

## Cyber Liability and Data Security +

This is an application for a policy which includes Claims Made coverage. Please read your policy carefully. Defense costs shall be applied against the retention. Applicant may qualify for an INSTANT QUOTE by completing Section I below.

### I. INSTANT QUOTE INFORMATION

Instant quote is not available for applicants with losses in the past five years. If there is a loss history, please complete this section and submit details in a claim supplement.

Name of applicant: \_\_\_\_\_ DBA: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address of primary contact: \_\_\_\_\_

Description of operations: \_\_\_\_\_

Latest 12 month revenues (if under 1 yr. in operation, projected 12 month revenues): \_\_\_\_\_

Estimated number of non-employee individuals whose personal information\* is stored by the applicant or any third party service provider on behalf of the applicant: \_\_\_\_\_

Do greater than 10% of non-employee records stored, processed, accessed or transmitted include medical or financial (other than payment card) account information?  Yes  No

Estimated number of payment card transactions in last 12 months: \_\_\_\_\_

\*Personal Information means, for the purpose of this application, non- public personal information about an individual protected under Federal and/or state privacy laws or regulations. Personal information includes but is not limited to: medical records, prescription use, financial or bank account information, social security number, credit card number, driver's license or state identification card number, date of birth, mother's maiden name, biometric information (fingerprint), passport number, alien registration number, criminal history, citizenship or immigration status, sexual orientation.

### II. RISK BACKGROUND

1. Subsidiaries for which coverage is sought \_\_\_\_\_ % owned \_\_\_\_\_
2. Is the applicant affiliated with a franchise?  Yes  No
3. Does the Applicant agree to maintain commercial general liability insurance?  Yes  No
4. Does the applicant have a website or a web page on a social network?  Yes  No  
If "yes":  
a. Does the applicant regularly verify the material they post on their website or web page is free of privacy violations, libelous/slanderous content and intellectual property infringements?  Yes  No  
b. Does the applicant edit postings by third parties or delete postings other than for offensive/illegal material?  Yes  No  
If "yes", explain \_\_\_\_\_

### III Claim Activity

5. In the last five years, has the applicant had a data breach resulting in the misappropriation or public disclosure of personal Information\*, or has a claim, suit, inquiry, complaint, notice of charge, notice of hearing, regulatory action, governmental action or administrative action related to the coverage applied for, including but not limited to actions involving (1) libel or slander, (2) privacy rights, (3) plagiarism, (4) piracy, (5) misappropriation of ideas, or (6) infringement of copyright, domain name, trademark, logo been made or brought against any person or entity proposed for this insurance? If "yes" provide a statement of details.  Yes  No  
\_\_\_\_\_
6. Is the applicant, president, member of the board of directors, executive officer, general counsel, staff attorney, chief information officer, chief security officer, chief privacy officer, manager or any individual in a substantially similar position as those previously referenced or with substantially similar responsibilities as those referenced aware of any previous data breach or allegation, fact, circumstance, contention, incident, threat or situation which may result in a claim, suit, inquiry, complaint, notice of charge, notice of hearing, regulatory action, governmental action or administrative action related to the coverage applied for including but not limited to one or more of the actions described in Question 5, above? If "yes" provide a statement of details.  Yes  No  
\_\_\_\_\_

7. Current cyber liability coverage (provide insurer name, coverage, limits, retroactive date, premium) \_\_\_\_\_

#### IV. SECURITY MEASURES

Does the applicant and any third party service provider the applicant uses to outsource any part of the applicant's network/computer system:

- a. have antivirus software on all internet accessible devices?  Yes  No
- b. have a firewall on all internet accessible devices and websites?  Yes  No
- c. comply with Payment Card Industry Data Security Standards (PCI/DSS)?  Yes  No  N/A
- d. change default passwords on all Point of Sale (POS) devices?  Yes  No  N/A
- e. have a website privacy policy?  Yes  No  N/A
- f. have SSL (Secure Sockets Layer)/TLS (Transport Layer Security) website protection?  Yes  No  N/A
- g. store or access personal information\* on mobile devices, transmit personal information\* wirelessly or over public networks, or store full Social Security or full credit card numbers?  Yes  No
- h. encrypt all stored or accessed personal information\* which is on mobile devices, transmitted wirelessly, or transmitted over public networks, and encryption of non-employee full Social Security and full credit card numbers ?  Yes  No  N/A

"N/A" = "not applicable"

#### FRAUD STATEMENTS

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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.

**Florida Fraud Statement:** 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.

**Florida Notice: (Applies only if policy is non-admitted)** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** 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.

**Maine Fraud Statement:** 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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Maryland:** 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.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

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

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

**Ohio Notice:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

**Oklahoma Fraud Statement:** 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.

**Oregon Fraud Statement:** Notice to Oregon 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 may be guilty of insurance fraud.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** 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.

Fraud Statement (All Other States): 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.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New York Fraud Statement:** 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.

Applicant's signature: \_\_\_\_\_  
(Principal, Partner, or Officer of the Firm)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.