



# Application for WebNet Protection<sup>®</sup> Insurance

Broker/Agency		Producer Name	
Insured Name		Attach list of all subsidiary companies - <b>required</b>	
Street Address			
City		State	ZIP Code
Telephone	Fax	Website Address(es)	
Company Contact Name		Email	
Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corp			
<b>Industry Segment:</b>			

<b>Requested Policy Aggregate Limit</b> Lower Limits for Each Coverage Part are available if requested <b>Requested Deductible</b> (minimum \$25,000) <b>Requested Effective Date</b> (MM/DD/YY): <b>Requested Retroactive Date</b> (MM/DD/YY):	_____ _____ _____ _____
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<b>Requested Coverages:</b>	
<b>3<sup>rd</sup> Party</b> <input type="checkbox"/> Network / Privacy Liability <input type="checkbox"/> Electronic Media Liability <input type="checkbox"/> Technology or Misc E&O <input type="checkbox"/> Regulatory Defense	<b>1<sup>st</sup> Party</b> <input type="checkbox"/> Business Income Loss <input type="checkbox"/> Restoration Costs <input type="checkbox"/> Public Relations/Notification Expenses

## Description of Business Operations/Recent Acquisitions

Please provide a description of your business and also indicate any mergers or acquisitions or company name changes within the last 5 years. <input type="checkbox"/> Check here if no mergers/acquisitions/name changes
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## Financial Information

Total Revenue for the Past 12 Months	Projected Revenue for the Next 12 Months	Percent of Revenues Network Dependent
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**General Information**

Company Formation Date	Total Number of Employees in the Company	Number of Locations Where Servers are Located
Average Number of Daily Hits on your Website(s)		
<p>Do you outsource any critical part of your network operations or data management to third party service providers? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">If the answer to the above question is "Yes," please check all that apply:</p> <p> <input type="checkbox"/> Website Hosting Facility                  <input type="checkbox"/> Co-location Facility                  <input type="checkbox"/> Data Storage Facility  <input type="checkbox"/> Application Service Provider                  <input type="checkbox"/> Managed Security Service Provider                  <input type="checkbox"/> Payment Processor  <input type="checkbox"/> Other, please specify: _____         </p> <p>Anytime in the next 12 months will you accept, store, process, or exchange credit/debit card transaction information? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes":              For PCI compliance, applicant is considered a Tier:    <input type="checkbox"/> I    <input type="checkbox"/> II    <input type="checkbox"/> III    <input type="checkbox"/> IV              For Tier I applicants:              Have you had a PCI compliance audit performed in the last 12 months by an approved PCI audit firm? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>              If "Yes," have you been certified as fully PCI compliant? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>              If "Yes," what was the date you were last certified as fully PCI compliant? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>              If "No," please describe your plans to become PCI compliant including target dates and milestones (attach separate sheet if necessary):  <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> </p> <p>For Tier II – IV applicants:              Have you performed (or used an outside firm to perform) a PCI assessment in the past 12 months? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>              If "Yes," are you PCI compliant? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>              If "No," please describe your plans to become PCI compliant including target dates and milestones (attach separate sheet if necessary):  <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> </p> <p>Approximately how many credit/debit card transactions do you expect to handle in the next 12 months companywide? _____</p> <p>What is the average credit/debit card transaction amount (in US\$)? _____</p> <p>Do you handle the personal health information of 3rd parties (including your own employees)? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes," are you compliant with all regulations contained in the Health Insurance Portability and Accountability Act (HIPAA)? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "No," please explain _____</p> <p>If you are HIPAA compliant, what due diligence/auditing is performed to assure that you remain in compliance with HIPAA and what individuals in your organization are responsible for HIPAA compliance?  <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> </p>		

### Prior Losses, Circumstances, & Events (Required for All Applicants)

**IF YOU ANSWER YES TO ANY OF THESE QUESTIONS PLEASE ATTACH SEPARATE SHEET(S) WITH A FULL DESCRIPTION OF EACH INCLUDING DATES, ALLEGATIONS, CIRCUMSTANCES, COSTS, SETTLEMENT/ JUDGEMENT AMOUNTS, ETC.**

- During the last 3 years, have you had any network security incidents? Incidents include unauthorized access, unauthorized use, virus, denial of service attack, breach, theft of data, fraud, electronic vandalism, sabotage or other security events.  Yes  No
- During the last 3 years, has anyone alleged that you were responsible for damages to their systems arising out of the operation of your system?  Yes  No
- During the last 3 years have you received a complaint or an injunction arising out of intellectual property infringement, content or advertising?  Yes  No
- During the past 3 years has anyone made a demand, claim, complaint, or filed a lawsuit against you alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information?  Yes  No
- During the last 3 years have you been the subject of an investigation or action by any regulatory or administrative agency for privacy related violations?  Yes  No
- Has any application for similar insurance been declined or has any such insurance ever been rescinded, cancelled or been refused renewal?  Yes  No
- During the last 3 years have you experienced a disruption to your computer system that lasted longer than 4 hours for any reason (other than planned downtime)?  Yes  No
- Are you aware of any circumstance or event that could result in a claim being made against the policy being applied for?  Yes  No

### Network Security & Employee Controls (Required for All Applicants)

**If you answer NO to any of the questions below please explain in a separate attachment.**

- Do you 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:  Yes  No
- Hosting Facility \_\_\_\_\_
  - Co-location Facility \_\_\_\_\_
  - Managed Security Service Provider (MSSP) \_\_\_\_\_
  - Application Service Provider (ASP) \_\_\_\_\_
  - Data Storage Facility \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
- Does your company have a current information security policy that has been approved by executive management?  Yes  No
- If "Yes," does the policy specify acceptable use of all company resources including the proper use of email and the Internet?  Yes  No
- If "Yes," are all employees provided with a copy of the policy?  Yes  No
- If "Yes," are all employees required to provide written confirmation they have read and understood the contents of the policy?  Yes  No
- Is there an information classification program that specifies different levels of security based on the nature of a given information asset?  Yes  No
- If "Yes," are user accounts audited regularly to determine their security levels are appropriately  Yes  No
- Are documented procedures in place for user and password management and are they monitored for compliance?  Yes  No
- Do you have a process for managing user accounts including promptly deleting or modifying access upon a change of responsibilities or termination?  Yes  No
- Are special privileges restricted to systems administration personnel with an approved need to have these privileges?  Yes  No
- Does the company maintain physical security measures to protect your computer system from unauthorized entry/access?  Yes  No

- Is firewall technology used to prevent unauthorized access to and from internal networks and external networks?  Yes  No
- Are firewall settings reviewed and kept up to date?  Yes  No
- Is anti-virus software installed on all computers/servers that connect to your network?  Yes  No
- Is the anti-virus software package updated regularly and are the virus signature files updated daily (or in close step with updates provided by the software company)?  Yes  No
- Are system backup and recovery procedures documented and tested for all mission critical systems/websites?  Yes  No
- Are network and system backups performed at least once per week?  Yes  No
- Do you monitor security alerts and advisories from your system vendors, Computer Emergency Response Team (CERT) and other sources, taking appropriate and responsive actions?  Yes  No
- Do you monitor your network in real time to detect possible intrusions or abnormalities in the performance of your system?  Yes  No
- Do you monitor log files on a regular basis to help spot abnormal trends?  Yes  No
- Are there redundant connections to you critical business partners?  Yes  No
- 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
- Does your hiring process include the following (check all that are applicable):  Yes  No

	All Employees	Some Employees	Ind. Cont.	Not Required
Criminal Background Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work History Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If checks only required in some circumstances but not others, please explain.

### Privacy (Required for All Applicants)

- Do you have a corporate privacy policy that specifies how private information is to be collected, shared, and handled? (if No, please include an explanation)  Yes  No
- If "Yes," is the policy reviewed and updated at least annually?  Yes  No
- If "Yes," does the policy allow you to share information with other entities?  Yes  No
- If "Yes," does the policy offer consumers the choice to opt in/opt out of the sharing of their personal information with other entities?  Yes  No
- Do you have an Internet privacy policy?  Yes  No
- If "Yes," is it posted on your website?  Yes  No
- If "Yes," is the policy reviewed and updated at least annually?  Yes  No
- Do you have a dedicated privacy officer?  Yes  No
- If "No," what position within your organization is responsible for privacy? \_\_\_\_\_
- Do you provide employee training on your privacy policy and/or instruct them on the proper handling of privacy sensitive data (both electronic & non-electronic)?  Yes  No
- Do you have a document destruction & retention policy?  Yes  No

Do you have a "clean desk" policy for your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you sell or share personal subscriber/customer information with other entities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any data sharing agreements with third parties (including but not limited to technology service providers, processors, vendors, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," do you have written contracts in place with these 3rd parties? (please attach standard contract)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do these contracts require the 3rd parties to defend and indemnify you for liability arising from a release of the data they are handling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the 3rd parties are handling personal health information do your contracts require that the 3rd parties be HIPAA compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require these third parties to carry network/privacy liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you perform due diligence checks on your vendors and service providers who handle your privacy sensitive data and require them to have adequate security protocols?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the past year have you completed an internal assessment of your compliance with your privacy policy and with privacy laws & regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," have all issues found been addressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If "No," please include an explanation) _____		
Do you have procedures in place to escalate incidents of a breach of possible breach of personal or confidential information to persons within the organization who can take appropriate action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow employees to download the personal identity information of consumers or confidential information in your care belonging to 3rd parties onto laptop computers or other storage media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," is the information required to be encrypted when it is stored on the laptop or other storage media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Electronic Media Liability (Complete only if Media coverage is requested)**

Do you publish a bulletin board, chat room, or otherwise allow users to upload or post content to your website(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," do you monitor and review what is being posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," do you edit what is being posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," do you have a procedure for removing content that may infringe, defame, or violate your terms of use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a process to review content or materials (including meta tags) before they are published, broadcast, distributed, or displayed on your website for the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infringement of Copyright	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infringement of Trademark	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Defamation (Slander or Libel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Right to Privacy or Publicity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infringement of Domain Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the review process performed by:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outside legal counsel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In house staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outside firm specializing in intellectual property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain copyrighted materials from vendors/contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," do they warrant the materials do not infringe on others intellectual property rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," do they agree in writing to indemnify and hold you harmless if an infringement claim is made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you publish pornography or other adult entertainment materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Current Insurance Coverage

If you have any of the following coverage in place currently please provide details:

	Carrier	Ex Date	Limits	Premium	Retro Date
Network/Privacy/Security Liability					
Media Liability					
Errors & Omissions					
Business Income/Interruption					

## Attachments

Please include the following with this application (if applicable):

- Annual Report/10K
- Business continuity/service interruption plan
- Copies of contract with hosting/network service provider(s)
- Copies of contracts with advertisers or vendors providing services or content

We declare that the above statements and answers are true and complete to the best of our knowledge and that we have not suppressed or misstated any material facts and we agree that this application shall be the basis of any contract subsequently affected between the underwriters and us. We further understand that any material misstatement of fact(s), known to us at this time, can and will result in this insurance being voided, effective retroactively to the date of inception. We also understand that signing this proposal does not bind us to complete this insurance.

We understand the underwriter or underwriter's duly appointed agent may require us to complete a network security assessment, which may include remote electronic testing of our computer networks to assess the security of those systems. We understand that no network scanning will be performed without our express, written agreement. We also agree that underwriters are under no obligation to provide/bind coverage until they are in receipt of a satisfactory and formally-accepted network security assessment. We are hereby given assurances that the underwriter and its agents will hold any assessment results in strict confidence.

## FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. In Maine and Virginia, insurance benefits may also be denied.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date