurred on the ADDITIONAL INFORMATION page below):

1. During the past three (3) years whether insured or not, have you sustained any losses due to unauthorized access, unauthorized use, virus, denial of service attack, electronic media liability, data breach, data theft, fraud, electronic vandalism, sabotage or other similar electronic security events?
- Yes No

- | | | |
|---|-----|----|
| 2. Within the past three (3) years, have you experienced any network related business interruption exceeding eight (8) hours other than planned maintenance? | Yes | No |
| 3. During the last three (3) years, has anyone alleged that you were responsible for damage to their computer system(s) arising out of the operation of Applicant's computer system(s)? | Yes | No |
| 4. During the last three (3) years, have you received a complaint or other proceeding (including an injunction or other request for non-monetary relief) arising out of intellectual property infringement, copyright infringement, media content, or advertising material? | Yes | No |
| 5. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against you alleging invasion of, or interference with rights of privacy, or the inappropriate disclosure of personally identifiable information (PII)? | Yes | No |
| 6. During the last three (3) years, have you been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? | Yes | No |
| 7. Are you aware of any circumstance that could reasonably be anticipated to result in a claim being made against you for the coverage being applied for? | Yes | No |

SECTION IV – RISK CONTROLS

- | | | |
|---|--------------------------|----------------------|
| 8. Do you have a firewall?
a. How often do you review the rules within the firewalls:
b. When was the last time a rule was removed / deactivated: | Yes | No |
| 9. Do you collect zip codes or other personal information at point of sale? | Yes | No |
| 10. Do you perform virus scans of email, downloads, and portable devices? | Yes | No |
| 11. Do you have restrictions regarding access to sensitive information of a third party? | Yes | No |
| 12. Do you have a process for managing computer accounts, including the removal of outdated access accounts in a timely fashion? | Yes | No |
| 13. Do you have physical security controls in place to control access to your computer systems? | Yes | No |
| 14. Do you have access control procedures that address access to critical and sensitive computer systems? | Yes | No |
| 15. Do you have a written business continuity/disaster recovery plan that includes procedures to be followed in the event of a disruptive computer incident? | Yes | No |
| 16. Are system back-up and recovery procedures tested for all mission critical systems and performed at least annually? | Yes | No |
| 17. Types of Personally Identifiable Information held (check all that apply):
Social Security Numbers Drivers Licenses
Bank Account Details Personal Health Information
Credit Card Numbers Other – Please specify. | | |
| 18. Is all sensitive data
a. encrypted at rest?
b. encrypted in transit?
c. accessible via mobile devices?
If yes, are the devices encrypted? | Yes
Yes
Yes
Yes | No
No
No
No |
| 19. How long would it take to restore your operations after a computer attack or other loss/corruption of data? 0-12 Hours 12-24 Hours 24 Hours | | |

20. Are mission critical transactions and security logs reviewed periodically for suspicious activity?
How frequently: Yes No
21. Have you undergone an information security or privacy compliance evaluation?
If yes, identify who performed the evaluation, the date it was performed, the type of evaluation, and attach a copy of it. Yes No

Were all recommendations implemented? Yes No

22. Do you outsource (or plan to outsource) a critical part of your internal network/ computer system or internet access/presence to others? Yes No
If yes, check all that apply and name the service provider for each category.

TECH-RELATED SERVICE			
ISP	Backup, co-location and data recovery	Financial Services and Payment Processing	Other: "cloud", ASP, SAAS, Etc.
Bellsouth	ATT	Corillion	Amazon
Cablevision	EMC	Datavantage	Microsoft
Charter	HP	Digital	Google
Comcast	IBM	Insight	Go Daddy
Cox	Iron Mountain Storage	DSS	IBM
Earthlink	Tek	ECHO	HP
Insight BB	Sunguard	First Data	AT&T
Mediacom	In-House	FI Serve	Rackspace
Qwest	None	Global Payments	Savvis
Road Runner	Other:	Jack Henry	Terremark
SBC(AT&T, Yahoo, Sprint)		Lawson	Fujitsu
United Online		Metavente	Nirvanix
Verizon		Paymentech	VMWare/EMC
Other:		Paypal	Salesforce
		S-1	Other:
		Verisign	
		In-House	
		Other:	

Other Services(explain):

23. Do you have a program in place to periodically test your data security controls? Yes No
24. Do you have written contracts in place to enforce your information security policy and procedures with third party service providers? Yes No
25. Do such contracts contain hold harmless or indemnification clauses in your favor? Yes No
26. Do you perform audit checks on your vendors and service providers who handle your privacy sensitive data and require them to have adequate security protocols? Yes No
27. Do you have a document destruction and retention policy? Yes No
28. Do you monitor your network in real time to detect possible intrusions or abnormalities in the performance of the system? Yes No

SECTION V – PRIVACY CONTROLS

- | | | | |
|-----|---|-----|----|
| 29. | Have you achieved compliance with the following: (check all that apply) | | |
| | PCIDSS (Payment Card Industry Data Security Standard) | Yes | No |
| | GLBA (Gramm-Leach-Bliley Act) | Yes | No |
| | HIPAA (Health Insurance Portability and Accountability Act) | Yes | No |
| 30. | Does your hiring process include the following for all employees and independent contractors (check all that apply): | | |
| | Drug testing | | |
| | Criminal background checks | | |
| | Educational background | | |
| | Work history checks | | |
| | Credit history checks | | |
| | Other (specify): | | |
| 31. | Do you have a current enterprise-wide computer network and information security policy that applies to employees, independent contractors, and third-party vendors? | Yes | No |
| | If yes, is the information published within the company (e.g. corporate intranet, employee handbook, etc.)? | Yes | No |
| 32. | Are all employees periodically instructed on their specific job responsibilities with respect to information security, such as the proper reporting of suspected security incidents? | Yes | No |
| 33. | Do you have a formal privacy policy that has been approved by legal counsel? | Yes | No |
| 34. | Are your information systems and supporting business procedures prepared to honor customer preferences concerning the opt-out of sharing of non-public, personal information to non-affiliated third parties? | Yes | No |
| 35. | Do you require the transmission of personal customer information such as credit card numbers, contact information, etc., as part of your internet-based web services? | Yes | No |

SECTION VI – MEDIA LIABILITY CONTROLS

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|-----|---|-----|----|
| 36. | Do you have a process to review content or materials (including meta tags) before they are published, broadcasted, distributed, or displayed on your website for the following: | | |
| | Defamation (Slander or Libel)? | Yes | No |
| | Right to privacy or publicity? | Yes | No |
| | Copyright, trademark or domain name: | | |
| 37. | Have your products or services been the subject of copyright, patent or trademark infringement allegations? | Yes | No |
| 38. | Does your organization use social media? | Yes | No |
| | a. Do you monitor postings? | Yes | No |
| | b. Are there formal procedures for complaints? | Yes | No |
| | c. Does legal review content? | Yes | No |

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 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.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Name (Please Print/Type) _____ Title
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

Signature _____ Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer _____ Agency

Producer License Number _____ Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date